News from here and there

Forum for patients rights in Maharashtra

The movement for ethics in medical practice got a boost with the announcement, in July 2009, of a patients' rights forum in Maharashtra. Launched by the Jan Aarogya Abhiyan (JAA), the Maharashtra branch of the People's Health Movement, the forum includes a number of groups involved in health advocacy and science education. It hopes to make patients aware of their rights, help them assert these rights, and also improve communication between patients and the medical community.

The JAA has also drafted a patients' rights charter, which spells out details such as the right to healthcare, the right to participate in decision-making regarding one's treatment, the right to respect and dignity, the right to privacy and confidentiality, the right to a safe and healthy hospital environment, and the right to make complaints and seek redress.

The patients' rights charter is contained in the draft rules of the amended Bombay Nursing Homes Registration Act (BNHRA) that governs private nursing homes in Maharashtra. The rules were developed in 2005 after extensive consultation between health rights organizations and doctors' organizations in the state. The rules specify minimum standards of physical infrastructure, equipment and staffing; a procedure to implement these minimum standards; and patients' rights and how nursing homes are to fulfil these rights. They also mention the provision of committees to detail standards for other facilities and multiple specialties.

The forum calls for the adoption of this charter by all hospitals. Patients should know how to report any grievances. Their grievances should be addressed by district-level committees, with representatives from the government, hospital owners, medical practitioners, and consumer and health organizations. Those found to be violating patients' rights should be subject to a fine or cancellation of registration, in accordance with the norms stipulated in the Amended Bombay Nursing Home Registration Act.

The JAA has noted that the government is slow to act on patients' complaints and is lax in the matter of regulating the medical profession in general. The Maharashtra government moved fast to pass an ordinance to protect doctors from attacks by patients or their relatives by levying hefty fines on law-breakers and awarding jail sentences. However, it is yet to approve the rules of the amended BNHRA, which were drawn up in 2005. This means that even 4 years after the BNHRA was amended, requirements such as the right to information and the right to emergency medical care cannot be enforced. The 2005 amendments were made to the BNHRA after it was enacted in 1949.

The patients' rights movement started with the passing of the Consumer Protection Act (CPA) in 1986 and gained strength following the Supreme Court judgment (Indian Medical Association *v*. V. P. Shantha, 1995) that the medical profession came under the CPA. Since then, there has been extensive media coverage across the country on rude doctors, extortionist medical bills and unethical practice, as well as criminal negligence. 'The Bombay group of the Medico Friend Circle (MFC) must have received more than 100 such complaints and we helped in whatever way we could,' says Dr Amar Jesani, a founding member of the Forum for Medical Ethics Society, Mumbai, who has been involved with the patients' rights movement in India since its inception.

Incidentally, the 2005 revision of the BNHRA was prompted by an inquiry into the death of a Mr Tavaria in a Mumbai nursing home following transfusion of the wrong blood type. The doctor in charge was a homoeopath. This incident was one of four cases of medical negligence described in the book *Market medicine and malpractice*, edited by Amar Jesani, P. C. Singhi and Padma Prakash (Centre for Enquiry into Health and Allied Themes, Mumbai, 2000). 'The Tavaria case brought into question the standards of private hospitals,' said Dr Jesani.

When the MFC filed a writ petition in the Bombay High Court asking for information on how the BNHRA was implemented, it learned that many nursing homes were not registered, inspections were rare, and the authorities had not taken action against any hospital or nursing home or even collected fines. In response to the public interest litigation, the Bombay High Court ordered the government to revise the BNHRA to include detailed standards and set up a supervisory body to implement the law.

'In our experience in medical malpractice cases, we found that there was very little knowledge about patients' rights,' says Dr Jesani. 'We felt the BNHRA should include patients' rights. I believe the patients' rights movement is required not only to ensure that the rules are accepted by the government, but also to ensure that patients get their rights. There is no way doctors will give these rights without putting pressure. We don't want a law without implementation.'

SANDHYA SRINIVASAN, *Mumbai, Maharashtra*

ESI corporation to open 10 medical colleges to impart low-cost education

The Employees' State Insurance Corporation (ESIC) has announced plans to open 10 medical colleges in India in a couple of years. These would offer low-cost medical education for MB,BS/MD aspirants. The ESIC plans to employ doctors graduating from these colleges to meet the shortage of doctors in its hospitals. These hospitals offer treatment to those insured through the ESIC scheme, which receives contributions both from employers and employees.

The ESIC will initially open 10 colleges and might later expand to 20. Students who graduate from the ESIC medical colleges will have to sign a 5-year bond to serve in ESIC hospitals; those opting out at the end of their education will have to reimburse the entire cost of education. This policy might be made more stringent to reduce the possibility of dropouts from the compulsory service provision.

The new medical colleges will make medical education affordable to those aspiring to join a medical course. Given the rising fees in the limited number of government medical colleges

and the high fees (including capitation) charged by private medical colleges, the opening of ESIC medical colleges would be a welcome move for many poor and middle-class students.

The tuition fee of the ESIC medical colleges is expected to be Rs 24 000 for the first 4 years of MB,BS (university fees and hostel/mess charges would be payable separately); the tuition fee would be halved for the final year and a stipend stipulated by the Medical Council of India (MCI) would be paid during internship. MD students, too, would be paying a low fee and be given a junior residency stipend.

The ESIC also plans to utilize these medical colleges to offer super-specialty treatment to its insurance scheme members, thus saving on the costs of referral to other hospitals (the current practice).

Many states, including Kerala, Bihar and Himachal Pradesh, have offered land free of cost for the setting up of ESIC medical colleges and attached super-specialty hospitals. Trade unions have started campaigning to have these medical colleges situated in areas which have a large number of industries. For example, the ESIC is facing pressure to set up one of these colleges in Rourkela instead of the planned location of Bhubaneshwar.

ANANT BHAN, *Pune, Maharashtra*

Global focus on tuberculosis

The leaders of the G8 summit held in July 2009 pledged to implement universal access to prevention and treatment of HIV/AIDS, as well as to care and support for these patients, by 2010, with particular focus on the prevention of HIV–tuberculosis (TB) and integration of services for this ailment. In their joint declaration, titled 'Responsible Leadership for a Sustainable Future', they reiterated their resolve to combine this with actions to combat TB and malaria.

In a separate experts' report, 'Promoting Global Health', the leaders noted that impressive results had been achieved in areas where there had been substantial investments and good performances. The report reaffirmed the G8 commitment to halting the spread of TB. It called for strengthening of basic TB control; management of multi-drug resistant (MDR)/extreme drug resistant (XDR) TB; integrated HIV–TB care; and increased availability of laboratories and diagnostics. The leaders also underlined their support for the Global Plan to Stop TB, 2006–2015, which aims to cut TB deaths by half by the year 2015 compared to the 1990 level. They called upon all stakeholders to contribute to the effective implementation of the plan.

In a related development, the Stop TB Partnership's New Diagnostics Working Group (NDWG) has presented a new website resource called *Evidence-based Tuberculosis Diagnosis* (available at *http://www.tbevidence.org*). The WHO, Foundation for Innovative New Diagnostics (FIND), Special Programme for Research and Training in Tropical Diseases (TDR), Global Laboratory Initiative (GLI), Francis J. Curry National TB Centre, and Public Health Agency of Canada (PHAC) have contributed to the development of this site. The aim of this website is to provide a comprehensive single source on evidence syntheses, policies, guidelines and research agendas on TB diagnosis. It addresses a long-standing need for a single portal that compiles critical evidence on TB diagnosis, with relevant guidelines for clinicians, health professionals and policy-makers.

PRABHA DESIKAN, *Bhopal, Madhya Pradesh*

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