were meant for supply to government hospitals. This incidence highlights the fact that spurious drugs are still being manufactured and sold in the country and the Union Cabinet’s intentions are not bearing fruit. I would opine that the poorest citizens who routinely utilise government healthcare facilities and consume such medicines as the hardest hit in line with the inverse law. It is also likely that once these spurious drugs reach the hospitals, they might evade detection.

Through, the previously mentioned examples and discussions, I would like to construe that ‘Right to Life’ according to Article 21, includes Right to ‘Quality Drugs’. I would like to include strip packing in the concept of ‘Quality Drugs’. The loose drugs do not mention the name of the drug, its manufacturer, neither the date of manufacture nor the date of expiry. The manufacturers are also more likely to adhere to quality standards in case the drugs bear their name. The quality of loose drugs is also more prone to deterioration in improper conditions. This step could also reduce the risk of dispensing a wrong drug. The dispensing of labelled drugs would also reduce the doctor-patient asymmetry, as the patients would become aware of their prescriptions. Current many practitioners give loose drugs to their patients and the patients are unaware of the drugs that they are consuming and in case they later reach a referral hospital, sometimes they do not have a prescription nor do they know the drugs that they have consumed earlier. This sometimes poses a dilemma, for instance a patient with fever had received some medications and later comes to another health facility it becomes difficult to ascertain whether the patient had received Chloroquin or not, especially when we have such a large number of quacks still practicing in India.

Accordingly, I would strongly urge the Government and the Judiciary alike to debate the matter of banning the dispensing and selling of loose drugs in India, in addition to strict enforcement of quality standards in consumers’ interests. It would be ridiculously foolish to be penny wise and pounds foolish. If we can afford to buy a medicine than we should equally afford its strip packing. It could be worth exploring economic packing materials. In the interim, the details as mentioned before ought to be printed on every loose tablet.

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ORGAN DONATION IN MENTAL RETARDATION: A CLINICAL DILEMMA

Sir,
As the Hippocratic Oath stipulates, an informed consent is a must before any health care intervention. The basic tenets of informed consent are based on the elements of information, decisional capacity and voluntarism. An individual’s decision to give or withhold consent cannot be considered valid unless he or she has the capacity to make that decision. We were placed in an ethical dilemma when a mentally challenged lady was referred to us for assessment of giving consent to donate her kidney. She was the only HLA match available and was willing to donate her kidney and after counselling she had a reasonable understanding of the procedure that was planned. Her IQ score ranged 54-60.

For the clinicians it raises many controversial but pertinent questions like, is she competent enough to understand the complexities of the issue? In order to assess her competence in this regard what all criteria need to be looked upon? Any decision on the part of the clinician should be ethically sound and for the beneficence of the patient. According to a recent Consensus Statement on Live Organ Donors “the person giving consent for transplant should be competent, willing to donate, free from coercion, medically and psychosocially suitable and fully informed of the risks, benefits and alternative treatment available to the recipient”. The consensus demands that the informed consent should be based on full understanding, disclosure and should be voluntary, based on the educational background of the donor.

According to the guideline the donor should have psychosocial suitability for the transplant programme and active psychosis, severe mental illness precludes a person from donation. The donor should be evaluated for guilt, depression, substance abuse, coping skills. The presence of a psychosocial problem should not automatically exclude a person from being a donor but should prompt more intervention and discussion into these areas. There is no mention of mentally retarded individuals in this guideline. In India neither the Organ Transplant Act, 1994 nor the Mental Health Act, 1987 provide any light.

As the number of transplant procedures will increase, the ethical issues of the role of mentally retarded individuals in transplant programmes are of concern. There is a need to develop criteria and guidelines for assessment of mentally retarded individuals in transplant programme and to protect their rights.

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