Mass hysterectomies in India

Mass hysterectomy of severely mentally retarded women in Pune city, Maharashtra State, has led to a bitter controversy in India. The controversy began when 8 women from the government-run Shirur Remand Home in Pune were hysterectomised on Feb 6 in the city's Sasson General Hospital. Women activists tried to halt the operations but did not succeed until 11 out of 17 mentally retarded women had already been operated on. Mounting pressure by various lobbies forced the Maharashtra State Chief Minister Sharad Pawar to order stay over the operations, but the ban was subsequently withdrawn, and the controversy lingers on. Hysterectomy of mentally retarded women is accepted medical practice in India and is done at many centres.

The protest groups raised the issue because it emerged that, although primarily these operations were intended to prevent pregnancy, they could also have been done to maintain hygiene, which the women could not manage to do during menstruation. The groups dubbed the operations as fascist and alleged that the state was shunning its welfare-oriented role and taking the easy option by recourse to technology.

A senior counsel, Indira Jaising, has said that the state is not the guardian of those who reside in its institutions for the handicapped and the destitute. Instead it is merely a custodian who cannot appropriate the rights of a guardian. The Indian Mental Health Act 1993 has laid down an elaborate procedure for such appropriation; the procedure includes judicial and medical clearance.

Informed medical opinon is that hysterectomy might be genuinely needed in cases such as the women operated on—ie, when the mental age is 2–3 years and the woman is incapable of keeping herself clean. But it cannot indiscriminately be prescribed without taking level of retardation into consideration. The clearance from the psychiatrist must specify the woman's IQ. Assessment based on a single IQ test is considered unethical because impovement in score is possible.

Women's groups believe that overplaying of the hygiene issue will promote the popular concept that menstrual blood is dirty and gory. They say that hysterectomy is unreasonable when such women can be helped to maintain bowel and bladder hygiene. Others, however, argue that the uterus is dispensable, so hysterectomy is justified. Some psychiatrists say that hysterectomy is not an ethical issue when euthanasia is being considered positively.

The main justification for hysterectomy should be the patient's welfare, says Prof Anil Kumar Agarwal, head of the department of psychiatry, King George's Medical College, Lucknow, and President of the Indian Psychiatric Society. His view is that if the answer to "Can the patient live with dignity without hysterectomy?" is no, hysterectomy should be done. He favours a collective decision involving the attending doctor, family, and a lawyer or social worker. Further, each case needs to be evaulated individually and mass hysterectomies should be avoided because under those circumstances laxity of standards may occur. Critics point out that resorting to hysterectomy by the state is setting a bad precedence, which may lead to circumvention of responsibilities in other areas. On purely medical grounds, hysterectomy carries risks inherent in surgery.

Ultimately the issue is that the manner in which the mass hysterectomies were organised was not proper. Each woman should have been evaluated individually.

Zaka Imam

Irish alert for hepatitis C linked to anti-D

A blood alert has gone out for Irish women now living in England who may have received anti-D immunoglobulin infected with hepatitis C while living in Ireland. The women are among 100 000 rhesus-negative mothers whom the Irish Department of Health is trying to trace, because it fears they may have received infected immunoglobulin between 1977 and 1991. The alert went out after the Irish National Blood Transfusion Service Board discovered an outbreak of hepatitis C among mothers who had received anti-D, prepared by the blood transfusion service, in 1977. The Department of Health moved immediately to offer free screening to the estimated 100 000 women in the at-risk group.

The hepatitis C virus was identified in 1989, but it was two years later before an effective screening test was developed. The test was introduced in Ireland and the UK on the same day in 1991. According to the US Centers for Disease Control, the Irish outbreak of hepatitis C seems to be the first of its kind known to be linked to anti-D immunoglobulin. Although the alert is linked to anti-D, medical sources have already suggested that everybody who has received a blood transfusion before the introduction of screening in 1991 could be at risk of infection.

The Irish government is already facing a multi-million pound bill for testing at-risk mothers and their children. This could escalate massively if screening is extended to everybody who has received a blood transfusion.

Maureen Browne

Influenza in Denmark

Denmark has had an unusually harsh influenza epidemic this winter. The all-cause total number of deaths for December, when the epidemic was at its peak, was 7721, a 33% increase on the number for December, 1992. Experts attribute the rise to the influenza epidemic. Dr Klaus Bro-Jørgensen, department of virus and vaccines at Statens Seruminstitut, says the estimated number of deaths due to influenza is approximately 1800. This number is unusually high, even when compared with the numbers for January, 1990, when, at the peak of that winter's epidemic, about 1000 people were reported to have died because of influenza. The total number of deaths in Denmark in December, 1993, was about 14% higher than that in January, 1990. According to Bro-Jørgensen, the deaths were primarily of people with heart or lung disease.

The number of deaths in December had initially been met with disbelief at the National Institute of Statistics, and the datasystem was checked but no technical faults were found.

Kaare Skovmand

German quality assurance

After many years of success at improving the quality of surgery and laboratory tests, the annual assembly of German doctors decided last year to extend quality assurance to all professional activities. The secretariat for the Working Party to Advance Quality Assurance in Medicine has now been set up at the German Medical Association headquarters in Cologne. Apart from the difficulty of finding highly qualified physicians to implement quality, there is a lack of quality standards for many areas of medicine (eg, drug prescribing). The need for quality assurance in outpatient care again became evident in a recent epidemiological study (*Dtsch Med Wschr* 1994; **119**: 129–34) in which a representative sample of 368 non-insulin-dependent diabetic people were followed up. Compared with 1104 non-diabetic controls, they saw their doctors more often (36·3 *vs* 24·9 times a year). They received considerably more prescriptions (43·3 *vs* 26·1). 90·5% of the diabetic group had their blood glucose checked, but only 8·2% had their HbA, measured; 7·1% were prescribed dip sticks or test strips for measuring urine or blood glucose; and 18·5% underwent fundoscopy. About half had their total cholesterol, triglycerides, and creatinine concentrations checked; and about half underwent electrocardiography, but other check-ups for cardiovascular disease were done for fewer than 2% (as was the case in other groups).

Karl Kimbel