Bioethics in India has drawn strength from disconnected but sometimes overlapping movements - women’s health advocacy, the community health movement, patients’ groups against medical negligence, professional groups concerned about malpractice and deteriorating standards in the field, and religious as well as secular groups responding to the challenges of new medical technologies. The confluence of these different streams reflects in the shape bioethics has taken in the country.

One particular area that has raised ethical concerns, both within religious as well as secular groups in India relates to dilemmas in decision-making at the end of life. Discussions centering around these dilemmas were renewed with the growth of life-prolonging technologies and intensive care facilities. As far back as the 1960s, the Society for the Right to Die with Dignity pursued legislation on a ‘living will,’ withdrawal of care and medically-supported dying. Pain relief and palliative care were the focus of a few centers, some associated with religious bodies. The bioethics discourse in that period was voiced by religious organizations such as the World Federation of Catholic Medical Associations, as well as secular ones such as the Indian Society for Health, Law and Ethics.

Activist groups, particularly those focusing on women’s and community health, have also influenced bioethics discussions. In the mid-1980s, women’s groups in India went to court against unethical research on injectable contraceptives. These and other campaigns were supported by investigations and advocacy against the government’s coercive population control policies and programs. Work to oppose unsafe, provider-controlled contraceptives and coercion within the government’s programme continues, as does critiquing of the new reproductive technologies and their use to control women’s bodies in different ways.

There have been many revelations of unethical research in India, in addition to the study on injectable contraceptives. For example, in 1997, reports that government researchers had followed women with cervical dysplasia in a research study without providing treatment led to a public outcry possibly contributing to the Indian Council of Medical Research’s 2000 revision of its research ethics guidelines. The guidelines were revised once more in 2006 and a third revision is being finalized. The revisions were also timely as in 2005 multinational pharmaceutical companies started drug trials in India, and reports were emerging of unethical research and participants dying in trials. These guidelines were also essential for the new institutional review boards being established to conduct ethics review of trials. A combination of media investigation and advocacy has led to some improvements in the regulation of drug trials in the last few years.

Much of women’s health advocacy has thrived within a larger health movement and women’s health activists have focused on issues connected to socioeconomic determinants of health, and the right to health care. Such issues were

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regularly discussed at meetings that started in 1973 of the Medico Friend Circle (MFC), an informal network of activists, social scientists and medical professionals. By the 1990s, some members of MFC were focusing more specifically on ethics in healthcare.

Along with these organizations, which have often spoken on behalf of the poor, grew a more middle-class patients' rights movement, fueled by widespread evidence of malpractice by private doctors and hospitals. The public started filing cases in police stations, in state medical councils, in court and even in forums for consumer grievances. Angry patients received support from a minority of doctors. Alongside this, a few physicians had been expressing concern through different means about the deterioration of medical education and practice in India. Some wrote in medical journals on the 'cut practice' of kickbacks for referrals. Another contribution of physicians against injustice was their efforts for the enactment of legislation banning organ trade in India in 1994.

By the late 1990s, a core group of people had received formal academic training in bioethics from programmes in the US and Europe. They came back to set up research programmes in their parent institutions, or independently wrote on these issues. In the 1990s, ethics was taught in just two or three medical colleges. Since then, a number of short courses and Master's programmes have established a cohort of medical professionals, social scientists and others who can undertake research and analysis on bioethics in India.

In 1993, a group of Mumbai-based doctors decided to stand for the Maharashtra state medical council elections, later starting a newsletter on bioethical issues. This newsletter on medical ethics is today the well established Indian Journal of Medical Ethics, and the articles it carries reflect the many diverse streams that contribute to the ever increasing pool of Indian bioethics.