Guidelines for sterilisation in India

In a landmark judgment\textsuperscript{1} which strengthens the reproductive health services and aids the population policy of India, Justices Ruma Pal, Anjit Pasayat, and C K Thakker of the Supreme Court of India have ruled that, for the time being, only doctors with 5 years of gynaecological training will be permitted to carry out sterilisation programmes. Further, the Government of India will pay Rs100 000 (US$2300) in case of the death of the patient sterilised, Rs30 000 ($689) in case of incapacity, and in case of post-operative complications, the actual cost of treatment up to Rs20 000 ($459).

This judgment was delivered in response to public-interest litigation filed by Ramakant Rai alleging widespread non-observance of the guidelines issued by the Central Government’s standard of female and male sterilisation. The Court agreed to the petitioners’ contentions and asked the central government to formulate guidelines for empanelment of doctors, to prepare a checklist which should be used during the procedure, and that all states should maintain statistics pertaining to various aspects of the operation.

This judgment is a crucial step in the strengthening of the health-care rights of marginalised people in India. Our experiences\textsuperscript{2} have shown that the “inverse care law” is very much true for India, especially mothers and children. Our focus group discussions with women in Kheda district have revealed that some women expressed their desire to be reborn as a cow or a buffalo, since they are better cared for and receive better medical care due to economic reasons.

Our government needs to strengthen the provision of health-care services, including regulatory mechanisms, as a human right.\textsuperscript{3} It is a sad fact in India that the practical, in-hospital training of medical graduates is much neglected, since graduates prefer to study textbooks to gain entry onto specialist courses.\textsuperscript{4} It is equally true that practitioners of complementary or alternative medicine are practising as doctors. One can see hospitals openly advertising for doctors who hold degrees in other systems of medicine; these individuals can be employed in intensive-care units, intensive coronary-care units, and the emergency department.

It would have been helpful if the Supreme Court had examined all related issues in one go, and obliged the Indian Medical Association and all other specialist professional bodies to formulate uniform protocols for numerous other medical and surgical procedures as well.

I declare that I have no conflict of interest.

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1 Press Trust of India. SC sets guidelines for sterilisation operations—doctors must have five years experience. Times of India (Ahmedabad) March 7, 2005: 10.


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My only conflict of interest was a sneaky plan to finally get published in The Lancet.

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