Vaccine Production in Private Sector

A Comment

r s dahiya and peeyush sharma

THE new drug policy was announced on December 18, 1986. The total thrust of the drug policy is antipeople—the prices of various drugs will increase substantially (50 per cent to 300 per cent). Also, the new drug policy has given undue concessions to foreign multinational drug companies and monopoly houses of India. The small and medium manufacturers along with public sector will get a set back with this new drug policy. Its above impact can be understood with one example.

Earlier all the vaccines were being manufactured by the public sector in India. There may be multi-factorial reasons for these vaccines being in short supply, but in whatever limited quantity, these were being provided to the general public free of cost in government hospitals.

One example can be taken that of antirabic vaccine. There have been many reports in newspapers about the short supply of these vaccines in governmental hospitals. The reasons of less production and lacunae in regular supply have not been thoroughly evaluated. The new drug policy has given the option to private companies to manufacture these vaccines.

One of the companies Behring Biologicals, a division of Hoechst India Limited has come out with an antirabic vaccine with a brand name of 'Rabipur'.

The various advantage of this vaccine over the already produced vaccine by public sector are documented as follow:

— New generation tissue culture vaccine.
— Potent.
— Safe.
— Economical.
— It is to be given intramuscular instead of intraperitoneal. The dosage is one injection on each of days 0, 3, 7, 14, 30 and 90 (hence less drop out).
— Rabipur should be stored protected from light at +2 to 8°C.
— Cost of 1 ml. is Rs. 100 whereas total dose is 6 ml. Thereby cost is Rs. 600 for one patient.

New certain questions can be raised.

How is it economical?

a) Its cost is Rs. 600 for one course whereas the cost of vaccines manufactured by public sector is Rs. 40 per vial, whereas this was given free of cost in the government hospitals.

b) Moreover immunoglobulins are also recommended along with Rabipur injections which entail further cost of Rs. 300-400.

c) Even a lay person can understand how far economical it is. Of course it can be said to be economical when the cost is, compared with other brand names where cost is Rs. 2100 for one course.

Is it potent and safe?

The advertisement pamphlet reads as under:

1. Slight reactions at the site of injection such as pain, erythema and swelling may occur in less than 5 per cent patients.
2. Isolated instances of lymphadenopathy, headache, lethargy, slight elevations of temperature and allergic reactions of skin have be reported.
3. No experiences are yet available with regard to administration during pregnancy.
4. This should not be used where there is a known allergy to neomycin, chlortetracycline, amphotericin B, or chicken protein. Prophylactic vaccination should not be undertaken.

The above statements made by the company themselves raise many suspicions.

1. Is the vaccine really as safe as claimed?
2. Will this be experimented on pregnant woman in India as many other drugs are being experimented. Does the company consider that Indian pregnant women are guinea pigs?
3. The only thing which is an improvement is that the route of administration is intramuscular rather than intraperitoneal but as the number of abscess formation in S/C or I/M immunisation is increasing who knows what will be the percentage of abscesses with this I/M injections.

The new drug policy by opening vaccine manufacture to private firms will only cater to the needs of those who can pay Rs. 600 to Rs. 2000 for simple antirabic vaccination.

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Myth of Alternative Medicine

thomas george

THE so-called 'radical perspective' of medicine has many degrees, but all of them agree that modern medicine is more or less bad, ineffective and expensive while traditional medical systems are projected as a sort of magical remedy to all health problems. This view has gone into the folklore of self-proclaimed 'radical' writers and has been repeated ad nauseam, without discrimination of scientific examination. A close look at this concept reveals several fundamental flaws; to the extent of making it a reactionary rather than a radical view point.

In the first place, the glorification of traditional systems is utopean and unrealistic. To keep recalling bygone 'golden ages' is fruitless. The fact is that at the present time, all traditional

systems of medicine are primitive and ineffective in comparison to modern medicine. To call for research in these systems is one thing, to project them as qell-developed, near-perfect systems is quite another. In fact, the whole business of counterposing modern medicine and traditional systems, of making them appear antagonistic and mutually exclusive has no basis in reason. Any scientific system will incorporate the results of research and any boundaries are artificial and foreign to scientists. These boundaries definitely do not serve the cause of science and are of use only to vested interests who make a living out of such divisions. When one comes down to the nitty-girtty and asks for a point-by-point delineation of the ways in which traditional medicine is superior, one comes up, not against a wall, but against a mass of fluff—vague statements about being closer to the people, arising out of their milieu etc. When one is sick, it may be reassuring to see one's grandmother but far more effective to see one's doctor! All this boils down to saying that promising lines of enquiry in any system should be subjected to rigorous scientific research and the results integrated into the knowledge available in health care. To rigorously demarcate 'systems' is ridiculous, wasteful and unnecessary.

On the question of cost also, one finds that the idea that ayurveda, siddha or unani is cheap, an idea that the 'radicals' have been trying to ram into our minds, is far from true. These systems as they now exist are expensive, often more so, than modern medicine. In this context it is surprising how self-proclaimed socialists make such a fetish about cost. The ultimate aim of a socialist system is to provide the best life for its citizens, not the cheapest. In fact it is interesting that emphasis on traditional systems finds so much favour with foreign aid agencies, many of them wings of multinational companies, doing business by other forms. One possible reason for this favour is that giving respectability to all the quacks in the countryside is a cheap way of preventing rural people from demanding better health care. To provide really good medical care of the quality available in the west would be expensive. How much easier to give the shadow—and go on a propaganda campaign to pass it off as better than the substance! And it is this very ludicrous propaganda that the 'radicals' have swallowed. They have now put themselves in the silly position of saying that the best is too good for the poor, that they should have only what they are accustomed to—quacks and magic remedies!

The talk of community health and the attempt to produce non-existent antagonism between preventive and curative services, is all part of the attempt to cloud the real issues by posing symptoms of the disease as the disease itself. To cover up the lacunae in the health services and the wocfully inadeqauate budget spent on it by the expedient of posing it all as a problem of priorities is nothing short of criminal. And when 'radicals' accept this kind of solution, they in effect accept that the health budget is adequate, its all a matter of more judicious spending, they accept that the best care is impossible; attitudes that are not only defeatist, but a grotesque travesty of the truth.

The true radical viewpoint on health would be that the most scientific and effective system should be available to all irrespective of cost. One can accept compromises in the interim period towards achieving the goal, but any attempt to pass off the compromises as better than the goal itself should be stoutly resisted. We cannot accept second class care as good enough, for the poor. It is the duty of every democracy to provide the best in all fields for all its citizens and this is the objective for which we should fight.

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This periodical is a collective effort of many individuals active or interested in the field of health or interested in health issues. The chief aim of the journal is to provide a forum for exchange of ideas and for generating a debate on practical and theoretical issues in health from a **radical or Marxist** perspective. We believe that only through such interaction can a coherent radical and marxist critique of health and health care be evolved

Each issue of the journal highlights one theme, but it also publishes (i) Discussions on articles published in earlier issues (ii) Commentaries, reports, shorter contributions outside the main theme.

A full length article should not exceed 6,000 words and the number of references in the article should not exceed 50. Unless otherwise stated author's names in the case of joint authorship will be printed in alphabetical order. You will appreciate that we have a broad editorial policy on the basis of which articles will be accepted.

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All articles should be sent in duplicate. They should be neatly typed in double spacing, on one side of the sheet. This is necessary because we do not have office facilities here and the press requires all material to be typed. But if it is impossible for you to get the material typed, do not let it stop you from sending us your contributions in a neat handwriting on one side of the paper. Send us two copies of the article written in a legible handwriting with words and sentences liberally spaced.

The best way to crystallise and clarify ideas is to put them down in writing. Here's your opportunity to interact through your writing and forge links with others who are, working on issues of interest to you.

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PHYSICIAN'S OATH
AND
STATEMENT OF MEDICAL ETHICS

(Adapted for the nuclear age)

Over the millenia
physicians have evolved a long tradition of ethical affirmation,
represented originally by the Oath of Hippocrates, and later
by many other national and international codes and
statements of professional ethical obligations.

Recently in May 1983
the World Health Organisation General Assembly stated that,
'nuclear weapons constitute the greatest immediate threat
to the health and welfare of mankind', and that physicians
'have both the right and the duty to draw attention
in the strongest possible terms to the catastrophic results
that would follow from any use of nuclear weapons.'

To our long tradition of ethical statements
we believe that there should now be added:
"As a physician of the 20th century, I recognise
that nuclear weapons have presented my profession
with a challenge of unprecedented proportions,
and that a nuclear war would be
the final epidemic for humaking.
I will do all in my power
for work for the prevention of nuclear war."

Proposed at the Third Congress of International Physicians for the Prevention of Nuclear War. The Hague. June 17-21. 1983