

MUMBAI MIRROR | PRINT VIEW**MUMBAI, Saturday, September 17, 2005****Greedy doctors con 600 tribal women into surgery****Advise them to get hysterectomy done when the ailment could be best treated with antibiotics***Roli Srivastava*

Hyderabad: A surgery to treat an ailment that can be cured with antibiotics may sound far fetched, but in a small mandal of Medak district, about 70 km from here, such medical treatment is a reality.

Last Sunday, about 600 women from the 'Lambada' tribe gathered for a meeting organised by a social organisation, to discuss their health problems. From severe back aches to depression and from chest pain to aching joints — the problems slowly tumbled out and so did the reason for their poor health — all the assembled women, some aged under 40 and many as young as 21, have undergone hysterectomy (removal of the uterus) at the advice of their local private practitioners. The drastic treatment was given to cure these women of pelvic inflammatory disease (PID), which is best treated with a course of antibiotics.

"The 600 women are from Kowdipally mandal of Medak district, and have spent an average of Rs 10,000 each on their treatment," says Subhash Chandra, project director of Centre for Action Research and People's Development (CARPED) that has conducted the survey among these women. Predictably, these families have run into huge debts, given that they are daily wage workers on agricultural lands.

The alarming revelation, confirmed by the government doctors in the area, is just the tip of the iceberg. Health activists note that such instances are repeating themselves with an alarming frequency across the state, where private doctors are cheating illiterate villagers into taking expensive treatment that is best avoided for their condition.

CARPED conducted the survey when it found that in a small hamlet of 13 families, women from eight households had undergone hysterectomy. Alarmed, they conducted the survey in the entire mandal and calculated a spending of close to Rs 60 lakh on this medical procedure.

"The local doctors they (women) consult create a fear among them that the infection (pelvic inflammatory disease) could lead to cancer and that a hysterectomy is cure for it," says Dr M Padma, in-charge of the primary healthcare centre (PHC) at Kowdipally. While at the PHC, they are told about how medication and maintaining hygiene would offer them relief, the patients are often in a hurry for a quick cure. And private practitioners are exploiting their impatience. The pelvic infection among women is mainly because of home deliveries when untrained ayahs attend to them, according to Dr Padma. Nevertheless, Dr Padma maintains that none of the infections in any of the women she has also examined were cancerous or needed surgery.

"At times, the doctors they consult are not gynaecologists but might perform surgery to make good money," says Dr C K George, director of Institute of Health Systems, a reputed health research body that deals largely with public health issues. Dr George said hysterectomy is not the treatment for PID and an operation is done only in extreme cases.



These poor women from the Lambada tribe had to cough up Rs 10,000 each for surgery



One of the victims

The uterus snatchers of ANDHRA

There's a deadly and ruthless practice flourishing in the Deccan. Dr Dooms, spread over its villages, are prescribing hysterectomy for everything from irregular periods to cramps, forcing menopause on women as young as 20. And even as the number of infertile women — at a staggering 32 per cent now — grows, the government seems incapable of and unwilling to rein in the monster medics

ROLI SRIVASTAVA
TIMES NEWS NETWORK

A group of Lambada tribal women sit huddled in Kannaram village of Medak district clutching prescriptions and plastic bags with multi-coloured pills. They pooh these, they say, for relief from the various aches and pains they have been battling ever since they underwent the "operation". Most women in this village of 125 households have had a hysterectomy — even those as young as 20, some even younger and in their teens — for complaints as routine and as easily curable as abdominal pain or white discharge.

Doctors in the rural pockets of the state, however, do not prescribe antibiotics to these hapless women. They prescribe complete removal of the uterus and ovaries, cutting short their reproductive lives and snipping their estrogen supply.

And it is not just the women of Kannaram who have hit an early menopause in Andhra Pradesh. A disturbing number of women in rural pockets from across the state have gone under the knife, surrendered their savings and losing their uteruses and ovaries to quacks who market hysterectomies as aggressively as salesmen sell water purifiers in cities.

These victims of rampant medical malpractice and government apathy now make for a startling statistic of the National Family Health Survey — the number of young menopausal women is the highest in Andhra Pradesh, standing at a staggering 31.4 per cent.

But what do doctors gain from the cruelty heaped on the women? Money. A hysterectomy can fetch anywhere between Rs 10,000 and Rs 50,000, depending on the facilities they showcase. On the other hand, treating a routine gynaecological problem with pills wouldn't earn them a fraction of that.

The modus operandi used in the hysterectomy racket is simple. A woman, often illiterate and unaware, lands up at a private rural clinic complaining of, say, excessive bleeding or leucorrhoea (vaginal discharge) and she is prescribed a hysterectomy as the only way out. A senior doctor who conducts medical camps in rural parts of Andhra Pradesh says, "My routine question to women in villages now is, 'Do you have a uterus?' The women are told that they would die if they don't stem the discharge or bleeding with a surgical process.

Manjula, one of the unfortunate lot, is not quite sure why she had to have her womb scalped. And it's affected her in more ways than one. At 28, she can pass off for a 40-year-old; she tires easily and often feels older than even her 45-year-old mother. Having undergone hysterectomy five years ago, the daily wage worker says she is unable to toil on the farms anymore. She spends on medicines the little that she earns. "I have been spending Rs 500 a month on medicines and I visit the doctor every week. He tells me to eat healthy food and rest, but can I do that?" she asks, knowing the



FAITH BREACHED: Lambada women who underwent hysterectomy complain of low energy levels and constant aches and pains. Many have aged prematurely



DUPED: Most women of Kannaram village, shown gathered at a panchayat office, have undergone hysterectomy. Some of them are in their late teens

answer only too well.

An ultrasound scan of the abdominal and pelvic area in the presence of this reporter confirmed the women's claim that they had undergone complete hysterectomy. Gynaecologists, at least the ones with ethics, maintain that total hysterectomy is rarely warranted these days. Whenever hysterectomy seems inevitable, an effort is made to salvage the healthy part of the ovary so that the woman's body continues to get some supply of estrogen, they add.

Clearly, such caution finds no place in the hysterectomy market of Andhra Pradesh, where scores of women undergo the procedure in makeshift operation theatres in roadside clinics. Some of these are two-room tenements, with one part serving as a clinic and the other as OT. Interactions with these women and studies on the subject have established that the procedures are more often than not performed by registered medical practitioners (RMPs) or city-based general surgeons who zip over to small town clinics over weekends. Vil-

Greed drives the hysterectomy racket. A procedure can fetch a doctor anywhere between Rs 10,000 and Rs 50,000 depending on the facilities promised to the woman

lage quacks provide the necessary reference work.

While this medical malpractice was highlighted five years ago by the Centre for Action Research and People's Development (CARPED), an NGO that works mainly in Medak district, a recent state-wide study undertaken by Andhra Pradesh Mahila Samithi Society (APMSS) shows most women who have undergone the procedure are suffering from health problems ranging from fatigue to osteoporosis.

The study, which was conducted across 225 villages in five districts, concluded that the issue was not restricted to a particular area but spread across the state. "In none of the cases did the women undergo a thorough medical check-up before the operation and there was no counselling on the hormonal imbalances leading to early menopause and other related health conditions," the study stated. The reason why women opted for the procedure ranged from excessive bleeding to irregular menstrual cycle.

What has shocked health experts is this rampant practice remaining unnoticed. State health officials confirm that hysterectomies in AP are the highest in the country given the number of women involved, and they also admit that the government is insensitive to the plight of these

WHEN IT ALL BEGAN...

Healthcare experts say the hysterectomy racket has its roots in the privatisation boom in the medical sector back in the mid-'80s. Tall star politician NT Rama Rao came to power, healthcare was state-driven in Andhra Pradesh.

"It is around this time that the practice of unwanted hysterectomies first started showing up in the state," notes Veena Shatrugna, former deputy director of National Institute of Nutrition. She says the number of such procedures have steadily risen over the last two decades.

In government hospitals, poor patients are never randomly advised hysterectomies because government doctors stand to gain nothing by doing so. "But private hospitals are not accountable to anyone and people were willing to pay for the procedure," she says.

Private doctors have also managed to wean away the queues from public hospitals with promises of quicker and better care.

Soon, these doctors, both MBBS and RMPs, became the points of contact for private nursing homes and allegedly started getting a 30 per cent cut (from the cost of treatment) for each case referred. Worse, many of them also conducted the procedure themselves.

"People can also be naive. They believe that once the uterus is removed all their troubles would end," says Dr Chorapur Ambuja, secretary (Hyderabad chapter), Indian Menopause Society.

Health activists now hope to spread greater awareness about medical malpractices in the villages. "The only way to curb the practice is by improving awareness. And in the absence of government will, only responsible doctors can do it," says an activist.

women. Sources in the ministry of health note how hysterectomy is a growing racket involving quacks, private hospitals and RMPs.

Dr M Prakasamma of the Academy for Nursing Studies fishes out her 2002 study, which found that "more and more women of younger age group are observed to be undergoing hysterectomy".

Eight years later, not only has the government remained seemingly oblivious to this health tragedy, it has also inadvertently pushed the trend further. The state health insurance scheme, Arogyaari, is being used to fund these operations. This scheme pays for the private treatment of those below the poverty line.

In fact, in 2008-2009 alone, around 11,000 women were hysterectomised and each procedure was funded by the state government. Sources say that in many of these cases, the age of the woman was between 25 and 35. Alleging that "nursing homes in the districts were even fudging the date of birth, they say in at least 50 per cent of cases the woman was less than 40 years old.

Some health officials are now demanding that hysterectomies be scrapped from the list of procedures covered under Arogyaari, but their voices are not aggressive or persuasive enough. Arogyaari, anyway, is a recent reason for the rise in such cases. Veena Shatrugna, former deputy director of the National Institute of Nutrition, points out another unerving factor driving the trend: sterilisations.

What happens is that sterilisations are done after the birth of the last child when a woman is in a pre-menopausal stage. Family planning procedures are often carried out in government camps (to meet targets) and women quite commonly develop infections that need treatment. Unscrupulous doctors are quick to suggest a completely unnecessary hysterectomy.

Shatrugna's analysis fits in with the facts and figures. The APMSS study on hysterectomy found that 82 per cent of the women who had undergone a hysterectomy had had a family planning operation prior to it.

Doctors believe that rural women develop infections because of poor menstrual hygiene. "But you do not remove the uterus for that," says Dr A Nani, who heads the primary healthcare centre in Kannaram village. She admits that women prefer visiting RMPs to her centre because they see hysterectomy as a way out of dealing with periods.

Activists working on the issue squarely blame the government for its apathy. "We have been highlighting the issue since 2005 and have met health officials too. But nothing has been done about it," says M Subhash Chandra, director, CARPED.

Dr PV Ramesh, principal secretary, health, agrees that the "the issue is serious" and that the government is looking at launching a campaign to raise awareness among the masses. Until that happens, the number of menopausal women will keep piling up in Andhra Pradesh. And till then the stories of helpless rage will keep pouring in.

"I sold my one-acre plot and even my gold jewellery for my medication. But my abdomen still hurts periodically," says Bhuli, who hit menopause at 30 when she underwent hysterectomy.

While others calculate the thousands they have lost on treatment, 25-year-old Maruni broods over the other incalculable loss. Mother of one, she underwent a hysterectomy at 22. "I couldn't work on the fields anymore. So I was of no use to my husband who left me for another woman. And then I lost my only son," she says, even as the RMP she consulted continues to flourish in the village. ■

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QUACK QUARTERS: Makeshift clinics, like the one below, often double up as operation theatres



Menopausal 20-somethings

Moyna

Jun 15, 2010 | [From the print edition](#)

Hysterectomies on a high since the launch of insurance scheme for BPL families in Andhra Pradesh



P Padma of AP Mahila Society explains the pitfalls of early hysterectomy / COURTESY: APMS

APMSS Jayamma's uterus was removed two years ago—she was 18. Married at 12, she had children at 15 and 17 and she did not know she would undergo uterus removal surgery (hysterectomy) when she went to a doctor for pain in her lower abdomen.

The doctor, in a private hospital in Zaheerabad in Andhra Pradesh's Medak district, told her she would die without the operation.

Parvathi, 23, from Sadasivpet in Medak was also talked into hysterectomy. Like Jayamma who still suffers from the pain, Parvathi too was led to believe it was a matter of the uterus or life.

Jayamma and Lakshmi belong to families below [poverty line](#) in Andhra Pradesh. They went to [private hospitals](#) because they knew they would not have to pay for the surgery. They are covered under the state government's cashless [health insurance](#) scheme, Aarogyasri. Launched in 2007 the scheme aims to provide families below the poverty line access to quality medical care.

Since July 2008, the second phase of Aarogyasri, the state government has received claims of more than 11,000 hysterectomy cases from hospitals and [nursing homes](#). Outside this scheme there are only rough estimates of the number of hysterectomies in the state.

Claims can range anything between Rs 20,000 and Rs 45,000, it depends on the kind of surgery. Sometimes, these are fudged. The vigilance department in a raid last year found hospitals in Guntur district claimed to have done a [laparoscopy](#) even though they did not have the equipment for it. [Insurance claims](#) for a laparoscopy are more than a conventional surgery. The department found that 68 per cent of the 1,141 women who underwent hysterectomies in 20 hospitals in the district were 21-40 years old.

A 2009 study by a non-profit, AP Mahila Samatha Society, found hysterectomy cases in women between 25 and 40 increased by 20 per cent since Aarogyasri was launched. Their study, on 1,097 women in five districts, also found that doctors told 30 per cent women that they would die if they did not get operated. "[Hysterectomies have become a tool for greedy doctors to earn money,](#)" said M B Bharath Bhusan, chairperson of the non-profit Centre for Action, Research and People's Development ([CARPED](#)).

Given the statistics on hysterectomies, women's groups in the state have warned the government of severe consequences if indiscriminate hysterectomies continue. They have been conducting workshops and seminars aimed at educating women in villages.

In response, the state government issued guidelines to doctors and hospitals under Aarogyasri, said J Satyanaryana, principal secretary to the health and family welfare department in Andhra Pradesh. Aarogyasri trust's members are currently discussing the guidelines, which would be made public soon, said R Gopal Krishna, chairperson of Aarogyasri trust.

"As per the guidelines," said Krishna, "hysterectomies cannot be conducted in response to minor health problems related to reproductive organs. They can be done if there is a possibility of cancer, or other serious ailments, but these must be supported by medical records. Also, pathologists would have to submit medical records before conducting hysterectomy on a woman under 35."

He, however, added women were always warned about the long-term effects of removing the uterus, and doctors rarely encouraged hysterectomies.

In denial

"Women insist on getting operated. They want relief from menstrual cycles after they bear children," said Shamim Rizwana, Aarogyasri's deputy medical superintendent.

But Chokarappu Ramulu, who disburses medicines in Pampalli village in Nalgonda district, also called registered medical practitioner, narrated a different story. "Doctors first enquire the number of children a woman has. If she has more than two, the doctor asks her to get a hysterectomy," said Ramulu. If the patient does not agree, she is told her uterus is rotten, and that she would get cancer.



Hysterectomies have become a tool for doctors to earn money. It is easier to abuse the system because women belong to a certain class in society

**– M BHARATH
BHUSHAN**
Chairperson of the non-profit Centre for Research, Action and People's Development

Ramulu knows at least 20 women from five villages in the district who have had their uteri removed. These women continue to suffer from the pain for which they went to the doctor in the first place, he said.

For example, Muthyalamma of Gaurpur village in Karimnagar district went to the doctor because of pain during her periods. She suffered excessive bleeding and cramps. "The operation did not cure me of the pain. I feel weak and am unable to do physical work like I used to," said the 25-year-old whose uterus was removed two years ago. Muthyalamma's weakness is no surprise. Hysterectomy at an early age causes calcium deficiency; its side effects include weakness, hormonal imbalance, depression and joint pains.

Removing the uterus also affects the lumbar vertebra, which helps in bending actions, said Surya Prakash of Life Health Reinforcement Group, a group of doctors working on the right to health for all. A hysterectomy is the last resort if one is suffering from uterine cancer, fibroids (benign tumour) or endometriosis, in which the cells lining the uterus are found outside it, causing pelvic pain. "These operations, done at random, are dangerous for women's social and economic wellbeing," said P Padma of AP Mahila Samatha Society.

Prakash said the focus should be on accountability of doctors and to ensure indiscriminate hysterectomies are checked. But, for Laxmi, 19, the damage is irreparable. She was admitted to a private hospital in Kurnool district two years ago because of severe stomach ache. Her family thought she was operated for appendicitis. When she was discharged, the doctor told them her uterus had been removed. "It was a shock. We wanted a second child," she said. Her husband has stopped supporting her. "He is rarely home. He has another woman he goes to," she added.

Womb removal: Andhra's big medical scandal

[Uma Sudhir](#) | Updated: August 27, 2010 09:52 IST



Medak: Roopli is in her early 20s and has already hit menopause. Married when she was not even 12, she had two children far too soon. After persistent health problems, private doctors advised full hysterectomy - removal of uterus and both ovaries.

The poor tribal woman says, "Government doctors did not offer any solution. Not even an injection. So I went to a private doctor. The operation cost me Rs. 20,000. We had to take a loan for it."

Bhuli, another poor woman who was advised a hysterectomy, was told it was a Hobson's choice. She could either get her uterus removed or die.

There are thousands of women like Roopli and Bhuli in villages across Andhra Pradesh. In a tribal hamlet in Medak district, for example, when asked how many have had a "pedda operation" or got their uterus removed, virtually every hand goes up.

All across Andhra Pradesh, thousands of expensive uterus removal surgeries are being performed in private clinics every year. What is most worrying is that 80 per cent of the women undergoing the surgery are between 20 and 40 years of age. These women then age faster with complications caused by hormonal imbalances and osteoporosis.

The government admits it has become a huge problem. Andhra Pradesh Health Minister D Nagender, says, "We are going to take action against all those nursing homes and hospitals that are performing unnecessary removal of uterus."

Andhra Pradesh records the highest number of such operations in the country. Its health insurance scheme for the poor, Arogyasree, has only made matters worse. [Subhash](#), a health activist, says, "11,000 hysterectomies have happened in just 18 months under the government's health insurance scheme for poor. Many more must be happening out there."

Statistics show that 98 per cent of these surgeries have happened in private, ill-equipped clinics. NDTV asked a medical representative at one such clinic whether it was true that private doctors were pushing women to undergo hysterectomy. Narsing Rao, the RMP says, "No, madam. I don't agree. Specialist comes once a week and does the surgery. It is a social service we are doing. We are not forcing anyone."

All the women NDTV spoke to said they had not gone to a government health care centre because they did not get any care there. So the women got pushed to private doctors, who then performed the surgeries.

<http://www.ndtv.com/article/india/womb-removal-andhras-big-medical-scandal-47462>

<http://www.youtube.com/watch?v=NfgzVVttL34>

Sunday , October 10 , 2010

Bereft and barren

Hoodwinked by quacks and unscrupulous doctors, rural women in Chhattisgarh are undergoing needless hysterectomies. **Hemchaya De** turns the spotlight on a flourishing racket



WOMB WOES: (Top) The women of Kugda village and Dr Asha Jain

Ganga Dheewar feels that her agony will never end. The 35-year-old daily wage earner in Kugda village, about 15km from Raipur in Chhattisgarh, underwent a hysterectomy (an operation in which a part or the whole of a womb is removed) a couple of years ago. "At that time, I used to feel an acute pain in my abdomen. I went to our village doctor who sent me to a private clinic where I was asked to undergo the hysterectomy immediately," says Dheewar. "The surgeon said the pain would go away, but I am still suffering."

But was she told why she needed a hysterectomy in the first place? Dheewar says no. She was just informed that her *bachchadani* (uterus) was rotting. But no proper medical examination was prescribed to her to confirm it.

Dheewar has four children to feed. Her husband is also a daily wage earner. The operation cost them Rs 10,000 even though they got subsidised treatment with their BPL (below poverty line) cards. The family had to take a loan and is now reeling under a heavy debt.

Dheewar's neighbour Teerath Prasad's story is no different. She is 48 now, but she underwent a hysterectomy when she was just 30 years old. The reason, as per her village quack: a bad uterus. "I had pain in my abdomen and heavy bleeding for a few days. I was sent to a private clinic and in no time I was operated on," she says. "Even after all these years, the pain hasn't subsided. Ever since the surgery, I feel weak and I can't even work to help my husband earn our daily bread."

Ask Kamla Yadav, 36, Vimla Sahu, 32, and other women in their 20s and 30s in Kugda. As victims of unnecessary hysterectomies, they have the same tale to tell and can rattle off the names of many other women in their village and the neighbouring ones who have undergone hysterectomy. In fact, Kugda, which is in Durg district, is only a part of the *banjar kshetra* (infertile land), covering several districts, and it's barren because it has villages with women without wombs.

"I have got cases where girls as young as 17 have undergone hysterectomy for no rhyme or reason. And now they suffer from early ageing and many other health complications. Sometimes these girls are forced into what is known as 'safe prostitution'," says an exasperated Asha Jain, a gynaecological oncologist who runs a private nursing home called SriMaa Sarada Arogyadham in Raipur. "Women across Chhattisgarh, mostly belonging to the poorer sections of society, are being advised hysterectomy even for a common cold! And that's no exaggeration."

Dr Jain is one of the few medical practitioners in the state who's fighting against the malpractice. "I have approached health officials and even the chief minister to take steps against people who run hysterectomy rackets across the state. But my appeals have fallen on deaf ears."

Dr Jain adds that hysterectomies are a lucrative business. "For normal deliveries, they charge a paltry few hundred rupees, but doctors command Rs 16,000 to Rs 18,000 per hysterectomy."

Agrees Abha Singh, professor and head of the department of obstetrics and gynaecology of the state-run Pt JNM Medical College, Raipur, and president of the Obstetrics and Gynaecology Society, Chhattisgarh. "It's a common practice all over the state. Rural women, mostly those who have reached the age of 30 and have had children, are being advised the surgery because fear of cancer is being instilled in them," says Dr Singh. "And who are advising them? Quacks, midwives and even private medical practitioners and general surgeons in the city who are guilty of making an industry out of hysterectomy."

Quacks in villages apparently act as middlemen and get "commissions" from private clinics for bringing in hysterectomy cases. Purnima Dheewar is Kugda's quack, who is practising medicine after doing an MA in geography. "I learnt it from my father-in-law who's an ayurveda practitioner," says a candid Purnima. "When women come to me with complaints of excessive bleeding, white discharge or pain in the abdomen, I give them some ayurvedic medicines and antibiotics. If the problems persist, I refer them to a private clinic on the highway."

Does she explain to her patients what could possibly cause bleeding and whether hysterectomy is at all needed? "No, I don't need to explain that — it's all because of a bad *bachchadani*," she replies. Incidentally, the private clinic in question is just a shabby one-storey building on a national highway. It has a single surgeon who does on an average four to five hysterectomies a day.

Sometimes it's the midwives who liaise with private clinics to fetch them hysterectomy candidates. In some cases, clinics hire public relations officers to get patients. In other instances, mass hysterectomies are carried out in villages in the name of medical camps.

State health officials admit that this is more or less how the system works. Says Kamlesh Jain, senior programme co-ordinator, state health resource centre, Chhattisgarh, "We are 100 per cent sure that unnecessary hysterectomies are rampant all across Chhattisgarh. And undoubtedly there is a huge collusive network involving all kinds of agents like quacks or even private practitioners." The state government, he adds, is in the process of conducting a survey to assess the magnitude of the problem. Officials say that such a survey is essential to bring offenders to book. One also needs to ascertain how many quacks operate in the state. An Indian Medical Association study says that all over India, there are more than a million quacks.

While rural women in Chhattisgarh are clearly bearing the brunt of the hysterectomy racket, a state like Andhra Pradesh has taken steps to check the malpractice. The Centre for Action Research and People's Development (Carped), Hyderabad, is probably the only non governmental organisation in India which is fighting against the practice. Research on the issue has already begun in Medak district in Andhra Pradesh.

"We have been researching for the past five years. Our findings show that one in eight women has undergone a hysterectomy. About 97 per cent of the procedures are done in private clinics. And 80 per cent of women who have undergone hysterectomy is below 40. Shockingly, many fall within the bracket of 12-19 years," says [M. Subhash Chandra](#), director, [Carped](#), which collaborates with state medical organisations. "Our state health subsidy scheme Arogyasree has shown that over the past 18 months, 18,000 hysterectomies have been done across the state. It's a business worth crores of rupees."

[Chandra](#) adds that unnecessary hysterectomies often have a deep social and psychological impact. “I have seen cases where women suffer from depression. Young women whose wombs have been removed are often abandoned. It can drive them to suicide,” he says.

Gynaecologists advise that hysterectomy should be prescribed only after ensuring that all other conservative methods have been tried to address the problem. “Proper counselling should be done and that too in a language that patients understand,” says Rahul Roy Chowdhury, consultant gynaecological oncologist, AMRI Hospitals, Salt Lake, Calcutta.

Dr Jain says sometimes it needs some “emotional blackmailing”. “I tell my patients that the uterus is what makes you a woman. It has many functions in the body other than its reproductive role. You do not remove any other part of your body just because you fear it can have cancer!” she says.

That message needs to go out to lakhs of rural women who are being deprived of their wombs by quacks and unscrupulous medical practitioners.

http://www.telegraphindia.com/1101010/jsp/7days/story_13040094.jsp



THE TIMES OF INDIA

Unwanted womb removal: Registration of nine private doctors suspended

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BHOPAL: After film actor Amir Khan's TV show 'Satyamev Jayate' dug out devils of healthcare and a string of womb removal surgeries sparked a row, Chhattisgarh government has cracked down on nine private doctors and suspended their registration for allegedly advising and performing hysterectomy-removal of uterus and both ovaries-without convincing medical reasons.

After a number of incidents of "unwanted womb removal surgeries" came to light in the rural areas, the state government swung into action and formed a high level committee which inquired into the complaints and submitted its report. Subsequently, Chhattisgarh medical council suspended registration of nine private doctors. Now these doctors will not be allowed to practice, a health department spokesman said.

"There were several complaints regarding unnecessary uterus removal surgeries, particularly of women from the rural areas. Hysterectomies were performed on women even in the age group of 20 to 40 years. A committee, comprising a team of doctors, recommended action against the private doctors, observing that unwanted surgeries amounted to violation of medical ethics", he said.

According to an official release, registration of Dr Nalini Madaria, Dr Dharendra Sav, Dr Nitin Jain, Dr Mohini Idnani, Dr Prajjwal Soni, Dr Jyoti Dubey, Dr Sonali V Jain, Dr Pankaj Jaiswal, and Dr J P S Sarna were suspended with immediate effect.

Chhattisgarh Medical Council action against the private doctors has brought to focus the alarming problem of nursing homes and hospitals performing unnecessary removal of uterus, after a similar medical scandal had surfaced in Andhra Pradesh few years ago.

Health department sources claim that the modus operandi of "rogue doctors" was to tell the patients, particularly from the rural areas, that it was a Hobson's choice for them that either they should get uterus removed or die due to cancer.

However, there is no data available with the state health department on the number of uterus removal surgeries performed in private nursing homes and hospitals across the state.

http://articles.timesofindia.indiatimes.com/2012-06-23/bhopal/32381172_1_uterus-removal-surgeries-rural-areas

[Opinion](#) » [Op-Ed](#) August 22, 2012

Put errant doctors on the mat

K. R. Antony



Unethical medical practitioners are at heart of the unethical hysterectomies.

“Watchful expectancy and masterly inactivity.” This was the dictum my obstetrics professor taught us to assist a woman in labour. But it seems it has been adopted by professional bodies of doctors in response to the problem of unethical surgeries.

It is now fashionable to blame politicians or the government for all evils in society. Sorry, but not for unnecessary hysterectomies. Doctors cannot absolve their own responsibility in this. Whatever the government’s policy (“Diagnosis of a prolapse” Yogesh Jain and Raman Kataria, Op-Ed, July 16, 2012) or the socio-cultural reasons (“Insurance does not cover the womb’s woes,” Sapna Desai, Op-Ed, August 9, 2012), ultimately, it is doctors who carry out the surgeries, and who must be held responsible.

At present, there is no system of peer review of reported overuse of medical procedures, either investigative or curative. There is no peer pressure that can work to eliminate or reduce medical malpractice. Disowning an errant colleague and professionally excommunicating negative deviants do not happen at all. Professional bodies (Federation of Obstetric and Gynaecological Societies of India, Association of Surgeons of India, Indian Medical Association, etc) have completely abdicated their role as guides, custodians and watchdogs of medical ethics. The Medical Council of India (MCI), “the watchman at the gate,” is asleep all the time.

Hysterectomies without reasonably sound medical indications have been happening in many parts of the country even before the Rashtriya Swasthya Bima Yojana (RSBY) and other health insurances like Arogyasree came into existence. State-funded health insurance only contributed to the ease of harvesting profits by the unregulated private sector. The underlying phenomenon is old.

Five years ago, in June 2007, after the media published several reports of unethical hysterectomies in Medak district in Andhra Pradesh, I was part of a fact-finding mission on behalf of Unicef's "Safe Motherhood programme." Three private nursing homes were doing hysterectomies in the district's Narsapur town. The establishments were owned by a qualified ayurvedic doctor, a homeopathic doctor as well as a lab technician posing as a doctor. The actual surgeries were being done by qualified gynaecologists or surgeons who came from Hyderabad on a weekly basis; they received half of the total fee charged. Most patients were from the Lambada tribal community, poor and illiterate. With an early marriage and completion of family at a young age, they were having recurring problems of backache, vaginal discharge, minor bleeding, etc. There was no gynaecologist at the Narsapur government Community Health Centre (CHC) for a long time. Finally when she arrived, she refused to do any surgeries in spite of there being good facilities and an operation theatre. After finding that government hospitals were not able to provide a satisfactory cure, the suffering women went to private clinics where they were told that all their troubles would end with the removal of an organ which has served its purpose, with a one-time expenditure. The amount for this purpose was easily available from the opportunist-friendly local money lenders.

This was the story not only in Medak but also in many other parts of Andhra Pradesh.

For the patients, it was cheap. Compared to the Rs.10,000-Rs.12,000 being charged those days in Hyderabad, private clinics charged only Rs.4,500. But should the specialists from Hyderabad have got involved in an unholy business nexus with the unqualified doctors running private nursing homes, especially when the conditions of facilities were so compromised for surgery and post-operative care? The selection of some of the cases for surgery were also questionable.

The doctor at CHC Narsapur was complicit in this too. By not being available, she drove patients to these nursing homes. When she was, she never prescribed a cure.

The question then in my mind was: "Why doesn't the health department throw open the sub-optimally functioning good infrastructure of Narsapur CHC to the same visiting specialists from Hyderabad to deliver services to the poor of Narsapur?" That would have been a good example of public-private partnership.

In addressing unethical hysterectomies, we must go beyond both the role of insurance or gender bias, to the root of the problem: unethical doctors. Keeping doctors on the straight and narrow is the responsibility, first and foremost, of their peers. They cannot sit back and ask the government alone to bring in effective regulations and control the villains among them.

(Dr. K.R. Antony, president, Public Health Resource Network, India, was health and nutrition specialist for Unicef and director, State Health Resource Centre, Chhattisgarh. Email: krantony53@gmail.com)

<http://www.thehindu.com/opinion/op-ed/article3804283.ece>

THE WEEK

JOURNALISM WITH A HUMAN TOUCH

COVER STORY

Wombs and the wolves

By Swagata Yadavar



Guddi devi, 27: She had sought treatment for a simple stomach ache. The doctor prescribed hysterectomy. Today, with all her vitality sapped, she feels it was the biggest. Photo by Amey Mansabdar

Pain. Fatigue. Palpitation. Dizziness. Indigestion. Nausea. Numbness. Hopelessness.

“I feel sick.”

“I feel sick.”

These words still echo in my ears. They did not come from a dying man or a depressed woman. They were whimpered by scores of 'normal' women in India's rural hinterlands.

The cause lay in two words uttered by their unscrupulous doctors: *bacchedani kharaab*. These gullible women were told their uteri were faulty, and that they had to be removed.

THE WEEK's journey through some villages in Bihar and Rajasthan revealed the plight of women—many of them allegedly unmarried—whose wombs were removed as “treatment” for everything, from a simple stomach ache to menstrual issues.

Why? The reason, again, lay in two words: filthy lucre.

Sunita Devi, a 35-year-old labourer of Latbasepur village in Bihar's Samastipur district, would tell us more. It all started with a debilitating stomach pain, which she had ignored for long. Thanks to the Rashtriya Swasthya Bima Yojana, she hoped to finally get proper treatment at a private hospital.

At Krishna Hospital, one of the hospitals empanelled in the rural scheme, Sunita was told she needed an appendicitis surgery. And a hysterectomy, too.

She underwent both eight months ago. Today, she is feeble. "I often get palpitations," she said. "I get frequent headaches and gas trouble."

The mother of five can no longer work in the fields. She now assists at a small shop in the village. The plight of her two sisters-in-law who also underwent hysterectomies is no different.

Three years ago, the RSBY, which entitles families below poverty line to free treatment up to Rs.30,000 a year, was implemented in Samastipur district of Bihar. It was a godsend for the rural masses. But, in the hands of greedy doctors, it became a cruel instrument to siphon off public money.

The Samastipur scam came to fore when District Magistrate Kundan Kumar found an alarming number of hysterectomies conducted by private nursing homes during an RSBY meeting. Of 14,851 procedures conducted under RSBY between 2010 and 2012 in 16 empanelled hospitals in Samastipur, 5,503 were hysterectomies. That is about 37 per cent of all procedures. In some hospitals, more than 50 per cent were hysterectomies, which costs the highest of all procedures under the RSBY Scheme.

Kundan Kumar organised a five-day medical camp to ascertain if the procedures conducted were needed. About 2,600 women who had undergone hysterectomy attended the camp. The expert team found 717 cases of unwanted surgery, 124 cases of underage surgery, 320 cases of fleecing and 23 cases of non-surgery.

The magistrate's report clearly pointed to gross unethical practices. For instance, Anita Devi, 23, who complained of abdominal pain and white discharge, had been operated upon. The expert team commented: "Conservative treatment should have done, hysterectomy not justified." Similar was the case of Ratna Devi, 40, who underwent hysterectomy for appendicitis.



Sunita devi, 35: She sought treatment for appendicitis. Her doctor removed her uterus, too. She runs this shop for a livelihood, as she cannot work in the fields any longer. Photo by Amey Mansabdar

The report noted that many beneficiaries mentioned by the private hospitals could not be traced. In many cases, the hospitals simply swiped their RSBY cards but never conducted the procedures. There were also instances of procedures being marked against the name of dead people. Worse, some hysterectomy 'cases' reportedly turned out to be men!

It was found that many of the private hospitals and nursing homes did not have the requisite infrastructure for the procedures. Only some of them had well-trained surgeons, and in a few cases, operations were conducted by non-medical practitioners.

Subsequently, 12 of 16 nursing homes in Samastipur were de-panelled from the list. FIRs, too, were lodged against five of these guilty hospitals under various sections.

The involved doctors, meanwhile, were doing their best to cover their tracks. "Dr Thakur from Krishna Hospital often comes to our house asking for our signature on some paper," said the family of Sangita Devi, 26. Sangita underwent hysterectomy two years ago. Since then, she has been battling frequent spells of weakness, dizziness and headaches. She now weighs just 30kg and can hardly manage any work. She has already spent Rs.5,000 on medicine and the frequent trips to the doctors are eating away most of what her husband earns. When THE WEEK contacted, Dr Thakur refused to meet us.

Next, THE WEEK travelled to Rajasthan's Dausa district, where a high number of hysterectomies was reported recently. Guddi Devi, 27, felt sick, though she technically was not. Her bones and joints ached all day. Fatigue bound her to bed. Food did not interest her. And her eyesight was fading. It was nothing but a clear case of premature menopause, courtesy the hysterectomy and oophorectomy she underwent three years ago.

"I had gone to the doctor, complaining of stomach ache. He told me that my uterus should be removed or I would get cancer," she said. Her family, which owns just a small piece of land, was convinced to go for the "life-saving" surgery costing Rs.16,000.

"I feel weak all the time. I constantly fall ill, and the stomach pain for which I sought treatment initially persists," said the mother of three. She has already paid another 110,000 on treatment of these symptoms, often travelling two and a half hours by tractors and buses to the nearest hospital. Now, her 12-year-old daughter, Rinki, takes care of all the household responsibilities. "I am upset about spoiling her education," added a sullen Guddi.



Sangita Devi, 26: She underwent hysterectomy two years ago. Her husband says the doctor who operated upon her often hassles her for signatures on "some paper". Photo by Amey Mansabdar.

Every village THE WEEK visited had similar stories to tell. “I went to the doctor for excessive menstrual bleeding and he advised hysterectomy,” said Angoori Devi, 34, of Sikandara. “She cannot do anything now; she gets easily tired,” complained her daughter, Guddi. The family had to sell their buffalo to pay for the surgery, which gave her joint aches, indigestion, dizziness and fatigue as companions.

“When I was admitted in the hospital, there were about 40 women who were undergoing the same operation,” Angoori recalled about her stay at Madaan Hospital. Activists in the area said as many as 2,300 women in the region have undergone unwanted hysterectomies at private hospitals in the past two years.

An RTI application filed by advocate Durga Prasad Saini of Dausa revealed that of 385 procedures conducted over six months in three private hospitals of Bandikui town in 2010, at least 226 were hysterectomies. And of them, 185 were below the age of 30.

“Is there an epidemic in Dausa that forces women to undergo hysterectomy?” asked Saini, who is also National General Secretary of Akhil Bharatiya Grahak Panchayat (ABGP). “If there was a suspicion of cancer, why was not a single biopsy done?”

What compounds the issue in such villages is the people have no one else to go to. For instance, the post of a gynaecologist had been lying vacant for many years in the community centre in Bandikui despite repeated requests.

Though the centre got a gynaecologist, it wore a dark and deserted look when we visited. “Tell us how we will manage when such a big centre only has five doctors,” said an employee. On the other hand, there are five big private hospitals in the town, doing well.

“The doctors have an understanding with the rural practitioners, who are promised a commission on referrals,” alleged Dr O.P. Bansal, who runs a hospital in Dausa. Even employees at government hospitals act as agents who take patients to private clinics.

Hysterectomy was so ubiquitous in the town that some households had three generations of women who had gone under the knife. Take the case of Sushila Devi of Maanpur village who had gone to Katta Hospital to meet a relative, Guddi Devi, admitted for hysterectomy. Sushila, too, got caught in the trap and was operated upon three days later.



Vimla Devi, 20: her caesarian section that went wrong was followed by a hysterectomy. The childless couple has filed a police case. But her husband, Mahendra Kumar, says the cops have been threatening him to not pursue the case. Photo by Amey Mansabdar.

Guddi Devi, a mother of four, was advised hysterectomy to cure body ache. Now, she can no longer work as a labourer. "I feel dizzy when I am in the sun, I cannot lift heavy loads and get frequent palpitations," she said.

Surprisingly, despite protests and frequent media reports, no action was taken against erring private hospitals. "They have consent papers from the women, so we cannot do anything unless the Clinical Establishment Act is passed," said O.P. Baherwa, chief medical and health officer, Dausa. Many FIRs, too, were lodged in the local police stations against the doctors. Mahendra Kumar filed a case against Madhur Hospital and its owner Dr Rajesh Dhakar, after his 20-year-old wife, Vimla Devi, was subjected to hysterectomy following a failed caesarian section.

The crestfallen childless couple alleged that the police did not investigate the matter properly and threatened 'action' if Kumar pursued the case.

The attitude of officials at Dausa was, indeed, sympathetic towards the doctors. "People here attack the doctors and threaten to destroy the hospital, hoping to get compensation," said District Collector Pramila Surana. Police Inspector Rohitash Devanda said he had not come across any cases against doctors since he took charge 10 months ago. "These people blackmail doctors to gain money. If some patients die during treatment, it does not mean the doctors are at fault," he said. A clock bearing Madhur Hospital's name hung on his office wall.

The RSBY triggered a uterus loot in Chhattisgarh, too. Health Minister Amar Agrawal stated that 1,800 hysterectomies were done in just eight months last year. It was estimated that at least 7,000 hysterectomies were conducted in the state over the past three years under the RSBY scheme. The issue, which was noted by the National Human Rights Commission, led to a furore and licences of 22 private hospitals were cancelled.

Down south in Andhra Pradesh, it was the state government's insurance scheme, Arogyashri, that led to rampant exploitation. Ever since the scheme was implemented in 2007, there was an exponential rise in hysterectomy cases.

Hyderabad-based NGO [Centre for Action, Research and People's Development](#) found that 171 women under age 40 in just one administrative block of Medak district had undergone hysterectomy. About 95 per cent of them had gone to private clinics for treatment and 33 per cent had their ovaries also removed.



Operation theatrics: Madhur Hospital. Photo by Amey Mansabdar

A survey by the Andhra Pradesh Mahila Samatha Society found that as much as 32 per cent of about 1,000 women who underwent hysterectomy were below age 30.

These case studies and statistics point to deep rot in the health care system. In fact, it is disheartening to see a project like the RSBY – termed by the World Bank as “path-breaking”-being exploited. The RSBY was seen as a prelude to the Centre’s ambitious Universal Health Coverage, which is expected to be implemented under the 12th Five-Year Plan (2012-17)

While private health providers bring better infrastructure and quality, they also bring in the risk of greed and exploitation. Without proper monitoring, this kind of public-private partnership is a cause for concern, said Padma Deosthali, coordinator of Centre for Enquiry into Health and Allied Themes, Mumbai. “For instance, there is no mention of quality of care in the empanelment under the RSBY scheme. Not even basic standards like presence of a qualified medical practitioner and nurse,” she pointed out. “More than treating health problems, the focus is on procedures and surgeries, which was exploited by private nursing homes,” said Dr A.V. Sahay, medical officer and district head of Bihar Swasthya Seva Sangh. He also stressed on the need for enhancing the public health care system and improving the “reproductive hygiene” of women in rural regions.

Dr Yogesh Jain of Jan Swasthya Sahyog said a major flaw in the scheme was that it did not cover out-patient treatment and, hence, encouraged unwanted hospitalisation. Without strict guidelines, doctors cannot be expected to regulate themselves, he added.

Currently, however, the Central government has directed all state nodal agencies of RSBY that approval from the insurance company concerned is mandatory for hysterectomies performed on women under age 40.

But does the issue end there? The brouhaha shall pass. The scam will turn stale. But what about the innocent women who went under the knives for no reason? Sadly, no one, except a few NGOs, has reached out to them.

“The cost of maintaining the health of a woman who had undergone hysterectomy with medicines and supplements is Rs.18,250 a year,” said Dr Prakash Vinjamuri of Hyderabad-based Life HRG, which studied the surgery’s impact on women in Medak district of Andhra Pradesh in 2011.



Krishna Hospital in Bihar’s Samastipur district allegedly conducted many unwanted hysterectomies. Photo by Amey mansabdar

The toll is not just monetary. Loss of vitality and libido affects the psychological and social health of the woman. The study in Medak, for instance, found women whose uteri were removed faced domestic violence over sexual issues, and many husbands had extra-marital affairs. The worst part was the impact on the next generation, as children of these women are forced to quit school to handle household chores. When and who will compensate for all these losses?

Vital loss

Hysterectomy is the surgical removal of the uterus but may also involve removal of the cervix. A patient may require 3-12 months for full recovery.

TYPES

Radical hysterectomy

Removal of cervix, upper vagina, lymph nodes, ovaries and fallopian tube. Recommended in case of cancer.

Total hysterectomy

Removal of uterus and cervix.

Subtotal hysterectomy

Removal of the uterus.

RISKS

- * *Excessive blood loss, injury to ureter and bladder*
- * *Cardiovascular disease*
- * *Osteoporosis*
- * *Decline in psychological well-being*
- * *Decline in libido*
- * *Premature death*
- * *Affects the functioning of ovaries in 40 per cent of women*



Angoori devi, 34: She underwent hysterectomy as treatment for excessive menstrual bleeding. She recalls that about 40 women were admitted along with her in the same hospital for hysterectomy. Photo by Amey Mansabda

Early menopause

The average age of menopause in India is 51 years, and removal of ovaries advances it by 3.7 years. Menopause leads to a drop in oestrogen (female hormone) level, causing calcium loss and bone breakdown.

When is hysterectomy needed?

Hysterectomy should be a last resort in conditions such as cancers of the reproductive system, severe infections, persistent vaginal bleeding, uterine prolapse, endometriosis and to prevent further conception.

Before undergoing hysterectomy, one should undergo either a hormone test, sonography or a pap smear to test for cancer.

http://week.manoramaonline.com/cgi-bin/MMOnline.dll/portal/ep/theWeekContent.do?contentId=13857015&programId=1073755753&tabId=13&BV_ID=@@&categoryId=-199981#latestComment

Forced hysterectomies, unscrupulous doctors

Swapna Majumdar/Women's Feature Service

Feb 28, 2013

Consider this chilling statistic: In the last two years, in various states of India, more than 30,000 women were reported to have undergone hysterectomies.

In 2011, 16,000 women opted for hysterectomies in Bihar; doctors performed about 7,000 uterus removal surgeries over a period of 30 months in Chhattisgarh, while a total of 11,000 such procedures were done over a period of two years in Andhra Pradesh.

Not only is this sudden rise in hysterectomies deeply worrying, even more serious is the fact that 80 per cent of the women who underwent them were between the ages of 20 and 40 years. Health activists contend that rural women living below the poverty line (BPL) are being advised to go under the knife to avail of their health insurance money provided under the Rashtriya Swasthya Bima Yojna (RSBY), the union government's premier insurance scheme that provides health coverage to underprivileged families.

According to reports, in Bihar's Samastipur district alone, 14,851 BPL women were admitted to 16 private hospitals in the past one year to avail the benefits under the RSBY scheme. In Chhattisgarh, private nursing homes billed the state government Rs 2 crore under the scheme for conducting hysterectomies of 1,800 women over a period of eight months last year. In Andhra, under the Aarogyasri scheme, the state health insurance plan, a sum of Rs 2.9 crore was paid for 656 surgeries carried out in 2009-10.

According to Sulakshana Nandi of the Jan Swasthya Abhiyan, a collective of over a thousand NGOs working on health rights, "The RSBY and similar health insurance schemes are incentivising unethical practices leading to the large number of irrational and unnecessary surgeries."

Here's why health activists are concerned. Under the RSBY, cashless insurance of Rs 30,000 is given yearly to a BPL family – and a doctor can charge a hefty Rs 12,500 for a hysterectomy. In Andhra, for instance, a hysterectomy can cost up to Rs 60,000 - an amount that was reimbursed under the state's Aarogyasri scheme.

Nandi, who has done four studies assessing the implementation of the RSBY in Chhattisgarh, points out that private hospitals were cherry picking the patients they wanted to treat. "Doctors chose patients who needed high-end surgeries that are more expensive and, therefore, more profitable. For example, a hysterectomy is considered a more profitable surgery compared to a caesarean section. It is ironic and scary that a woman can, in some sense, have easier access to hysterectomy than simple treatment for her problems at an early stage of any uterine infection because of RSBY and other insurance schemes," she contends.

In Andhra Pradesh, 'aarogyamitras', or health helpers, are appointed by private hospitals to scout around for patients who can be enticed to get operated upon in private hospitals, reveals N. Purendra Prasad of the Department of Sociology at Hyderabad University. Prasad, along with research scholar P. Raghavendra, found that "a spurt in unnecessary surgeries had been reported after Aarogyasri was launched. For instance, in district Warangal's 13 private and five government hospitals, 38,090 cases, of which 3,346 operations related to hysterectomy, were reported from August 1, 2008 to August 21, 2010. As there was scope for quick money to be made in surgeries, private hospitals used registered medical practitioners (RMPs) to refer poor women with gynaecological problems as hysterectomy cases".

Unfortunately, it is the women who are ultimately paying a very heavy price. When Rajamma of Kannaram village in Andhra's Medak district went to the doctor complaining of pain in her lower abdomen, she was wheeled in for a hysterectomy. All she was told was that this would help relieve her pain. Rajamma was just 20. But it was not just Rajamma who went under the knife. Almost all the women in Kannaram village had undergone hysterectomy for routine complaints like abdominal pain or white discharge. This was revealed by the [Centre for Action, Research and People's Development \(CARPED\), a Hyderabad-based NGO](#). The 2009 survey found that most of the women in the 125 households in the village had undergone procedures to remove their uterus. This was backed up by a study in the same year by the Andhra Pradesh Mahila Samatha Society, a state government organisation, which found hysterectomy cases in women between the ages 25 and 40 had increased by 20 per cent since Aarogyasri was launched in 2007. Of the 1,097 women surveyed in five districts, 30 per cent reported that doctors had told them that they would die if they did not get operated.

In Chhattisgarh, health activists say that poor illiterate women complaining of back pain were warned that they would contract cancer and die if their uterus was not removed, even as those suffering from excessive bleeding or vaginal discharge too stood no chance of escaping the surgery. While the procedure may have been necessary for some, in most cases it was not required.

According to Dr S.V. Kameswari of Life-HRG, a Hyderabad based NGO providing healthcare to rural women and campaigning against the unnecessary hysterectomies in the state, the reason for the indiscriminate usage of surgical treatment in the state was a combination of the socio- economic and cultural background of the women. "The lack of awareness of the women and the power of the medical practitioners to influence their decision led to the spate of unnecessary hysterectomies," she contends. Dr Kameswari, who studied the medical ethics of hysterectomies in rural Andhra Pradesh, found several aberrations. "Instead of following the normal protocols while examining women with complaints of abdominal pain, bleeding or vaginal discharge doctors performed or advised hysterectomies," she reveals.

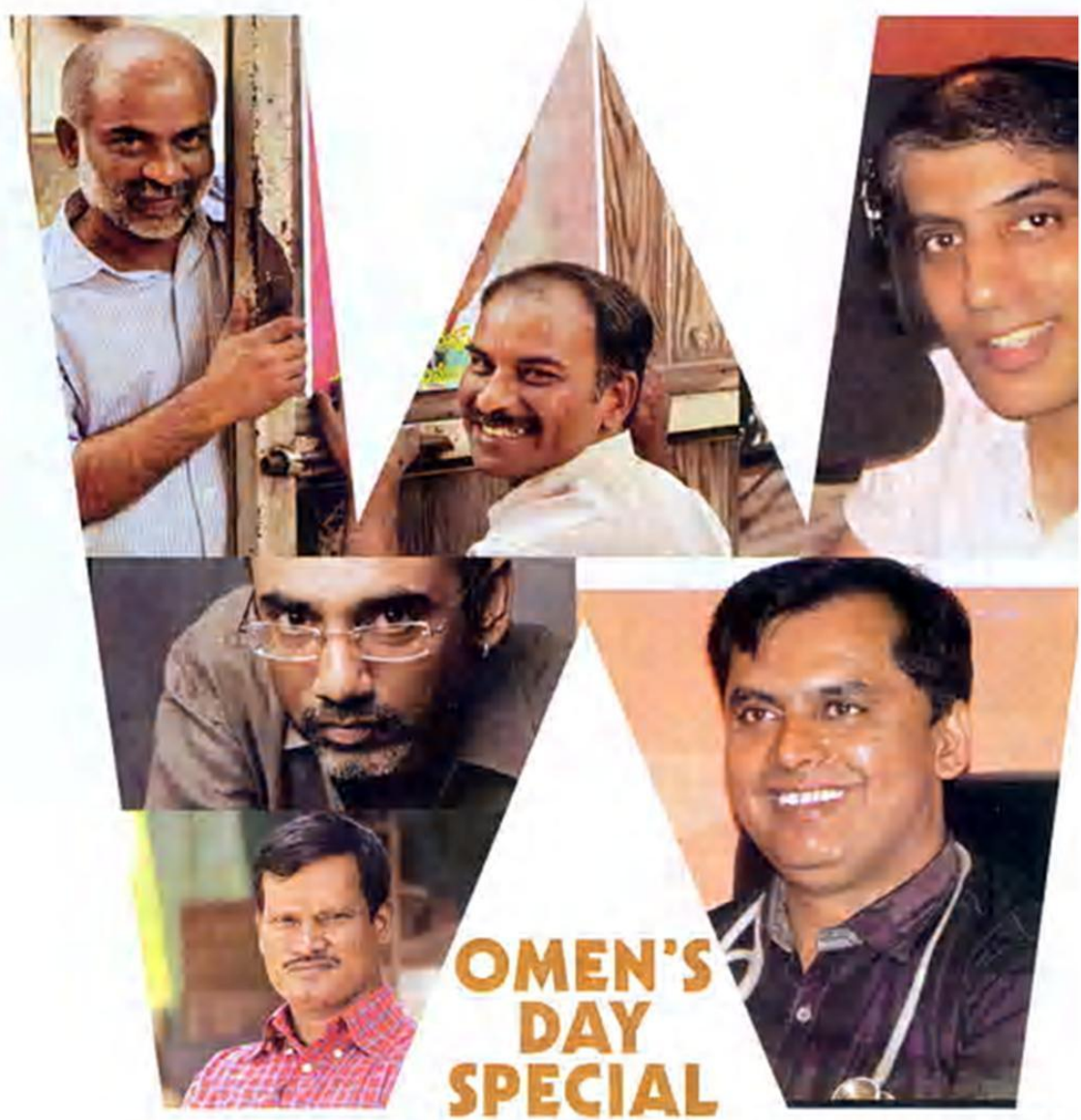
Standard protocol demands that women have to be informed about the after-effects of such a surgery. Medical studies have established that those who have undergone hysterectomy face long term health implications, including a higher risk of heart disease and osteoporosis. They are also more likely to become depressed. At least Dr Kameswari's study had a positive outcome. "We were called by officials of the Aarogyasri scheme to discuss the data emerging from our study. Other experts were also consulted. Thereafter, revised guidelines were issued banning private hospitals empanelled under the scheme from conducting several surgical procedures including hysterectomies, appendectomy and the removal of the gall bladder," she states.

While governments of Chhattisgarh, Bihar and Andhra Pradesh have initiated action against erring hospitals, nursing homes and doctors, health activists argue that great damage has already been done. They say that the number of unnecessary hysterectomies conducted may have come down in Andhra after the guidelines were revised in April 2010, but it could not undo the harm done to the thousands of women who were encouraged into removing their uterus.

It cannot assuage the grief of women like Rani whose chances of having a second child have ended because of a callous system. Much to the shock and horror of the 19-year-old who was admitted to a private hospital for a severe stomachache, her uterus was removed instead of being operated for appendicitis, as her family had imagined.

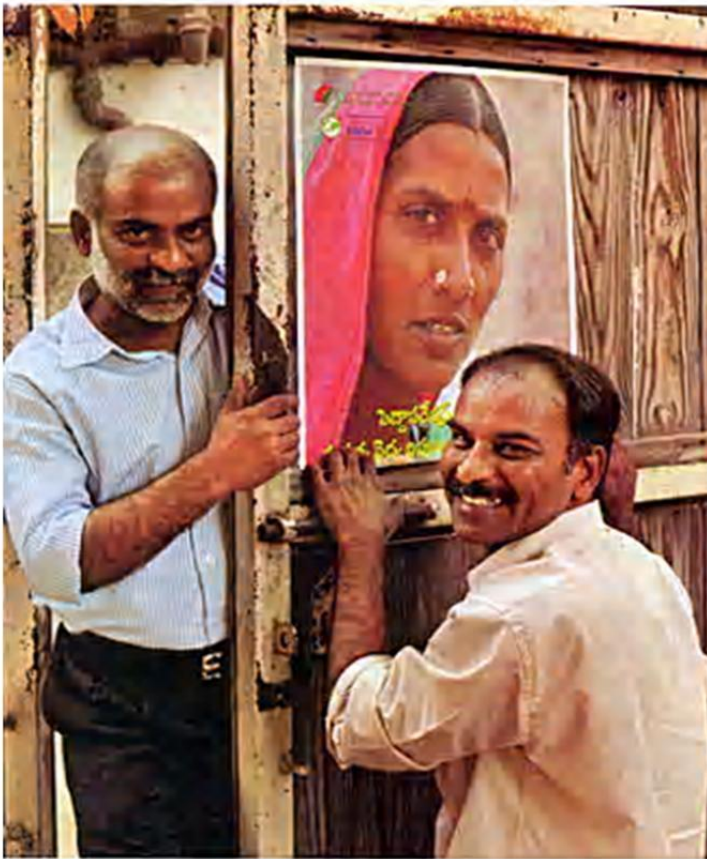
Health activists believe that unless there is an effective, efficient and accountable public health system, unethical practices will continue. The absence of quality healthcare in rural areas forces women to approach "good doctors" in towns. The doctor's advice to remove their uterus makes them believe that it will end their medical problems once and for all. What makes the procedure more attractive is that being covered by the RSBY or other government sponsored insurance schemes, it is free. They are neither informed about its long-term consequences, nor the alternative medical treatments available. Not only is a more robust monitoring of the insurance schemes needed, focused attention on improving basic health services could save women like Rani from losing a second chance at motherhood.

<http://southasia.oneworld.net/news/forced-hysterectomies-unscrupulous-doctors#.UrdTjNJHlp9>



EMPOWERING. EDUCATING.
MAKING A DIFFERENCE.
THESE SAVVY MEN ARE

Savvy women's day special: men who empower women



M Bharath Bhushan and his brother M Subhash Chandra

HEALTH IS WEALTH

Six brothers and some like-minded people are helping rural women take charge of their health and avoid getting

In Kowdipalli mandal of Medak district, Pradesh, women were falling sick very often. These women, mostly under 40 and some even up to 21, were suffering from backaches, depression, and joint aches. Apparently, they had all undergone hysterectomy at the advice of unscrupulous practitioners and were suffering from the complications of the operation. Hysterectomy was advised for a simple pelvic inflammatory disease (PID) which could have been easily treated with a course of antibiotics. These 600 odd women had spent an average of ₹ 13,000 on these surgeries and thus they were under immense financial burden.

It was a chance survey on the health issues conducted by CARPED (Centre for Action Research and Development), an action research group formed by young professionals - six brothers and some like-minded people who threw up these shocking revelations.

Says M Bharath Bhushan, Secretary, CARPED, "After the surgery, the women considered themselves 'useless' - all because of a few unscrupulous practitioners who wanted to make a fast buck. They were women who visited the doctor for a minor ailment but were told that the stomach ache could lead to cancer. How they gave in to pressure."



Savvy women's day special: men who empower women



“The victims who visited the doctor for a minor ailment were warned that the stomach ache could lead to cancer, and that’s how they gave in to pressure.”

M Subhash Chandra, Bharath’s young Project Director, further adds, “To top it, when the government introduced Argyogy policy to help the poor, there was an increase in the number of hysterectomies and the policy) was pocketed by these quacks. This was brought to the notice of the government, and the CARPED officials were bombarded with quacks.”

The good samaritans knew this problem was handled differently and decided to spread awareness among women by holding medical camps to educate the women about the consequences of such surgeries like hysterectomy.

The noble initiative of our health messengers, with the attention of the media, policy maker agencies. And the surgeries decreased by 3,000 in a year!

Apart from this, CARPED, with the support of the government is also fighting to improve IMR (Infant Mortality Rate) and MMR (Mother Mortality Rate). Say many NGOs are looking into women’s health issues. Subhash, “Now, we also follow up on the health of pregnant women in villages. To make our work more effective, we have involved the government of the district to send voice mails to these women. All the six brothers are involved in this initiative.”

Savvy women’s day special: men who empower women

Sheri tanda sickened by debts

R. AVADHANI

23 families out of 30 have spent thousands on appendix removal operations



At the crossroads: Hapless Sheri tanda women in Kowdipally mandal of Medak. - PHOTO: MOHD ARIF

Here, everyone has more or less a same story to narrate. The one of despair. Call it fate or circumstance, the fact that the people of Sheri tanda in Kowdipally mandal are facing endless suffering does not change.

D.Tara (35), a labourer, lost her husband a few years ago and has a child to look after. Her luck ran out and she ended up in private hospital due to stomach pain for which she was operated. She had to cough up about Rs. 15,000 for the operation, but her health problem pursued. A team of doctors that visited the tanda recently diagnosed that her problem was different than what she was operated upon. They also suggested her to go for another operation to

put an end to her health issue. Ms. Tara has taken a loan of Rs. 15,000 on interest. "I don't know how to repay the loan without having any agriculture income or family support. How can I again take one more loan for the operation," she says.

P. Maroni (40), a resident of Sheri tanda in Kowdipally mandal, underwent hysterectomy for removal of uterus a few years ago. Her daughter Anjali was operated for appendix recently. The family met the expenditure by taking loans at an interest rate of Rs. 3 for Rs. 100 per month.

Except seven families in the tanda, all the other 23 families have spent between Rs. 10,000 to Rs. 15,000 for their appendix removal operations. "There is no sustainable revenue resource for them. They have to depend on loans on high interest rates", says M. S. Chandra, director of [CARPED](#), adding that for many of the tribals it's a huge amount to repay.

The medical team, which had visited the tanda a few days ago to study the reason behind so many getting operated for appendix removal, has submitted a report to the DM&HO Dr. C. Ranga Reddy. "The patients are not ready to believe the experts and they are more dependent on local RMP and PMPs. We will be taking a team of surgeons and psychiatrists to the tanda to hold counselling sessions for them," Mr. Ranga Reddy told *The Hindu*.

<http://www.thehindu.com/todays-paper/tp-national/tp-andhrapradesh/sheri-tanda-sickened-by-debts/article4779918.ece>

Private hospital in Medak raided

R. AVADHANI

The hospital was conducting operations without proper facilities



Residents of Sheri tanda in Kowdipally mandal explaining their problems. - PHOTO: MOHD. ARIF

A private hospital has been raided by the district administration for conducting operations without proper facilities at Kowdipally mandal of Medak district here.

According to district medical and health officer (DM&HO) C. Ranga Reddy, a complaint was lodged with the police to register a criminal case against Mamata Hospital at Kowdipally for conducting surgeries without proper facilities. The issue came to light following reports that as

many as 16 persons of Sheri tanda under Muhammadnagar gram panchayat limits in Kowdipally were reportedly operated upon for appendix removal in the past one-and-a-half years. Twelve of them are below 16 years. In one case, there were four members from one family.

Dr. Reddy said a team would be sent to the tanda to conduct a study on the health problem. The common complaint from those who were operated upon, included pain on the right side below the abdomen, vomiting sensation, fever and painful urination among others. The residents of the tanda did not know the reason why so many of them were affected and operated upon for the same health problem. Those who were operated in private hospitals were forced to pay about Rs. 16,000 whereas those who underwent operations in government hospitals spent Rs. 4,000 each.

Dr. M. Sudhakar of Mamata Nursing Home at Kowdipally, where a large number of operations were reportedly carried out, said that he was not sure about reasons forcing the patients to undergo operations.

“We have no facility of scanning and other required tests here. An expert from city comes here and conducts operations. I am not authorised to conduct operations as I am a BAMS,” Dr. Sudhakar told *The Hindu*. Four persons from A. Pandu’s family underwent operations in the recent past.

M.S. Chandra, president of [CARPED](#), an NGO working in Medak, said that they never came across such a large number of operations in one tanda.

<http://www.thehindu.com/todays-paper/tp-national/private-hospital-in-medak-raided/article4710040.ece>

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Mamatha Nursing Home. (Right) Anjali, Sangeeta, Swaroopa, Latha, Kavitha and Nirmla all have been forced to undergo appendicitis operation.

LOCALS CRY FOUL OVER FORCED OPERATIONS

An RMO in a hamlet on the outskirts of the city allegedly performed scores of operations on innocent tribals in the village

OUR BUREAU

In a bizarre incident, a self-proclaimed doctor has been allegedly forcing illiterate inhabitants of a tribal settlement on the outskirts of the city to undergo operations, putting their lives in peril.

The settlement, Sheri Thanda, which comes under Mohammed Nagar gram panchayat in Kowdipally mandal in Medak district is a small decrepit place. With just 54 households, it is deep in the hinterland and is not in the public eye. Thanks to greed, the Lambada community living there is being

taken for a ride by local registered medical practitioner (RMP) who in the guise of medical expert, is allegedly playing with the lives of people.

Most of the people of Sheri Thanda are small and marginal farmers. One Dr Sudhakar, an RMP, has been running Mamatha Nursing Home for the last few years and has been conducting appendicitis operations on people forcibly, charging exorbitant fees.

According to sources, out of 54 households, 30 appendicitis operations have been conducted by him. Out of the 30 operations conducted

in Sheri Thanda, 13 were done on minors. Anjali, a local, who was operated upon says, "When people go to him with minor complaints such as headache or stomachache, he advises an operation. A fear psychosis has been created and people go in for operations fearing that they may die. People are simple farmers and he is exploiting them."

A total of 19 operations were said to have conducted in the last 18 months. M S Chandra of Centre for Action Research and People's Development (CARPED) says, "700 hysterectomy operations were conducted till

2010 by nursing homes in Medak. The operations were stopped after a lot of hue and cry from public and activists. It was also removed from Argyasri scheme. But now doctors in this region have started appendicitis operations again."

In Korra Thanda and Sheri Thanda alone, more than 100 hysterectomy operations were conducted. This had a very bad affect on the society, said our sources. It led to women being isolated. Several divorces took place as women who were operated could no longer bear children. Even girls between 16 and 18 years also were not

spared, allege the locals. A number of young girls from Peerya Thanda under Bujrampet gram panchayat also fell under the trap of doctors, it is said.

After a series of protests from NGOs and pressure exerted by media, Mamatha Nursing Home was closed but later it started operating. Just 20 days ago, the nursing home was sealed, but it was opened again.

The directive of District Medical and Health Officer (DMHO) has been of no effect. Swaroopa, a resident of Sheri Thanda says Dr Sudhakar has the backing of local politicians.

12th May 2013

Pushed into hysterectomies



Roli Srivastava

For the first time, there is comprehensive data on the rampant practice of hysterectomy among young women

It was about 11 years ago when a Hyderabad-based NGO stumbled upon what it thought then was a strange medical practice.

Several Lambada tribal women in the villages of Kowdipally mandal of Medak district had undergone hysterectomies — as early as in their twenties. Sensing something amiss, the Centre for Action, Research and People’s Development (CARPED) undertook a door-to-door survey and recorded 728 such cases.

CARPED, however, did not know what to do next. There was no historical data with which these findings could be compared. So, it divided the women by age group, and qualitatively mapped each case study. “A pattern then emerged,” recalls M. Bharath Bhushan, the founder of the organisation. “Many of the women were in their 20s and 30s, had gone to private doctors, and had sold their jewellery to fund the procedure.” The NGO consulted health experts to resolve its doubt: hysterectomies for women below 50 were rarely advisable. What CARPED had discovered was not just a strange but alarming medical malpractice.

Hysterectomies have been reported from rural pockets of about half a dozen States — Gujarat, Rajasthan, Bihar, Chhattisgarh, Karnataka, Maharashtra, especially in the last six years. The case studies are similar: poor illiterate women are prescribed the procedure for white discharge, irregular menstrual cycles, even abdominal pain. Their willingness to undergo the procedure stems from the fear of cancer (which doctors convince them of) to the belief that their uteruses are of no use once they have had children. Loss of daily wages during menstruation only makes the prospect more appealing.

Health activists say this is a strong case for the government to take action. A number of young women are being pushed to menopause and to a life of battling health conditions such as weakness, aching joints and hormonal imbalance — all of which they can barely afford to treat.

Calling the practice a “human rights violation”, Chittorgarh-based Narendra Gupta of Prayas moved a PIL in the Supreme Court in 2012. Most States have been made respondents in the case, he says. “The total number of hysterectomies in India is lower than in the West. But it is alarming that 30-32 is the average age group of women undergoing the procedure here, while in the West post-menopausal hysterectomy is common,” Dr. Gupta says.

Connecting the dots

In 2010, the Andhra Pradesh government dropped hysterectomies from Aarogyasri, the State insurance scheme, after finding that it was only fuelling what was already an established medical malpractice in various parts of the State. The same year, the Self Employed Women’s Association (SEWA) in Gujarat also noticed a high number of hysterectomy claims under its community health insurance scheme in Ahmedabad district.

“Most of the women had consulted doctors for heavy bleeding, cramps, and were never offered any non-invasive treatment option,” says epidemiologist Dr. Sapna Desai who conducted the study while based at SEWA and the London School of Hygiene and Tropical Medicine.

And a year later, local mediapersons in Samastipur in Bihar reported hysterectomies among young women. “We found that most women were in the 30-40 age group and were covered under the Rashtriya Swasthya Bima Yojana (RSBY),” says health rights activist Devika Biswas.

That the RSBY was fuelling the trend was also established in Chhattisgarh’s Dhamtari town, hub of many private hospitals. “The private healthcare system is not really known to be ethical, just that now they were being paid for it,” says Sulakshana Nandi of Jan Swasthya Abhiyan in Raipur.

Performing hysterectomies is a moneymaking racket even without insurance. In Gulbarga district of Karnataka, where the racket was busted in 2014, Karnataka Janaarogya

Chaluvali (KJC) compiled a list of 707 women who had undergone hysterectomy. Of them, 50 per cent were under 35 years, 22.5 per cent were under 30. “Though both the State insurance scheme and RSBY cover hysterectomy, the women we spoke to were not covered under the scheme,” says Anuradha Vasan, co-convener of KJC. So, hysterectomies among young women are not exactly a recent phenomenon; they were in place even when there was no State insurance cover. In the water-starved Sangola taluka of Solapur in Maharashtra, for instance, women for years have been made to believe that hysterectomy protects them from cancer.

Action and inaction

On the face of it, governments have taken some action. “An inquiry committee was set up and licences of doctors cancelled,” says Dr. Gupta, who had complained to the Rajasthan government about the rampant practice in Dausa. “But a second committee was set up that gave the doctors a clean chit. Private hospitals were hand in glove with diagnostic centres that would do a sonography, give the report in an hour, and conclude that the uterus is about to become cancerous,” he adds.

In Chhattisgarh too, two inquiry committees were formed. The second one again let the doctors go scot-free. In Karnataka, three inquiry committees have been formed; their reports are still awaited.

“This is a crisis,” says Dr. Veena Shatrugna, former deputy director of the National Institute of Nutrition. In a co-authored study, Dr. Shatrugna found that over 18,000 insurance-funded hysterectomies are conducted in Bihar and Chhattisgarh alone. “Hysterectomies cause physical and emotional damage to women. There is a need for regulation like in the case of the PNDT (Pre-Conception and Pre-Natal Diagnostic Techniques Act) that doesn’t allow an ultrasound without proper documentation,” she says.

In the absence of composite national data, regulation is difficult. But for the first time, the National Family Health Survey-4 has included a question on hysterectomies. This fact sheet, yet to be published, will be the first comprehensive data on the worrying trend.

Hopefully, these numbers will push the government to set up guidelines for private hospitals, and tighten norms of insurance schemes, say activists. There is optimism too, albeit a tad misplaced, that the government will realise that outsourcing healthcare to private players isn’t a pragmatic measure, but one that puts human lives at the altar of business interests.

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