# Global Update

## **News in Brief**

Query on DOTS: Is the DOTs program overplayed? Is the scientific scrutiny it requires inadequate just because it is a brand promoted by the WHO? These are some justified questions that the medical charity Médecins Sans Frontières (MSF) recently posed in a report at the meeting of the Stop TB Partners' Forum in New Delhi. Sputum microscopy, a 19th century tool is the basis for case detection in DOTS. It picks up a mere 48% of patients with tuberculosis and a paltry 5% in children. A government center for DOTS in India reported a cure rate of 70% while the national average cure rate is 83%. The World Health Assembly's tuberculosis detection target of 70% and treatment target of 85% by December 2005 will not be reached if we do not make significant changes in out diagnostic and treatment modalities (bmj.com 2004; 328: 784 (3 April), The Lancet interactive 3 April 2004).

### **Medical misadventures**

No fault compensation: While people who sustain road traffic accidents can claim compensation, the same is not true in injuries sustained during medical treatment. In New Zealand, so far patients who sustained injuries in medical mishaps could access the Accident Compensation Corporation's scheme if the incident occurred in less than 1% of medical treatments or there was a fault by the medical practitioner or organization. In the new modified "no fault" compensation scheme the criteria have been relaxed to accommodate more claims. BMJ 2004; 328: 729 (27 March).

#### Law

Defining murder: A woman in Salt Lake City, Utah has been charged with murder because she refused caesarian section despite repeated warnings by doctors of the deteriorating condition of her twin fetuses. The woman Melissa Ann Rowland delivered twins on January 13 of which one was stillborn. She is now in jail in lieu of \$ 250,000. Previously women have been convicted of abusing their fetus by use of drugs or alcohol. This opens a new chapter in the controversial area of law, freedom and the rights of the fetus BMJ 2004; 328: 663 (20 March).

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