

THE BIONIC EYE

Is the human being just a glorified silicon chip? At least the scientists who are hell-bent on integrating electronic circuits with human tissue seem to think so. Analogous to the cochlear implant, a bionic eye has now been developed. Eighteen visually impaired people (many with retinitis pigmentosa) in the US, Europe and Mexico have been implanted with the bionic eye or retinal prosthesis (Argus II; Second Sight Medical Products, Inc; California).

The patient wears eyeglasses which have a camera on one of the lenses. Images are sent to a video processor. Information is transformed into electronic signals and transmitted wirelessly to a receiver on the surface of the eye. This goes via a tiny cable to an electrode array implanted in the retina. When the retina is stimulated, the signals are perceived in the brain. With time the brain adapts to understand the meaning of these signals. Initial results are promising, with 11 patients reporting they can see a door 6 meters away and walk on a 20 foot line drawn on the floor (*Scientific American*, 4th March 2009).

AUDACITY OF HOPE

A fertility clinic in the US recently made the audacious offering to create babies in whom cosmetic traits like hair and eye color can be chosen. They planned to do it using preimplantation genetic diagnosis (PGD). The claim caused a furore in the global media. Criticisms from many quarters included scientists who feel the technology is not yet there for cosmetic manipulation. Even the Pope

decried what he termed as “an obsessive search for the perfect child”. In view of the public outcry, the clinic has now halted its plans.

Ethical conundrums such as these are bound to come up again and again. How far can we allow genetic tinkering? In a society which has accepted cosmetic surgery, will PGD for physical traits be far behind? Will there be choice in adding genes for longevity and intelligence? Some even contemplate that it may create a new divide: the ‘genrich’ and the ‘genpoor’ *ie* those with or without a designer genome (*Scientific American* 4, March 2009).

THE RECESSION AND HEALTHCARE

In some ways the recent global recession has given a push to medical tourism in India. Worker healthcare costs are a major burden for US industries. Wellpoint, the largest health benefits company in the US, announced a new international medical tourism product aimed at helping recession-struck American corporates cut their healthcare costs. Members can opt for elective procedures to be done in two of the Apollo group hospitals in Bangalore or New Delhi. Those insured with BlueCross BlueShield (one of the largest health insurer in the US), who are tied up with Companion Global Healthcare, can now exercise an option of getting treated at Wockhardt Hospitals in India. So for Indian hospitals it may just well be boom time (*Times of India*, 3 March 2009, *Business World*, 8 December 2008).

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