

**Minutes of the 10<sup>th</sup> Meeting of Central Supervisory Board (CSB) constituted under the Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 held on 24-12-2003 at 11.00 AM**

The list of participants is at Annexure-I.

The meeting was presided over by Hon'ble Minister for Health and Family Welfare, Smt. Sushma Swaraj, the Chairperson of the Central Supervisory Board.

Joint Secretary (P), Department of Family Welfare, welcomed the members of the Board, and initiated the discussion by taking up the agenda items which had already been circulated to the members.

**Agenda Item No.1**

Confirmation of the Minutes of the ninth meeting of the Central Supervisory Board held on 10.5.2003:

Joint Secretary (P) placed before the members the minutes of the last meeting of the Board, held on 10.5.2003, for confirmation. The Board confirmed the same.

**Agenda Item No.2**

Action taken Report on the decisions taken/Plan of Action approved in the 9<sup>th</sup> Meeting of Central Supervisory Board held on 10.5.2003:

The following points of the Action Taken Report on the decisions taken in the last meeting of Central Supervisory Board were further discussed in detail:

1. Amendment of section 2 (m) of the PNDT Act for permitting Homeopathic and Ayurvedic Doctors having proper training to use ultrasound/imaging machines for diagnosis:

Dr. S.P.Aggarwal, DGHS, informed the members that a meeting of experts was held on 11.7.2003 in this connection, and the matter had also been referred to the concerned professional bodies - the Medical Council of India, Central Council of Indian Medicine, and Central Council of Homeopathy. Their comments had been received, but there was no unanimous view on this issue. It was, however, generally felt that keeping in view the misuse of ultrasound machines for the purpose of sex determination, the number of persons using these should not be enlarged. Dr. S.S.Aggarwal endorsed the views of the DGHS and further mentioned that ultrasonography was a super-speciality, and reading of images here was more difficult than on an X-Ray machine. Its handling, therefore, requires specialized training. Hence, only the Medical Council of India should decide whether ISM doctors should be allowed to handle ultra sound machine or not, even after training. Dr. A.K.Datta felt that even MBBS doctors should not be allowed to

use ultrasound machines without rigorous training. Dr. (Mrs.) Rajeshwaramma Vukkala, Member of Parliament, also felt that only trained doctors should be allowed to handle ultrasound machines.

Dr. S.K.Sharma, Adviser (Ayurveda), Deptt. of AYUSH, stated that ultrasonography was mainly a diagnostic tool and its use should not be restricted to practitioners of modern medicine alone. ISM&H doctors were already using such procedures. There were many big hospitals and medical colleges following Ayurveda and other similar systems, wherein ultrasonography and other diagnostic procedures were undertaken. Shri Shekhar Dutt, Secretary (AYUSH), also felt that use of ultrasound machine was relevant for diagnosis of a large number of ailments affecting the human body. Sex determination was only one aspect of it. Therefore the technology should be allowed to be used by doctors of Ayurvedic and Homeopathic disciplines after intensive training required for the purpose. Allowing its use only by fully trained people could also restrict the misuse of ultrasound machines. Shri D.N.Pandey, Secretary (Health & FW), Gujarat also endorsed the views of Secretary (AYUSH) and Adviser (Ayurveda), and felt that if the use of ultra sound machine was not allowed by Ayurvedic and Homeopathic doctors, a large section of the rural population would be deprived of its benefits.

The DGHS, however, pointed out the question to be considered was not whether doctors of other disciplines should avail of such diagnostic techniques. They could do so by referring patients to diagnostic clinics run by qualified personnel. The issue in fact was whether such doctors should themselves be allowed to operate these machines. Here, a careful decision would have to be taken in view of the reported widespread misuse of such techniques.

HFM was of the view that since it was acknowledged that misuse of such techniques, especially of mobile ultrasound machines, was widespread; and also that that enforcement of the Act had not been very effective, the matter should be treated cautiously. A large increase in the number of doctors entitled to use such techniques should be avoided. In any case, large Ayurvedic or homeopathic hospitals could employ sonologists or radiologists in their hospitals to have the benefits of ultrasound diagnosis. She further desired that in order to have a considered view, a survey may be conducted to know as to how many 'untrained' doctors (of both allopathic and non-allopathic disciplines) were using ultrasound machines and for what purposes. Part of the survey would be based on an analysis of the data already available, and part of it would have to be investigative to determine the extent of misuse by such doctors. Till then, the status quo should be maintained.

2. Laying down further conditions for conducting pre-natal diagnostic techniques including ultrasonography on pregnant women :

After detailed deliberations, it was decided that there was no need to delete sub-section (2) of Section 4 of the Act. However, the following provision may be permitted as an abnormality under clause (vi) of sub-section (2) of Section 4 of the Act:

“any other indication of possible genetic disease / anomaly in the foetus such as sporadic genetic disease in the couple, a positive screening test for carrier status or positive screening test for genetic disease / congenital anomaly in pregnancy etc”.

2. Accreditation/recognition of institution for imparting training in ultrasonography / image scanning:

After detailed deliberations the Board accepted the recommendation of the Committee headed by the DGHS. It was decided that only MCI recognized institutes, or hospitals with a bed strength of 500 or more should be considered for accreditation/recognition for imparting training in ultra sonography/ image scanning. The duration and curriculum of training of doctors for use of ultra sound machine may be decided by the MCI in consultation with Indian Radiology and Imaging Association.

4. Other items of the Action Taken Report were noted and approved by the members.

**Agenda Item No.3**

**Action taken in compliance to the directions of the Hon’ble Supreme Court of India and future course of action:**

Action already taken in compliance with the directions of the Hon’ble Supreme Court of India, and future steps suggested by the Department, were noted by the members.

**Agenda Item No.4**

**Amendment to The Medical Termination of Pregnancy Act for providing protection to female foetus:**

Secretary (FW), briefed the Board about the necessity to create harmony between the PNDDT Act and the MTP Act so that undesirable activities relating to female foeticide could not be carried out under the cover of the MTP Act. One suggestion in this regard was creating a mechanism for monitoring and checking abortions performed after 12 weeks of pregnancy. After due deliberations, it was that a Committee of Experts may be constituted to take a holistic view of the MTP and PNDDT Acts, and devise mechanisms to plug any loopholes in their provisions, with a view to prevent misuse.

Secretary (FW) also highlighted the need for a Surveillance Cell to strengthen the enforcement of the PNDDT Act through intensive monitoring of the functioning of the district-level authorities. Members also expressed the view that District Magistrates should be more actively involved in the implementation of the Act.

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Agenda Item No.5

Reports of the visits of National Inspection and Monitoring Committee (NIMC) :

The reports of the NIMC were circulated as a part of the Agenda items along with a summary of the observations/findings of the Committee. The Board noted the same. It was felt that the reports of the Committee presented a disappointing picture of the implementation of the Act in States/UTs.

Dr. A.N.Sharma suggested that without waiting for the next Census of 2011, the office of the Registrar General of India may be requested to include child sex ratio also in their sample registration system for the year 2006. This would give an idea about whether the situation had improved after the recent amendments to the Act, without having to wait for an unduly long period.

HFM concluded the meeting by pointing out that that female foeticide was a problem rooted in social attitudes and prejudices, which could not be eliminated only by implementation of the PNDT Act. It needed intensive awareness wherein the mindset of the society had to undergo a change to understand and value the merits of a girl child. She explained that the Department was planning a large- scale campaign for this purpose. Recently the Government has launched a 'Save the Girl Child Campaign' highlighting achievements of young girls, in a bid to lessen son preference. The teenage tennis champion, Ms. Sania Mirza, had been appointed as the first Ambassador for this campaign. The Department's tableau for the Republic Day 2004 was also on this issue. Such a high-visibility platform would send a very strong message regarding this initiative of the Govt. Further, the New Year greeting card of the Department also focused on this issue and would be sent to all MPs, MLAs, Councillors, Panches and Sarpanches of all village Panchayats in the country. Continuous and concerted efforts were however needed in this direction. The members appreciated these efforts.

The meeting ended with a vote of thanks to the Chair.

Annexure - I**List of Participants**

1. Smt. Sushma Swaraj, Minister of the Ministry of Health & Family Welfare - Chairperson
2. Shri Prasanna Hota, Secretary, Ministry of Health and Family Welfare, Department of Family Welfare, Nirman Bhavan, New Delhi.
3. Dr. (Smt.) Rajeswaramma V., Member of Parliament (Lok Sabha), Buchireddypalem, Nellore District, Andhra Pradesh [Ph.No.23093305].
4. Shri Sekhar Datt, Secretary, Department of Indian Systems of Medicine & Homoeopathy, Ministry of Health and Family Welfare.
5. Dr. S.P. Aggarwal, Director General of Health Services, Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi.
6. Dr. S.K. Sharma, Adviser (Ayurveda), Department of Indian Systems of Medicine & Homoeopathy, Ministry of Health and Family Welfare [Ph.No.23328576].
7. Dr. K. Kalaivani, Head of the Department of Reproductive Bio-Medicine, National Institute of Health and Family Welfare, Munirka, New Delhi [Ph.No.26165959].
8. Dr. Shyam S. Agarwal, Director, Advanced Centre for Treatment, Research & Education in Cancer (ACTREC) TATA Memorial Centre, Kharghar, Navi Mumbai - 400208 [Ph.No.27412906].
9. Dr. Deventla Singh, FRCOG, Former Professor of Gynecology and Obstetrics, Patna Medical College & Hospital, Kadam Kuan, Near Budha Murti, Patna [Ph.No.2233519].
10. Dr. Ashok Kumar Datta, Prof. and Head of the Department of Pediatrics, Kalawati Saran Children's Hospital, Lady Hardinge Medical College, New Delhi [Ph.No.23343273, 23365792].
11. Dr. (Prof.) Alakh N. Sharma, Institute for Human Development, 3<sup>rd</sup> Floor, IAMR Building, I.P. Estate, MG Marg, New Delhi - 110002 [Ph.No.23358166, 23321610].
12. Shri D.N. Pandey, Secretary (Family Welfare), Government of Gujarat, Health and Family Welfare Department, Block No.7, 8<sup>th</sup> Floor, New Sachivalaya, Gandhinagar-382010, Gujarat [Ph.No. 3220452(O) 3220452].
13. Shri Navreet Singh Kang, Joint Secretary (Policy), Department of Family Welfare.
14. Shri M.K. Sharma, Dy. Legal Adviser, Department of Legal Affairs, Ministry of Law & Justice, Shastri Bhavan, New Delhi [23384831 (O) 26515591 (R)]
15. Mrs. Madhu Bala, Director (PNDT).

