

COMMON CAUSE

VOICE OF "COMMON CAUSE"

OUR POLITICAL SYSTEM

POLITICAL PARTIES MUST REMOVE FLAWS

India is undoubtedly a "functioning democracy". While this is its normal description, the appellation of "functioning anarchy" given to it by the former U.S. Ambassador to India, John Galbarith, is also not incorrect. In examining various features of democratic functioning there is no doubt that we present unfortunate spectacles of flaws and shortcomings in practically all the spheres of its functioning.

* Everybody is eligible to take membership of COMMON CAUSE. No form is required. Merely send your name and complete address, preferably written in CAPITAL LETTERS. Send it to our new address: COMMON CAUSE, Common Cause House, 5, Institutional Area, Nelson Mandela Road, Vasant Kunj, NEW DELHI 110070. We are ever so grateful to Mr. Vikram Lal, of Eicher Tractors for having enabled construction of COMMON CAUSE HOUSE.

* Membership fee for individuals is Rs.100 for one year; Rs.500 for life membership for individuals; Rs. 200 for annual membership of organisations and associations. Send by crossed cheque in favour of COMMON CAUSE.

* We receive numerous letters. Replies are invariably sent. On the average our receipt is about 20/30 letters every day. Kindly, therefore, write only when you must; letters received in local language present us difficulties in deciphering.

* Donations to COMMON CAUSE are eligible for exemption available under Section 80-G of the Income Tax Act. Your donations, and those of your friends, will be most welcome indeed.

Our processes of elections present various undesirable features : flaws in electoral rolls, delimitation of constituencies, multiplicity of political parties, problems of funding of political parties and election expenses, criminal elements in election fray, defections and horse-trading in political parties, collaborations and coalitions of parties for attaining plums of offices, jumbo cabinets which are inevitably necessitated by the coalitions, multiplying perks and privileges of legislators and of ministers of cabinet in Centre and the States.

In the functioning of our legislatures the disinclination of elected members to deal with urgency matters of passing laws relating to important subjects and inevitable tendency to refer these to Joint Committees, causing delays, enormous wastage of expenditure on unnecessary and avoidable adjournments, ugly scenes of bickerings, shoutings, marching into well of the House, Ministers of elected governments maltreating seasoned bureaucrats and disabling their effective functioning; these are some of the unfortunate features of the functioning of our legislatures and appointed Ministers. These major features of electoral processes and the functioning of legislatures are elaborated in this note.

POLITICAL PARTIES AND ELECTIONS

The Election Commission which has been accorded a very appropriate stature in the

* OUR POLITICAL SYSTEM

* FAKE PRODUCTS

* "MESSAGE"

* GRACEFUL VOLUNTARY EXIT

country is performing a splendid task in relation to the various processes of elections, of the Centre and the States. Right from the preparation and periodical revision of electoral rolls, fixing the dates of elections, transporting and utilising the electoral rolls and the apparatus for casting votes, drawing personnel from local areas for detailed task at every polling booth and the introduction of present modernised system of casting votes by change-over from ballot boxes to electronic devices, the Election Commission has throughout maintained an enviable reputation of integrity and fair-play.

The task of Election Commission is, however, rendered difficult on account of various factors relating to the ground realities of political parties and their functioning. Proliferation and multiplicity of political parties is perhaps a special feature of our country. Plums of office and opportunity of exercising power have obviously motivated people in all parts of the country to form groups which get themselves registered with the Commission as political party. Under the Act which governs the process of elections, the Representation of People's Act, any group or association of persons comprising any number of persons, can get itself registered as a political party. There are presently as many as 537 political parties registered with the Election Commission. The procedure has been prescribed for according symbols to registered political parties. A whole book containing symbols, from bicycle to lantern, to horse, to engine, etc., conferred on the registered political parties, has been published by the Election Commission. This compilation presents an interesting picture of the political scene of the country.

These facts contrast with what obtains in long-standing democracies such as of U.K. and U.S.A. where political parties participating in elections are only 3 and 2 respectively. Multiplicity of parties gets reflected in the formation of jumbo Cabinets which get necessitated because of the coalescing parties demanding representation in the Cabinet. In Uttar Pradesh, before its recent bifurcation, the Cabinet had as many as 92 Ministers. In the Centre itself the coalition has 72 Ministers; the number of parties which are represented in the Central Cabinet is 17.

There are regulations prescribing the definition of political parties being "recognised parties" or "unrecognised parties". A "recognised political party" is that which has been engaged in political process for a continuous period of five years and has, in the elections to any State Legislature, or to the Lok Sabha, secured elections of prescribed number of members or has to its credit the prescribed number of valid votes cast in favour of its candidates.

1998 elections witnessed participation of as many as 176 political parties. Out of them seven were "national parties", 30 were "registered State political parties" and 139 were "registered unrecognised parties". Out of the 139 unrecognised parties as many as 127 secured zero seats. Out of 871 candidates sponsored by the 139 parties, 144 got their deposits forfeited. Besides these, 1915 persons contested elections as independents and out of them 1898 forfeited their deposits.

Designations of "National Parties", "State Parties" and "Unrecognised Parties" are defined in an Order passed in 1968 by the Parliament. "State Parties" are those which attain presence in State election; those which fail, remain unrecognised. Where a "State Party" attains presence in four States or more, it earns the designation of "National Party". In the 1998 elections, 10 out of 30 State Parties secured zero votes and 18 parties failed to record presence in more than one State; only two parties secured presence in more than one State and that also in two States each.

Delimitation of constituencies is another electoral problem. The embargo placed in 1975 on any readjustments in the constituencies for 25 years has led to drastic differences in population of respective constituencies in the same territory. In Maharashtra, for instance, one constituency in the city of Mumbai has as many as 28 lakhs electorate whereas in the same city another constituency has only 7 lakhs electorate. In Tamil Nadu the number of voters in Madras South

Primary Constituency is 20 lakhs whereas in another constituency of the same city the number is 10 lakhs. In Delhi one constituency has 31 lakhs voters whereas another has 3.7 lakhs. These incongruities have necessarily to be removed. Election Commission has for long expressed that the task of delimitation of constituencies should be entrusted to it. No decision on this matter has yet been forthcoming.

Another issue which the political parties and Election Commission have hitherto failed to agree upon is that of ambiguity existing in the Constitution which requires a Rajya Sabha candidate to be an elector registered in the particular Parliamentary constituency of the State from which he is seeking election. It is well known that aspirants to Rajya Sabha often have to resort to wrongful methods to secure the requisite "ordinarily resident" certification.

FUNDING OF ELECTIONS

A matter of primary importance from the viewpoint of functioning of political parties and of political system is that of funding of elections. General impression is that all sorts of means are adopted by political parties and their candidates for raising funds for participating in the elections. For the elections parties as well as candidates have to organise meetings, erect pandals and shamianas, hire persons for carrying out various tasks, engage vehicles equipped with blaring loudspeakers, prepare posters and banners and deal with all such other requirements. For these purposes huge funds are required. All sorts of stratagems and devices are used for collecting funds, from individuals as well as business houses. It is often said that elections constitute a major cause for generation of black money.

Certain limits are prescribed in accordance with the law on the maximum amount that can be spent by a candidate contesting the election. The limits previously prescribed were Rs. 1.5 lakhs for election to State Assembly and Rs. 4.5 lakhs for election to Lok Sabha; these limits have been revised and are now Rs. 6 lakhs and Rs. 15 lakhs respectively. In prescribing these limits rules are laid down that each candidate must maintain accounts of expenditure incurred, ensuring that it does not cross the prescribed limit. While this has been done a very ingenious amendment was made in the relevant law, Representation of People's Act, by incorporating a sub-section under Section 77. By the modification of this Section it got provided that if any expenditure on election of a candidate has been incurred by the Party, that amount will not be counted in expenditure incurred by the candidate. This amendment in the relevant provisions relating to expenditure on elections has totally negated the imposition of limits of expenditure prescribed for election by candidate. This important matter, of side-tracking of the law regarding prescription of limit on expenditure by a candidate, was raised by COMMON CAUSE in a Writ Petition filed before the Supreme Court. The Court gave a ruling which makes it obligatory on every party to maintain strict accounts of receipts and expenditure, failing which the expenditure incurred by a party on the election of a candidate will not be counted as expenditure incurred by the party and will be taken as expenditure incurred by the candidate himself, disqualifying him if the aggregate expenditure exceeds the prescribed limit. Income tax authorities were held responsible for any failure to ensure audit of accounts of political parties.

From COMMON CAUSE we have repeatedly been advocating that the processes of political funding should be systematised so that the political parties and election candidates do not have to resort to stratagems for depending on use of un-accounted funds and black money. The present Central Government has now introduced a Bill in the Parliament for effecting certain improvements in the electoral system and party funding. The Bill aims at remedying the existing flaws in raising funds for elections and "to make the electoral process clean, fair and free from corrupt influences". The Bill seeks to bring transparency in funding of political parties by the corporate sector and individuals by streamlining and promoting donations to political parties by giving suitable tax exemptions. Mandatory provision has been made in the Bill regarding maintenance

of accounts by political parties and to get them annually audited; the audit report relating to any donations to a political party will be submitted through Comptroller & Auditor General to the Government of India. The change previously made in Section 77 of the Representation of People's Act is proposed to be so modified that the effect of earlier amendment will get mitigated. In the Bill new provisions have been made for free supply of copies of electoral rolls and identity slips required by candidates at the elections. A very appropriate new provision has also been made in it for allocation of equitable share of time on electronic media and cable television network for display or propagation of election material or address the public in connection with the elections. We can only hope that this amendment Bill is soon passed by both Houses of Parliament and does not get languished in being referred to Joint Committee of the Parliament.

LEGAL PROVISIONS:

There are certain provisions in the Income Tax Act which are of significant importance in relation to matters of political elections. These are contained in Sections 13A and 139 (4) (B) of the Income Tax Act; and in Section 293 (A) of Companies Act. These provisions of Income Tax Act prescribe that (i) every political party has to maintain detailed accounts of the income and expenditure, (ii) in the accounts there has to be specific mention of receipt of any donation of the amount above Rs. 10,000/- alongwith the name and address of the person or company making the donation, and (iii) the accounts of every political party must be audited every year. The law imposes an obligation on the designated functionary of the political party to ensure that the Income Tax Return is submitted every year. Section 293 (A) of the Companies Act lays down that no company can make contribution to a political party unless the proposal is first passed by the Board of Directors, and the contribution must appear in the accounts. For any default there is provision of heavy penalty on the company and imprisonment of the concerned functionary.

We from COMMON CAUSE have repeatedly written to the political parties to seek confirmation whether they are observing these provisions of the law. We have also written to the Income Tax Department to initiate action against those parties which have defaulted in observance of these requirements of the law. It is unfortunate that excepting two political parties, who have sent their confirmation, the other parties have not responded to our communications.

Party funding for spending on elections is undoubtedly required. Considering the vastness of our electorate the amounts required have necessarily to be huge, ranging to many crores of rupees. It has often been suggested that the government should provide funds to political parties for the requirements of elections. There are only certain areas in which assistance can be provided by the Government, such as making available copies of electoral rolls etc.; it cannot be contemplated that financial assistance from the Government can be provided, because this will necessitate imposition of limit on number of microphones and loudspeakers to be used and even on facilities such as of erecting pandals and holding meetings or on carriage of voters to polling booths, because every party, commensurate with its own assessment of supporters, will lay claim on required quantum of funds, which can be contested by the other parties.

CRIMINALISATION OF POLITICS:

A very important issue in relation to the electoral system is that of criminalisation of politics. It is incontestable that criminal and anti-social elements have entered the election arena, and quite a number of members in our legislatures, and even occupying ministerial berths, have criminal record. The provision in Representation of People's Act, which has brought about this situation, is that only those persons are debarred from election who have been convicted under any of the specific offences which have been defined under Section 8 of this Act. This provision is qualified by the clause that if an appeal or a revision has been filed against the conviction the disqualification will not be operative till decision of the appeal. Result of these flaws in the

provisions is that substantial number of persons possessing criminal record, against whom police reports have been lodged for offences alleged to have been committed by them, and even those who have been convicted but their appeals are pending at some level of judicial hierarchy, cannot be debarred from standing for election or for continuing to remain in the legislatures. There were reports that out of 5,539 candidates, who contested the recent elections in Uttar Pradesh as many as 965 had criminal record. For cleansing elections in relation to candidates of criminal record there have been suggestions that law should have a specific provision of day-to-day trial of persons of criminal record who stand as candidates for any election.

REPRESENTATION OF WOMEN:

While talking of electoral system one cannot ignore a demand that has constantly been raised over many years for making specific provision for substantial representation of women in legislatures. It is unfortunate that at present, after decades of functioning of our legislatures, representation of women continues to be practically insignificant. On the average the number of women representatives in Lok Sabha during the last 50 years has ranged only between 19 to 33; in 1999 it increased to 49 but this represents only less than 1/10th of total Lok Sabha seats. There is obvious need of making definite provision in the law specifying the minimum of 20% to 30% of women in all legislatures, of States as well as the Centre.

THE ELECTORAL PROCESS:

It is unfortunate that the election scene at various places in our country, on certain occasions, presents distortions and deficiencies. There are complaints of inefficiency and manipulations in the preparation of electoral rolls, issue of identity cards, malpractices of political parties, their candidates and cadres, and ugly instances of violence, use of muscle power, snatching of ballot boxes, capturing polling booths, impersonation and even rigging. We have a complete and comprehensive Code for ensuring free and fair elections, but in actual practice there are instances of such distortions; these affect the quality of election and constitute a blot on the reputation of functioning of our political system. It should be the concerted endeavour of every political party to exert their best to root out the scope and possibility of any such misuses and distortions of the electoral process.

LEGISLATURES AND THEIR FUNCTIONING

In the functioning of democracy the primary function and responsibility is that of legislatures. It is a matter of satisfaction that the system of democratic functioning has in fact penetrated to all levels in India, from the Centre and State levels to the Municipal level of urban areas and to the system of Village Panchayats.

Functioning of Central and State Legislatures is of course the touchstone of the functioning of our democracy. It is a matter of great regret that while the present system has been operating practically for 50 years there has in fact been distinct deterioration in the quality of its functioning, instead of experience of these decades having led to improvements. Major cause of defaults and deficiencies has been proliferation and multiplication of political parties which, as mentioned above, has necessarily led to the inevitability of coalitions and manipulations by political parties in their struggle for forming governments and exercising power and authority. Functioning of coalitions is often accompanied by defections, horse-trading, cross-voting, Aya Rams - Gaya Rams. The unfortunate impression that generally gets created is that hunger of politicians, who have been elected to legislatures, for spoils of office and power, over-rides all considerations of service to the people, which should in fact be their primary responsibility and duty. This impression gets confirmation also from the facts of perks and privileges which over the years the legislatures have

extended to the members.

It needs to be kept in view in this connection that there are presently 795 (545 + 250) members of the Lok Sabha and Rajya Sabha and nearly 4500 members of State Legislatures. There has been in existence the tendency to further continue multiplying the States; recent carving out of additional States from the bigger ones are demonstrative of this tendency.

PERKS & PRIVILEGES

Perks and privileges extended to Legislators, of the Centre & States, make long lists. Those extended to the Central Legislators include salaries, daily allowance, constituency development allowance, office expense allowance, allowance for meeting expenditure on postage and stationery, travelling allowance for attending Parliament Sessions and meetings of various Committees, housing facilities, loans for conveyance, income tax relief, foreign exchange quota, diplomatic passports, office accommodation, entitlement of undertaking any journeys within the country and for travels abroad. Costs of these perks and privileges are not easily determinable. They run into tens of thousands of rupees for each Member. Besides these perks there are certain privileges they are entitled to, pension for life. Privilege of pension has been extended also to members of State Legislatures including Assemblies and Councils. EX-MPs have been made entitled to receive Railway passes on life-time basis for free travel in Class I or AC sleeper-class anywhere in India and any number of times, alongwith an attendant in Class II. Special facilities have been extended for air journeys besides those for attending Parliament Sessions. Every MP has been given facility for 32 air-journeys during the year either with spouse, or with any companion or relative. Each Member of Parliament is entitled to get three telephones installed, one at the office, one at home, and one in the constituency. He is allowed 50,000 telephone free calls during the year from each of these three telephones; this would imply that 100 or more calls can be made from each of these telephones any day, for any duration.

Constituency Development Fund, which was originally Rs. 1 crore a year, and has been raised to Rs. 2 crores, and for which there are demands for further increase, has been permitted for each Member of Parliament for undertaking any programmes or projects at his discretion, relating to development in his constituency. There is no definite assurance that the allocated funds will be properly utilised in the interest of the people of the area. There have been reports of defaults in this respect.

JUMBO CABINETS:

In dealing with legislatures, the creation of Cabinets, at the Centre and in the States, is of obvious relevance. Mention has been made of the jumbo Cabinets which have inevitably got necessitated on account of political parties forming coalitions; each party has to be given satisfaction by giving it plums of office. It is on this account that the Cabinet of U.P. (prior to its recent bifurcation into two States) had as many as 92 Ministers; Bihar has 82 Ministers. In Bihar all the 22 members of a political party had to be given ministerial berths. In Manipur, a small State, 34 out of the total of 60 members, had to be made Ministers. At the Centre there are presently 17 political parties which have formed the coalition, as a result of which there are 72 Ministers, with portfolios which are inevitably fragmented. Quite often the Ministers in States and also of the Centre have hardly any work to do. Public Sector Undertakings are also often used for providing sops to the legislators, particularly of the ruling coalitions which cannot be accommodated in the bloated Cabinets.

State of Bihar has presented the unique spectacle of the Chief Minister installing his wife in his place in office because he was sent to jail in connection with a scam. Everybody knows who is actually ruling the State from behind this throne of the wife-cum-Chief Minister. Patna High

Court had the opportunity to remark in a case that the people in this State were living the life of animals and that the State was not functioning under the ambit of the Constitution. During nine years of Laloo and Rabri's rule there are stated to have been 45000 murders including 3,500 political assassinations, 2700 cases of dacoity, more than 9000 cases of rape and no fewer than 25000 cases of kidnapping. Corruption in this State has gone to a stage that there was report of a Minister openly attempting to have demanded a ten percent commission from a senior officer posted in a Municipality. Another senior officer of this State was slapped in his chamber by an MP.

Actual functioning of Central and State Legislatures is not something one can be proud of. Normally there should be debates and decisions. Our legislatures often present the unfortunate spectacles of shoutings, scores of members simultaneously rising, often walking into the well of the House, paralysing the functioning, and forcing adjournments. There were ugly scenes in Uttar Pradesh Assembly when legislators hurled tables and microphones on each other, and TV was able to capture scenes of members seeking shelter from missiles by crouching under the tables.

COST OF LEGISLATURES:

It is unfortunate that the people do not know how much the legislatures and their legislators cost the nation. Calculation made from budget provisions of the two Houses of Central Legislature show that every minute of Parliament functioning costs the nation Rs. 17,000/-; this calculates to about Rs. 10 lakhs per hour, Rs. 75 lakhs per day. Amidst the din and uproar when the Lok Sabha is adjourned for the day, which unfortunately happens quite frequently, the country loses Rs. 75 lakhs. There are also the adjournments caused on demise of a member, instead of observing silence for few minutes, as is done in other countries, and thereafter resume the work. The mentioned amount of Rs. 75 lakhs does not include expenditure incurred on residences and on provision of fleet of cars to the Ministers. Country has to bear the annual expenditure of hundreds of crores for running the two Houses of Central Parliament, comprising 795 members. There are, as mentioned above, 4500 members of State legislatures. Running of the State legislatures obviously costs the nation many thousands of crores of rupees, taking into account the various perks, privileges and amenities which State legislators are entitled to. These expenses are inevitable concomitants of the functioning of democracy, people naturally want that this much expenditure is incurred to full advantage of the nation. Present functioning of legislatures raises doubts and misgivings about satisfactory functioning of our democracy.

These facts of functioning of the political system present a glimpse of the totality of operation of our democracy. Various features and aspects of the electoral processes, comprising the functioning of political parties, their multiplicity, fund raising, prescription of limits on expenses by candidates, ingenious ways of side-tracking limits, and existence of criminal elements in politics; and the actual functioning of our legislatures, the combinations and coalitions of political parties in generating plums of office and power, creation of jumbo Cabinets, at the Centre as well as in States, exasperating delays in enactment of laws, frequent adjournments, commotions and shoutings in the legislatures; all these features are unfortunately very prominently visible in our political system. Fifty years of the functioning of our democracy has brought about worsening of these features rather than effecting improvements. One earnestly hopes that political parties will take stock of these flaws, deficiencies and infirmities which have crept into the electoral processes and the functioning of the legislatures, and make strenuous and concerted efforts to bring about distinct improvements, which would convince the people that the country will have better functioning of its democracy.

The above write-up on our Political System, seeking to convey comprehensive picture of the deficiencies and inadequacies in the System, has been transmitted from COMMON CAUSE to all political parties, Prime Minister, all Ministers of Central Cabinet, and all Chief Ministers of States, besides sending its copies to all other concerned authorities including Chief Election Commissioner. We have considered it appropriate to publish it in the periodical so that our readers may remain acquainted with the various ramifications of the functioning of political parties, electoral processes and the operation of Ministries of the Central Government and State Governments.

Actual functioning of Central and State Legislatures is not something one can be proud of. Normally there should be debates and discussions. Our legislatures offer present spectacles of shouting, scores of members simultaneously raising their voices, and forcing the House, paralyzing the functioning, and forcing adjournments. There were ugly scenes in Uttar Pradesh Assembly when legislators hurled tables and microphones on each other and TV was able to capture scenes of members seeking shelter from missiles by crouching under the tables.

...
A man saw an epitaph in a cemetery that read: "Here lies an honest man and politician."
"Shame", he said, "two people in the same grave!"

...
A wise man in the company of those who are ignorant, has been compared to a beautiful girl in the company of blind men.

WHEN AN efficient Secretary asked her boss for a raise in her salary, he rejected the case, and said: "Your salary is already higher than the secretary's at the next desk. And she has five children, you know."

"Excuse me," she countered, "I thought we got paid for what we produce here - not for what we produce at home in our own time!"

A SMALL farm boy was milking his cow when all of a sudden a bull tore his chain and made straight for the cow. The boy was not at all afraid and continued with his milking while workers nearby watched in horror.

The bull came rushing in, then stopped equally suddenly but within a few inches of the boy, then turned round and walked away quietly. "Weren't you afraid?" one of the workers asked the boy.

"Oh, not at all", the boy replied coolly. "I happened to know that this cow was his mother-in-law."

"IT'S A very difficult case to diagnose", the doctor told the young brunette after finishing examination: "As near as I can tell you're either going to have a baby or else you have a cold."

"Must be a baby", the girl said. "I don't know anybody who could have given me a cold."

A MAN came into the bar and ordered one whisky and when he had finished, the barman said: "That's all right, no charge". The man was surprised but delighted, so he ordered a sandwich and another whisky. When offered to pay the bartender said: "That's all right, no charge."

"I don't get it", said the man astonished.

"You see", explained the barman. "My boss is upstairs doing to my girl what I'm doing to his business downstairs."

On the opposite page we have reproduced the important "MESSAGE" which with considerable effort has been designed, emphasising the need of generating peace and harmony in the country and eliminating possibilities of inter-religious conflicts. We have sent this "MESSAGE" to all newspapers and periodicals in the country, conveying to them the humble request to print it on good quality paper and insert its copies in one issue of the publication, or alternatively to print it at a suitable place in the publication. Our readers are welcome to cut out the "MESSAGE" and keep it for reference.

GOD ईश्वर خُدا द्योगिगुर GOD ईश्वर ॐ परमात्मा GOD ईश्वर ॐ द्योगिगुर
 GOD ईश्वर خُदा द्योगिगुर GOD ईश्वर ॐ परमात्मा GOD ईश्वर ॐ द्योगिगुर
 GOD ईश्वर خُदा द्योगिगुर GOD ईश्वर ॐ परमात्मा GOD ईश्वर ॐ द्योगिगुर

خُدا
 अगपान
 देवुडु
 कडवुग
 ज्ञेबान
 तुगदर
 ज्ञेबान
 फामी
 हुगुगुरु
 रेडवु.
 देवेरु
 ॐ
 अगपान
 देवुडु
 कडवुग
 ज्ञेबान
 तुगदर
 ज्ञेबान
 फामी
 हुगुगुरु
 रेडवु.
 देवेरु
 خُदा
 अगपान
 देवुडु

خُدا
 अगपान
 देवुडु
 कडवुग
 ज्ञेबान
 तुगदर
 ज्ञेबान
 फामी
 हुगुगुरु
 रेडवु.
 देवेरु
 ॐ
 अगपान
 देवुडु
 कडवुग
 ज्ञेबान
 तुगदर
 ज्ञेबान
 फामी
 हुगुगुरु
 रेडवु.
 देवेरु
 خُदा
 अगपान
 देवुडु

GOD is ONE

He is known by different names in different regions, in different religions, in different languages. HE is in fact a nameless phenomenon, universal consciousness, DIVINITY, THE INFINITE, THE ALMIGHTY.

Over the ages in different regions, and among different races HE is presented in different ways, projected through the scriptures, abiding in different places of worship, Temples, Mosques, Churches, Gurudwaras, Synagogues, revered through different faiths, Hinduism, Islam, Sikhism, Christianity and certain others.

Differences in religions and places of worship are sometimes exploited by fanatics and fundamentalists, leading to conflicts. We all need to recognise that we, creations of GOD are all humans, of similar human bodies, human blood flowing through us. Inter-religious conflicts are a disgrace to humanity, defiling the creations of GOD.

Let us all develop respect, compassion, love and spirit of service for each other. Let us shed all differences caused by religions. Everyone should strive to be of some service to other humans.

All humans are equal. Let scriptures not bring about any differences among us. Let us all strive to generate peace, harmony and brotherhood.

Let a new age dawn!

our common cause

GOD ईश्वर خُदा द्योगिगुर GOD ईश्वर ॐ परमात्मा GOD ईश्वर ॐ द्योगिगुर
 GOD ईश्वर خُदा द्योगिगुर GOD ईश्वर ॐ परमात्मा GOD ईश्वर ॐ द्योगिगुर
 GOD ईश्वर خُदा द्योगिगुर GOD ईश्वर ॐ परमात्मा GOD ईश्वर ॐ द्योगिगुर
 GOD ईश्वर خُदा द्योगिगुर GOD ईश्वर ॐ परमात्मा GOD ईश्वर ॐ द्योगिगुर

SERIOUS PROBLEM OF FAKE PRODUCTS

It is singularly unfortunate that in our country unscrupulous elements in various professions and manufacturing units are resorting to wrong and condemnable measures for taking undue advantage of their customers and clients, and beneficiaries of their services. There are occasional reports of fake manufacture of various types of products. The customers are deluded to buy these products as genuine, which inevitably causes them loss and exasperation.

Efforts made by the concerned authorities to overcome this menace have not been able to check it. Expansion of the range of products and/or services provided to the people have over the years proliferated and multiplied the functioning of these unscrupulous elements. The concerned governmental and controlling authorities have not been able to effectively check this dereliction; they have been taking measures for tightening imposition of standards in respect of quality of products and services, but the unscrupulous manufacturers and traders, particularly in the small-scale sector, have somehow been able to sidetrack them.

Examples of such indiscretions are worth examination; these have implications even of endangering health and life. There have, for instance, been frequent reports of production of fake medicines, whether these are in the field of analgesics or antibiotics, and antacids or steroids, one cannot be absolutely sure whether medicines sold on the counter are genuine or whether they have spurious medicines mixed among them. Recent police raids on the premises of three small-scale medicine manufacturing units in Delhi, Haryana and U.P. have yielded disturbing examples of such nefarious practices. These raids in fact revealed the extensive magnitude of the trade that is taking place in fake medicines. Information collected by the concerned sources show that this menace is not restricted to two or three states but that it is quite widely prevalent. Some months ago the Drug Control authorities unearthed a spurious medicine racket in Andhra Pradesh with recovery of 25,000 samples of antibiotics, manufactured and sold in the name of a reputed company, besides large quantity of injections prescribed for pregnant women. During the previous six years as many as 1061 different spurious medicines had been detected in Andhra Pradesh itself.

The Government of India has been feeling concerned about this unfortunate practice of counterfeit drugs. The State Governments had been advised by it to provide adequate enforcement machinery and drug testing facilities, and also to keep strict watch on inter-state movement of drugs. Important and useful suggestions and directions have from time to time been communicated to the authorities concerned with detection, testing and enforcement. Obviously there is great need of launching more effective and concerted drive to eliminate this serious problem of spurious drugs. Trained and competent personnel need to be extensively spread out for effective surveillance as well as for collection of samples for purposes of testing.

From the area of drugs we shift attention to another product which too can endanger life. Raids recently conducted in Delhi revealed counterfeit manufacture of shock-absorbers and brakes of vehicles, manufactured and sold under the multinational brand name of Gabriel. These counterfeit products worth about Rs. 20 lakhs were found in one raid. It was ascertained that the culprits had been collecting old shock-absorbers of different vehicles and gave them new look; these were packed in company's wrappers under the licence of Gabriel of USA.

Another raid at Delhi has revealed the extensive practice of manufacturing counterfeit electric goods including switches, distribution boards and circuit breakers. Only an expert in electric goods would normally be able to differentiate between original and fake circuit breakers. The fact that in such fields of advanced technology also the methodology of counterfeit is being utilised by certain elements is undoubtedly a matter of great concern.

Electric bulbs, bearing the stamp of certain known companies, are also being manufactured by counterfeiters. Raid on the premises of a small manufacturer, on the outskirts of Delhi, yielded a stock of more than 30,000 electric bulbs; they were found to have been branded with Standard Mark of ISI (Indian Standards Institution, now known as Bureau of Indian Standards). One feels strongly that quality of electric bulbs has greatly deteriorated and they often fuse off every few days. This is partly due to frequent voltage fluctuations but it is possible that counterfeit products passed on to the consumers are also contributing to this problem.

The range of fake and counterfeit products unfortunately keeps on expanding, and the practice has spread to various parts of the country. Buyers of very valuable commodity such as gold have to beware of unscrupulous elements. Chances are that the jewellery labelled "22 carat gold" may in fact have 18 or 20 carats. 88 per cent of samples of jewellery collected by Mumbai Branch of Bureau of Indian Standards were found not to be of the prescribed quality standard. Consumers are thus not getting what they pay for. They are deluded mainly by the glitter of gold. In this context it is worth mention that the demand for gold in India is stated to be 855 tonnes a year, more than double than that of the second largest market in USA.

From gold one passes on to spurious quality of packaged water that is often passed on to consumers as genuine product. Bureau of Indian Standards recently seized packaged drinking water, bearing ISI mark, from the premises of a known trader in Delhi. They were found selling packaged drinking water in 20-litre cans as well as 25 ml. glasses, bearing ISI mark for giving assurance of standard quality of the packaged water.

Blood, the precious requirement of human system, has also not escaped the tentacles of creators of spurious products. There have been reports of supply of untested and undisinfected blood to hospitals and clinics. Professional donors of blood, including poor people on the streets, continue to be tapped by the unscrupulous elements and their blood is passed on by them without any tests.

There have been reports even of the existence and functioning of some fake universities and various types of teaching and training institutions. Unscrupulous elements in these fields are taking advantage of the need of young gullible students to equip themselves with suitable qualifications for enabling them to search employment opportunities. Numerous advertisements appear in newspapers and magazines offering admission to students in various universities and institutions in India and abroad, in different fields of study, including medical, engineering and computers. Some of these advertisements are put across in the name of such institutions, coaching bodies and universities which are not competent to provide requisite education and are not equipped for the task. Several universities and institutions, which are not established in accordance with law, distribute false certificates and degrees; these facts are well within the knowledge of Government of India and the University Grants Commission. UGC has admitted the existence of 18 such fake universities. The Association of Indian Universities is reported to have provided an additional list of 10 fake universities. This matter of fake universities and teaching institutions has become a cause of serious concern to the Governmental authorities; measures continue to be taken to effectively stop this degrading mischief.

These are some examples of how unscrupulous elements, including particularly the small and medium manufacturers, are deceiving the consumers and passing on to them variety of fake and counterfeit products. We have mentioned in the very beginning of this write-up about the manufacture and sale of fake medicines. Perpetrators of such crime are playing with human life; they continue indulging in this activity. It is a matter of serious concern that the area of counterfeit pharmaceuticals has been further expanding sometime even in developed countries. A recent report of WHO (World Health Organisation) states that about 15 per cent of all drugs circulating in the world market are spurious. India unfortunately turns out to be the top producer of fake drugs, producing nearly 40 per cent of global output of the fake medicines.

The above recount of unfortunate malady of spurious and counterfeit products in the country is apparently only the tip of the iceberg. For purposes of making quick money, there has developed among our traders and manufacturers, particularly the medium-sized producers of goods, a tendency to adopt measures which are foul, resorting without hesitation to making fake and counterfeit products. Prescribed standards and requirements of quality are disregarded by them; vigilance of reputed organisations like the BIS, for ensuring strict observance of quality standards, is cleverly bypassed.

This grim picture of functioning of our traders and manufacturers cannot of course be generalised. In terms of totality it is a small percentage of manufacturers and traders who resort to measures of this nature, of making fake and counterfeit products. By and large the manufacturers and traders are very conscious and particularly about maintenance and enhancement of their reputation of producing quality products. Concerned governmental authorities, organisations and institutions, which are charged with the responsibility of ensuring quality standards and the people who are the consumers of products and services, and the various consumer organisations established in the country, must exercise strict vigilance to ensure that wrong-doers and culprits in the matter of fake products are identified and severely dealt with so that this malady gets effectively checked.

Here is thy footstool and
there rest thy feet where
live the poorest, and lowliest,
and lost.

When I try to bow to thee,
my obeisance cannot reach down
to the depth where thy feet rest
among the poorest, and lowliest,
and lost.

Pride can never approach to
where thou walkest in the clothes
of the humble among the poorest,
and lowliest, and lost.

My heart can never find its
way to where thou keepest
company with the companionless
among the poorest, the lowliest,
and the lost.

He it is, the innermost one,
who awakens my being with
his deep hidden touches.

He it is who puts his enchantment
upon these eyes and joyfully plays on
the chords of my heart in varied
cadence of pleasure and pain.

He it is who weaves the web of this
maya in evanescent hues of gold and
silver, blue and green, and lets
peek out through the folds his feet,
at whose touch I forget myself.

Days come and ages pass,
and it is ever he who moves my heart
in many a name, in many a guise,
in many a rapture of joy and of
sorrow.

GRACEFUL VOLUNTARY EXIT

For more than two decades COMMON CAUSE has been taking up collective and common problems of the people for seeking redress. Multiplicity and variety of the problems is evident from the numerous subjects dealt with by the Organisation, by taking them up with the concerned governmental authorities and, where necessary, seeking redressal through the intermediacy of apex courts.

It has often been communicated to us by elderlies and senior citizens that we have not dealt with one major problem which faces individuals and families and which over the years has continued to become ever more acute. This too, they urge, is a common problem; it is undoubtedly a very delicate and personal problem of individuals and families but it is necessary to expose people to the various aspects and ramifications of the problem and to inform them about the measures that need to be taken to lessen its agonising onslaughts. It is being argued that this matter is a subject of intense debate in other countries but unfortunately we, on various considerations, have tended to continue blinking over it and have been covering it up with self-imposed prohibitions, and taboos.

After great deliberation we have decided to present this problem to the people. We agree that it is now imperative to bring this problem out of the closet and expose it to public knowledge and debate.

The problem is of death and dying. There has always been great hesitation to talk of death and dying, excepting that news relating to these appear in newspapers everyday in shape of accidents and disasters. The matter which we seek to place before the people relates primarily to the unfortunate prolongation of the process of dying which has increasingly assumed importance because of the great strides which have taken place in development of medical technology and improvements that have come about in hospital equipment and treatment during the past few decades. With the continuing expansion of technology and consequent progress leading to the prolongation of dying, the pain, agony and distress of the patient as well as of the family members, can well be imagined.

This matter of intense torment and distress attendant on the prolonged dying process has assumed severe gravity particularly during the past few decades. For weeks the patient continues to hang at the extreme edge, with no prospect of getting back from the edge, often lying in irreversible coma, or in persistent vegetative state, or whose brain has died and the body is lying in totally unconscious state, with tubes penetrating all orifices of the body, and even through a hole made in the neck after failure of breathing through the tube introduced in the mouth, the horrendous process continuing the life and not allowing it to extinguish. In the urban centres, large percentage of patients sometime or the other take resort to hospitals; at the critical stages they are put in ICU (Intensive Care Unit), and in the Wards, sometime with little chances of recovery. Doctors are under obligation, based on their training and commitments, to continue resorting to every conceivable measure to keep the process on and to strive not to allow life to extinguish.

In the context of the agony and distress attendant upon the prolonged dying process two issues have gained great importance. One is the subject of self-deliverance, the voluntary and graceful exit, with the least distress to the patient and to the relatives; the other, which is now being adopted frequently in various other countries, is the need of equipping oneself with appropriate documentation which would enable the doctor in the hospital to allow and facilitate the patient in the final stages to quit rather than have to go through the prolonged agony of the dying process. For fulfillment of the latter requirement there may be need of getting suitable legislation passed so that this process is not hampered on account of any disinclination of the doctors and nurses. We hope this matter will be taken up by legislators in the interest of the people in

general.

The undersigned, who has had the privilege of being associated with COMMON CAUSE since its inception, has remained in touch with the requirements of promoting self-deliverance, of minimising the agony and distress inevitably attendant upon the prolongation of the process of dying. These concerns and requirements were expressed by me in detail in a small book of about 100 pages. The publisher undertook to publish it and make copies available to the people at the price of only Rs. 60/-. Name of the publication and address of the Publisher are given below:

Publication : 'VOLUNTARY EXIT'
Publisher : M/s. Sterling Publishers Pvt. Ltd.,
A-59, Okhla Industrial Area, Phase-II, New Delhi-110020

Those who are interested in the subject can send a crossed cheque of Rs. 75/- to the Publisher and ask for a copy of the publication, preferably through courier.

Meanwhile, in this issue of our Periodical I have considered it appropriate to reproduce some portions of this Book so that readers may get acquainted with these problems and also take necessary steps to acquaint themselves with measures for alleviating the misery which is inevitably attendant on the prolongation of dying process of the near and dear ones.

THE PROBLEM

Problem of death and dying has assumed critical importance. Consideration is of the case of patient who has become terminally ill, in whose case there is no hope of revival of life or its quality, where death is imminent. Should the agony of dying in such cases be prolonged? Should the progress of ebbing of life in such cases be retarded through intrusive measures evolved by medical technology? Should these processes, on the contrary, not be hastened?

Many more allied questions arise. Should a patient, who is seriously ill, be allowed to die if he so chooses, even though death in this case may not be imminent? Should such a patient be helped to end a life when he or she has become incapable of expressing and has not asked for it? Will any such act on the part of a physician, of hastening the processes or not retarding it, be in conflict with the duty and responsibility prescribed by the medical profession?

Prospects for the patients in hospitals, particularly in the more advanced countries, can often be fraught with frightening possibilities. Patients are now kept alive through tubes and gadgets violating the bodies, lying alone in intensive care, with death inevitable but lingering, denying them a smooth passage, a swift and gentle journey, becoming victims of hi-tech intrusions and manipulations. No wonder that people in these countries have started talking openly and loudly of their right to choose the way they wish to go, the right to choose to die, to choose death instead of dying, to avoid aggressive medical intrusions towards the end. They proclaim vociferously: let death take over when the time has come and not be thwarted.

These thoughts of industrially advanced countries have started emerging in India. Attitudes which have developed in those countries have started permeating our society. We too are now placing great reliance on intensive and sophisticated medical care in hospitals. Questions that are being asked in those countries have also started being raised in India, presently among urbanites; in course of time, these will penetrate also to rural population.

There is, however, considerable apathy in India to grapple with this matter. The right to die has not started being asserted. Religious, moral and ethical considerations thwart an open debate

on the subject. Some voices have started emerging about avoidance of the processes which lead to prolongation of dying. A lot of effort will yet need to be generated about the recognition of the right of a person to choose the way to extinguish one's life and the right to seek deliverance.

Despite these various movements and developments, there are yet a number of arguments put forth against the concept of a patient's right to die instead of facing the prospect of continuation with the diminishing quality of life.

When an animal, a family pet, for instance, reaches extreme anguish and hopeless condition, the family without much ado, with all the compassion at heart, takes it to the vet; it is taken in the lap with all the affection and love, and the fatal dose is injected into it. But when a human being is passing through a similar excruciating distress of terminal illness, all sorts of arguments are built up against resorting to any means by which life can be extinguished, regardless of the extent of humiliation and helplessness of the patient; the relatives normally remain disinclined to adopt any means for expediting the process of dying; the State frowns upon any such attempt.

The word 'euthanasia' has gathered great momentum practically all over the globe. The word is a derivative from Greek words EU (good) THANATOS (death). Voluntary euthanasia, or passive euthanasia, constitutes the core of the movement for provision of aid-in-dying to make the passage smooth. Intensive debate is developing whether there should be any active participation in the process of euthanasia, whether the process should limit itself to the withdrawal or withholding of life-support system in hospitals or whether there can be even a further step, in cases of extreme anguish at the terminal stage, of administering a dose which would put the misery to an end.

There is a general reluctance to the acceptance of the concept of euthanasia, but doctors agree that everywhere they are resorting to the adoption of certain measures which hasten death where it is imminent and is causing extreme anguish to the patient. The debate does recognise that whereas passive euthanasia, the voluntary nature of euthanasia, needs to be given recognition and permission, there can be the possibility of misuse in adoption of active euthanasia which can reduce itself to involuntary euthanasia, and even compulsory euthanasia, the elimination of elderlies, who can be dispensed with.

The movement of euthanasia has spread far and wide. Death with dignity is the slogan which catches the imagination of people. As Right to Die Societies have come up in various countries, they have forged themselves into a World Federation of Right to Die Societies. These societies exist in England, Canada, USA, Finland, Israel, Zimbabwe, Switzerland, Sweden, Spain, South Africa, Norway, Australia, Netherlands, Japan, France, Germany, Columbia and Belgium. Some of these countries have a number of groups operating in different centres. In some countries, there are chapters in various cities.

Among these countries, specific mention may be made of the Netherlands where movement of euthanasia has gathered great momentum and where, it is often said, people prefer to go to exercise the right to die according to their wishes. Australia, and particularly the Northern Territory of Australia, has come into news for having become the first territory to have enacted a specific law for enabling the physicians to promote aid-in-dying at the terminal stages. And USA, of course, has made great headway in stimulating a widespread debate on euthanasia, on the right to die and on provision of aid in suicide. In almost all these countries, there is extensive media coverage of this debate.

Closely connected with euthanasia movement is the matter of execution of documents entitled 'Living Will' and 'Durable Power of Attorney'. These two will be dealt with later in greater detail, but mention of these at this stage is necessary because the movements relating to these

have gained pace in a large number of countries. 'Living Will' is the advance directive executed by a person who authorises the doctor to withdraw or withhold the life-sustaining equipment when the patient has become terminally ill, and it enables the doctor to do this without liability of any legal proceedings. And 'Durable Power of Attorney' is a document of authorisation to a proxy, to take decision on behalf of the patient when it has become impossible for the patient to exercise the wishes due to having become unconscious or lapsed into coma.

The main argument put forth is that life is God's gift. He alone knows when it has to be extinguished. This argument, of course, is made applicable only to the human form of life; it is concurrently not applicable to multifarious other forms of life that are on this planet. It is surprising that in spite of the enormous progress that has been made in all directions, there is yet great reluctance to grapple with this basic and fundamental problem, of gently extinguishing the life when its purpose has been served and it is enveloped totally in torture. It is likely that future human generations will wonder why, in the present age of sufficient enlightenment, people allowed their dear ones to pass through the tortures of prolongation of the dying process.

Movements in other countries have helped to bring into the open and crystallise the various issues related to euthanasia. These issues have emerged primarily because of the progress made in medical technology. They centre around the need to protect the patient from any onslaught of technology which now goes to the extent of penetration of life-sustaining equipment through and into all orifices of the patient's body.

ALS systems, the abbreviation of Advanced Life Support, which are operative in all sophisticated hospitals, cover these techniques. These refer to emergency actions which can restore normal heartbeat and breathing, and on other occasions they include application of machines and/or drugs to take over or help the functions of vital organs, such as lungs, kidneys and heart.

Actions for supporting the life in emergency situations include a variety of techniques: cardio-pulmonary resuscitation comprising heavy chest thumping and massage, as well as mouth-to-mouth breathing for reviving the heartbeat and breathing; administration of electric shock delivered through the heart to return it to normal beat; administration of strong drugs to maintain blood pressure or steady heartbeat; attachment of ventilator machines that breathe for the patient; in more difficult cases, placement of tube in the lungs which is attached to the ventilator; kidney dialysis comprising a machine connected to the body for hours at a time to do the work of the kidneys; artificial hydration by transmitting fluids through the veins when the patient is unable to take any fluid; artificial ingestion by providing food to the patient through a tube placed in the stomach for transmission of nutrients through the veins.

Availability and application of these instruments and techniques of 'Life-Support' have raised questions. The main question is whether the patient, who has executed a 'Living Will' or has appointed an attorney to take decisions on his behalf when he is unconscious and incompetent, has the right and choice to ask for withdrawal or withholding of these life-support mechanisms; whether the doctor is obligated to abide by the instructions given by the patient or the appointed surrogate, and whether withdrawal of life-support will involve any legal hassles for the doctor. Increasingly, opinion has evolved that prolongation of dying is an exercise in utter torture and that where the patient has expressed the choice, or his legally authorised surrogate or representative has expressed the choice, his wishes should be carried out.

In the present issue of this Periodical we have deprived ourselves and the readers the pleasure of reading more juicy Jokes which have been normally featuring in it. Some readers have asked for particulars of the Jokes Book of H. D. Shourie. It has been published by Penguins (Penguin Books India Ltd., 11, Community Centre, Panchsheel Park, New Delhi-110 017).

The matter of fundamental importance that emerges from developments of last many years, and which justifies debating, is that the patient has the right to choose, and the doctor has to give in to the demand of withdrawal of systems involving prolongation of the dying process or to call a halt to their operation. The State should not be an arbitrator in this matter which is strictly a private and subjective choice of the patient. The State is not there to run our lives for us; it is there to make it possible for us to run our lives for ourselves. When a patient is in the terminal stage, it is his decision which should prevail, expressed directly or by surrogate; it is not for the government to decide for the patient. This is the essence of a humane system that the patient seeks; it is his life anyway.

The relatives and dear ones of the patient undoubtedly have interest in his decisions, but in the final moment the decision should be his alone; it is a personal matter of the patient, very personal indeed, and it is for him to decide when he wants to call it a day.

But while exercising this personal freedom and choice, the doctor cannot be coerced into doing something against his conscience or contrary to his training and commitment. The doctor, too, should be free to decide whether he will assist or not assist the patient in a particular way, positive or negative. One can only hope that the doctor will take a decision at the terminal stage.

In India, there has till now only been a slight ripple in relation to the movement for the right to die. The 'Right to Die Society' was formed by the veteran, Minoos Masani, three decades ago. The concept, however, has hitherto remained at the level of intellectuals and has neither attracted sufficient public attention nor gained palpable acceptance, and it has also not been sufficiently propagated in the country. Twenty years ago, an initiative was taken to move a Bill entitled, 'Mercy killing Bill', in the Indian parliament. In retrospect, taking into consideration the phraseology adopted in drafting this Bill, and the discussion it stimulated, one cannot help feeling that the initiative taken to introduce this Bill was ill-advised and premature, though well-intentioned. Given the circumstances in our country, with the background of the development of its religions, ethics, philosophy and general outlook on life and the universe, this Bill could only meet hostile criticism which it did. It was eventually withdrawn.

Instead of serving a useful purpose, this Bill evoked a hostile debate because of its poor formulation. This cannot but be considered as having given some setback to the movement. Thereafter, another Bill, for achieving the broad objective of euthanasia, was introduced three years later, but it was subsequently allowed to lapse.

Presently, the attempt has primarily been to mention and highlight the issues on the matter of the right to die which have been prominently raised in other countries and which India cannot afford to ignore. It is necessary to restore good death, the voluntary exit, to its rightful place. Dying with dignity, amidst the intrusions of medical technology, threatens to become merely a myth and, therefore, every effort needs to be made to make the transition as smooth as possible, with least possible mess and disintegration, degeneration and humiliation.

Death needs to be made humane. It need not continue to be enmeshed with gadgets, devices, dialysis and ventilators. Means and modes need to be explored for making the process more tolerable, enabling the person to gently pass into the night.

DILEMMAS OF DOCTORS AND PATIENTS

The end, the finale, when the time is up, should be with peace, grace, with certainty, without anguish, physical deprivation, prolongation, humiliation and indignity. This is what everybody wishes. Consideration of this problem necessitates a detailed probing, even at the cost of some repetition.

Tens of thousands suffer the agonies every day, everywhere. Meanwhile, the debate continues whether and to what extent the recognised methods of easing the pain and shortening the dying process should be used. Forms of euthanasia are: passive euthanasia, voluntary euthanasia, active euthanasia, involuntary euthanasia. There are different views on the question of a physician's aid-in-dying.

The difference between passive and active euthanasia, voluntary and involuntary euthanasia, is clear. Both are of the nature of assisting suicide; in one, the doctor remains a passive spectator excepting for removal or withholding of life-support systems; in the other, the doctor administers pain-killers for alleviating the anguish; these hasten the end, even the administration of lethal drug on occasions is not excluded.

Increasingly, an opinion is building up in favour of passive euthanasia and physician-assisted, death. In actual practice, the administration of pain-killers, which may hasten the end, is not excluded from passive euthanasia. Active euthanasia, of administration of lethal drug, is not normally resorted to; this in law can be termed culpable homicide not amounting to murder. All this, however, happens in secret, known only to the doctor, and rarely is there any prosecution for it.

One aspect of euthanasia should be totally and absolutely out. That is compulsory euthanasia. This was adopted in Germany before and during the war, resulting from the disgusting Nazi doctrine of purification and improvement of the race. It covered a wide range of categories, chronically ill, socially unacceptable, and, finally, all non-Germans; they were all viewed as expendable.

The problem connected with different forms of euthanasia recognises the fact that there are patients who are conscious and competent to express their wishes; they know what they are passing through and what horrors there can be in store by prolongation of the treatment, where it is likely to be unavailing. There are others who have passed out into irreversible coma and have reached persistent vegetative state; they are totally incompetent to express what they might wish.

There are those who have, during their conscious and competent moments, expressed clearly the desire of how their life should be dealt with when they reach a hopeless condition, and have recorded this wish in clear and unambiguous words in the form of a document which is termed 'Living Will'. There are those who have, in addition to the execution of 'Living Will', also executed another document which is termed 'Durable Power of Attorney', wherein they have spelt out as to who will have the authority to take decisions on their behalf if they reach a stage of unconsciousness and incompetence.

Increasingly, a large number of persons in various countries are also resorting to coded DNR letters tattooed on their forearms. These letters stand for the directive "Do Not Resuscitate", so that in the event of their becoming incompetent on account of an accident or otherwise, they would not like the process of resuscitation to be adopted.

And lastly, there are those who have not executed any of these documents nor have given any directives of the nature of DNR; their cases inevitably present problems whenever there is development of reaching the stage of total incapacity of expressing any wish.

People increasingly want to take control of their dying, to take matters of life and death in their own hands. An individual exposed to the pros and cons of existence demands to have the choice. He feels that if life has to be preserved, it should be accompanied by quality and not be a mere drag.

While patients wish to exercise these options, to choose when to go, physicians attending on them face equally important dilemmas. The dilemma the doctor faces need to be considered.

It is difficult, if not impossible, to state with definiteness when death in a particular case is imminent or when the patient has reached the terminal stage and the time has come. The doctor can claim to be bound by Hippocratic oath enjoining on him the duty of sustaining life; this can influence his decision in favour of prolonging life, whatever be the circumstances and the wishes expressed by the patient or on his behalf, playing safe amidst the normal qualms and the possibility of legal consequences. Technology and equipment in the hands of the doctor enable him to adopt the line of least resistance among conflicting demands.

There is recognisable distinction between allowing a patient to die and to hasten the process by withdrawal of life-support; increasingly this distinction between allowing death to take its normal course and withholding or withdrawing the life-support sustaining the fragile life is becoming thinner. Where the decision of the doctor in regard to withdrawal of life-support is based on and backed up by the wishes expressed by a competent patient, the directions laid down in a Living Will or expressed by the appointed surrogate on behalf of the patient, the task of the doctor becomes easier, justifiable in his conscience and not in contravention of the oath he has taken.

In the absence of any specific and reliable wish of the patient or expressed on his behalf, the normal attitude of a doctor will necessarily be in favour of continuation of life. The plea of patient and his relatives may be that aggressive and heroic treatment measures should not be adopted where life is distinctly ebbing away, assistance of medicines in such moments should be restricted only to reduce the patient's discomfort and to ease his dying. The expression of wish by the patient, by advance directive of the nature of Living Will, makes the task of a doctor easier.

Increasingly, the demand is now becoming widespread that medical ministrations should be limited only to easing pain in cases of terminal illness and imminent death. Associations of doctors in some countries are now themselves prescribing that withdrawal of life-support systems, including even nutrition and hydration in cases of irreversible coma and terminal illness, will not be deemed unethical.

The matter which will continue to pose a dilemma for the doctor is, when? Deterioration, incompetence, and intense pain are palpable, but it is impossible to predict when these will lead to the end. Accordingly, it is becoming normal medical practice to adopt the alternative of non-treatment of the critically ill. In the final stages, the doctor can, at the most, stand there; relatives look to the doctor waiting for him to say, the doctor looks at the relatives waiting for them to say; eventually, sealed with a nod and some tears, the patient is allowed to go!

The doctor assures the patient, in the dying stages, that he will do everything possible to ease the pain; quite often in such exigencies, the doctor, in fact, helps to ease the going. One very important aspect of the dying process which the doctor can help to ease is to also initiate steps to ensure that the dying patient will not be left comfortless and solitary. Every effort needs to be made to see that no man or woman is left to die alone, which unfortunately is becoming practically routine in intensive care units of hospitals. It is most unkind and inhuman to let the dying remain unattended and isolated. The presence of loved ones can be a source of spiritual companionship at the end.

The event that takes place at the end of life is death, ultimately defying any attempt to prevent it. The advancement in medical technology, unfortunately, tends to place emphasis at the wrong end. The central figure of the entire episode is the one who's dying; the physician trying to help can at best act as a spectator.

In previous ages, approaching death was comprehended as a time of spiritual sanctity, a parting of communion with those being left behind. The loved ones consoled themselves that the

parting terminated the suffering and misery. They believed that in doing this, they bowed to the will of God. They reposed belief in the existence of supernatural and further life.

The existence of God has now started receding; conjectures of afterlife have also correspondingly started fading. These feelings and attitudes are inevitably penetrating the society at various levels in India. With the advances of science in all spheres, faith in the existence of supernatural power is weakening; termination of life of a person is now looked upon as the finale, final conclusion of the chapter. A living being is being regarded merely as a combination of cells, molecules, chromosomes, electric stimuli and impulses generated by various combinations and permutations.

Against this background, one can reach positive conclusions, about what is best in the interest of a patient when he has reached the stage of final exit, when death is imminent. Proponents of 'assisted dying' are clearly in favour of removing the aggressive and artificial props of life sustenance, which can only prolong dying. They hold that the life-support system intrudes on peaceful termination, it should be withdrawn; efforts should be made to give only treatment designed to ease the suffering even though such a treatment leads to hastening the end.

Where the patient is competent, his desire should receive every consideration in regard to withdrawal of the life-support system. Where the patient has become incompetent, the wishes which he has clearly expressed in his 'Living Will', in which he has opted for not subjecting him to continuation of the suffering, should be respected. Where a patient has not executed any such document but has appointed an attorney through the execution of document of the nature of 'Attorney Authorisation', the desire expressed on his behalf by the appointed surrogate should be respected. Where the patient has neither executed a 'Living Will' nor has appointed a surrogate, reliance will necessarily have to be placed on the relatives, who alone, in the circumstances, would be in the best position to take a decision on his behalf.

'Living Will' and expression through the document of 'Attorney Authorisation' thus assume great importance. This requirement is now very well recognised in the Western countries. It is important that the necessity of execution of these documents should be recognised in India. These now constitute the basis of what best one can do about easy dying.

Fears are expressed that acceptance of these procedures, and particularly compliance of the doctor with the wishes expressed by relatives in the event of a patient having become unconscious and incompetent, can lead to possibilities of misuse. It is also argued that any legislation relating to euthanasia involves risks. There will be danger of coercion of the dying patient, or of subtle manipulations. Death of one person can be of advantage to another. Problems of inheritance, involving property and succession, can get compounded by malpractices which might be resorted to, in the expression of wishes by the relatives on behalf of the patients in a comatose state.

We have noticed that fears are being expressed that voluntary euthanasia can turn into involuntary euthanasia. That 'right to die' can be twisted to make it a 'duty to die'. It is argued that adoption of these measures can motivate hospitals and medical authorities to despatch old people and complicated cases to take the easy way out to avoid drain of unnecessary expenses where the State takes responsibility for medical care.

These fears cannot be brushed aside, particularly in societies where property matters involving real estate are important, but the solution to this situation lies in the provision of specific safeguards, which would eliminate the possibility of such malpractices to the maximum extent possible.

The position boils down to acceptance of the concept of euthanasia emerging as an unavoidable necessity in the present circumstances of the development of hi-tech manifestations

of medical technology. These hi-tech measures keep multiplying. Presently these include cardio-pulmonary resuscitation comprising chest massage and mouth-to-mouth breathing for reviving a person, when the heartbeat and breathing have stopped, defibrillation or cardio-version (administration of electric shock through the heart for making it return to normal beat), medication including drugs for maintaining blood pressure or a steady heartbeat, a ventilator, a breathing machine that breathes for the patient, an endotracheal tube (a tube placed in the lungs attached to the ventilator), the kidney dialysis machine performing work of the kidneys on their failure, artificial hydration, administration of intravenous fluid through the vein, and artificial nutrition (feeding liquid food through a tube placed in the stomach or nutrients given through the vein).

It is worth repeating that the objective is withdrawal of these measures of life-support in the stages of final exit, and corresponding adoption of measures which will ease the pain and suffering, even though these hasten the end. These processes in one or the other form come within the scope of passive or voluntary euthanasia.

It is only in the form of voluntary or permissible euthanasia, following the wishes expressed by the patient himself or on his behalf, through executed documents, that one can justify appropriateness of life-termination through euthanasia. Guidelines have been prescribed in countries where euthanasia is recognised and practised, even though it has not been based on the statute book, except in the Northern Territory of Australia, as a legally permitted measure. These guidelines and requirements are obviously of paramount importance.

In the practice of euthanasia, in a publicised and recognised form, Holland is often cited as the outstanding example of a country where no qualms are felt about its having gained notoriety on this account. It has been openly practised there since 1973, when, for the first time, a Dutch lady doctor was charged with participating in "mercy killing". The physician had acceded to the requests for death by her 78-year-old mother who was partially deaf, incompetent, and confined to a wheelchair. A court found the doctor guilty but gave her only a suspended sentence which was never executed.

According to a government report, nearly 25,300 cases of euthanasia (passive and active) occur in Holland every year, representing 19.4 per cent of total deaths. Out of the total, overdose of morphia and withdrawal of life-sustaining treatment are stated to be the main causes of bringing about the end. Surveys now reveal that in approximately 39 per cent of these cases, physicians and families reach the decision to practise euthanasia after the condition of the patient has deteriorated to an extent leading to his or her being rendered unconscious and there being no prospect of recovery. In other cases, the patients reach their own decisions after rational and prolonged consideration.

Even though the actual size of practice of euthanasia is extensive in Holland, the number of cases actually reported by the doctors to the authorities, in accordance with the law, is very small. Only 591 cases were reported in 1991, 1322 in 1992, 1318 in 1993 and 1436 in 1994. There doctors prefer that the patients should drink the potion rather than the lethal drug being administered by injection; this is claimed to ease the emotional pressure on the doctor.

The Dutch Medical Association has now prescribed new guidelines for guidance of doctors, lawyers and ethicists. It has laid down that in adopting the procedure of euthanasia, certain preconditions must be fulfilled. These are: (i) there must be explicit and repeated request by the patient which leaves no reason for doubt concerning his/her wish to die; (ii) mental or physical suffering of the patient must be very severe, with no prospect of relief; (iii) the patient's decision be well-informed, free and enduring; (iv) all options for medical care have been exhausted or refused by the patient; and (v) the doctor must consult another physician. Wishes of the patient are expressed by himself or on his behalf by an executed document.

It needs to be recognised that even though euthanasia is practised quite extensively in Holland, it is not yet on the statute book. In fact, assisting the commission of suicide, or euthanasia in any form, is illegal.

The Northern Territory of Australia is the first region which has taken the initiative of enacting a legislation on the subject. It has passed the bill, "Rights of Terminally Ill". This is the first occasion anywhere in the world that a law has been passed which allows doctors to decide and accede to the patients' will to have their life terminated because of unacceptable pain, suffering and distress.

The question has not yet been finally decided in the West whether the practice of euthanasia, even though it is widely in existence, should receive legal cover; ethical questions relating to euthanasia also remain a matter of public debate. Physicians, nurses, patients, hospital administrators, judges and politicians are participating in the manifest practice of euthanasia, but as yet, it lacks social, moral, legal and medical framework.

These are the various facts of emergence of euthanasia, of its rationale and of its spread, a considerable lot of it being practised in secret, for easing and shortening the dying process. One can expect that there will for long be arguments in favour and against. There are those who hold that amidst the advancement of medical technology, there is need to ensure that dying is not prolonged, that the passage is made easier, distress is minimised, and that passive or voluntary euthanasia is allowed to be practised, with necessary safeguards for avoiding its misuse. There are those who are opposed to the concept of euthanasia, who hold that life is a gift of the Almighty and man has no right to interfere, that miracles can happen and it is wrong to interfere with nature, that new drugs will be evolved and that legislation of euthanasia will lead to abuses. The debate thus goes on. But the main consideration which impels rational consideration of this entire matter is that death, which is the inevitable end, should become humane.

IN PREPARATION FOR THE END

There are certain steps which need to be taken by everybody for avoidance of the anguish of prolonged dying. These steps are being taken in many countries, and it is time that we accept these steps as necessary and desirable.

These steps are, firstly, executing the document of the nature of 'Living Will', and secondly, of authorising somebody who would act as a proxy in the event of a patient becoming unconscious or going into a coma. The latter step in other countries is termed as 'Durable Power of Attorney'. For facilitating the task, we are proposing the concept of executing one document entitled 'Living Will & Attorney Authorisation' which will meet both of these requirements.

However, before entering into details of the required documentation, let us be clear about an important matter. This relates to the need of shedding the hesitation to talk of death, to get over any superstition that talking of death is inauspicious. We talk of birth and of various important stages of life, of youth, marriage, family, age; talking of death should no longer be taboo. This should be accepted as an essential and inevitable part of life, the termination of its journey.

It is true that talking about death is hard for family members; this talk is, however, very important. During a crisis in the medical treatment, the loved ones can be confused and frightened. If asked to make a decision on behalf of the patient, they may possibly wonder what the patient would have desired or wanted; this may generate a sense of guilt in them about decision; they may emotionally not be able to act in accordance with wishes of the patient. The

problem becomes more acute if the relatives have not ever previously heard the patient express his feeling or had a chance to ask questions. It is necessary, therefore, that one must not hesitate to talk to the family members about decisions which need to be taken in the event of a crisis.

People talk of making a WILL. There is generally no hesitation in talking about making the WILL, to take care of sharing and disposal of assets of an individual after he is gone. There is no hesitation to take legal and other views in preparing the WILL, informing the family members where it is kept. Likewise, there should be no hesitation about talking of 'Living Will' which will take care of the problems of dying. This document, as well as the 'Attorney Authorisation' for covering the attendant eventualities, can prove invaluable at the time when decisions have to be taken by a physician at the ebbing and terminal stages.

We do not yet have any legislation on subjects relating to euthanasia and physician aid-in-dying, but the availability of document of 'Living Will' at the crucial stages can enable the physician to take a decision about the withdrawal or withholding of the life-support system, which otherwise he may be hesitant to do because of the potential of legal consequences. The matter of enactment of suitable legislation for the purpose has now been taken up by COMMON CAUSE.

The 'Living Will' is a document of the nature of an advance directive, expressing a positive wish that when a person has reached close to the end and has become incapable of expressing anything at the crucial time, the directions embodied in it would become operative. The other document, 'Durable Power of Attorney', is for laying down a specific authorisation for enabling a surrogate, the appointed attorney, to secure compliance with the wishes embodied in it and also to take any decision on behalf of the executant in carrying out the wishes expressed.

We hold, on the basis of competent legal advice, that the purpose of 'Living Will' and 'Durable Power of Attorney', will be fully served with the execution of one document which we have entitled *Living Will & Attorney Authorisation on My Life*. The declaration part of this document meets the requirements of 'Living Will', and the 'Attorney Authorisation' is incorporated in it for authorising the attorney to take a decision on behalf of the executant. The document is given below. The following points need to be emphasised in relation to the execution of this document.

- i) It is not necessary to execute it on a stamp paper.
- ii) The document should be signed in the presence of two persons who will be witnesses to its execution.
- iii) It will be appropriate to mention two persons as attorneys with authorisation to act jointly or severally.
- iv) Two witnesses who sign the 'declaration' portion of 'Living Will' can also be the signatories as authorised attorneys. This implies that only two persons are required for the purpose; they can be relatives.
- v) Taking into account all the problems that might be encountered at the time of crisis of termination of life, it has been considered appropriate to include a clause in the document that in the event of both attorneys not being available at the crucial time, any member of the family will have competence to express wishes on behalf of the executant in regard to the requirements mentioned in the document.
- vi) At least three photocopies of this document should be prepared. Relatives should know that it has been executed and where it is kept. If and when an executant is taken to a hospital or put under the medical care of a physician, a copy of this document should be supplied to the physician, so that he is made aware of the wishes of the patient.

**THE DOCUMENT
MY LIVING WILL AND ATTORNEY AUTHORISATION**

This Declaration on My Life is made by me (full name of the patient)
resident of (full address) on (date) at place

I am of sound mind and am making this 'declaration' wilfully and voluntarily and after careful consideration.

If the time comes that I can no longer take part in decision regarding myself, this 'declaration' will comprise expression of my wishes and I request that all concerned should take these wishes into account for taking any decision regarding my life.

If at any time, I reach the stage of terminal illness, or reach a state of physical impairment expected to cause me extreme distress, or go into a coma with no reasonable expectation of regaining consciousness, or reach a persistent vegetative stage with no reasonable expectation of regaining significant cognitive functioning, I should be deemed to decline to receive life-sustaining procedures, including artificial ventilator, intravenous infusions, naso-gastric hydration and nutrition, and to desire that I be administered only those medicines which will help to keep me free from pain and distress. If I suffer from heart failure, the effort towards my resuscitation should be abandoned after three minutes.

I request that this 'declaration' should be honoured by my family members and physicians as the final expression of my legal right to refuse medical or surgical treatment and accept the consequence of such refusal.

In addition, and as a supplementary alternative, I hereby appoint.....
resident of and
resident of who have expressed their acceptance as such, jointly or severally, to be my attorneys for the purpose of securing compliance with the terms of this 'declaration' and also hereby vest in my attorneys, jointly or severally, the power to make decisions and take action on my behalf with regard to wishes expressed in this 'declaration', notwithstanding any contrary views held by any other person.

In the absence of both of these authorised attorneys at the time of taking the required decisions on my medical treatment, any member of my family will have the authority to express the wishes on my behalf regarding the above requirements.

I declare that this 'Declaration' and 'Attorney Authorisation' shall remain in force during my lifetime unless I revoke it at any time and until notice of its revocation has been received by my attorneys.

I understand full import of this 'declaration' and 'Attorney Authorisation' and am fully competent to make it.

DATE
PLACE (Signature of Declarant)

This 'Declaration' and 'Attorney Authorisation' has been signed in the presence of undersigned by (name of Declarant) who is known to me and I believe that the signatory is of sound mind.

Witness 1.
Name Signature
Address

Witness 2.
Name Signature
Address

The above 'Declaration' and 'Attorney Authorisation' has been signed in the presence of undersigned by (name of Declarant) who is known to the undersigned and who I believe to be of sound mind.

Signature of Authorised Attorney No. I

Name and Address:

Signature of Authorised Attorney No. II

Name and Address:

There is presently no law which lays down that either of the documents of the nature of 'Living Will' or 'Durable Power of Attorney', which are being executed in other countries, or the suggested 'Living Will' and 'Attorney Authorisation', should be executed, but developments and events are bringing about circumstances which necessitate such a legislation. Increasingly, these will start getting inducted into the legal system.

A law, 'The Patient Self-Determination Act' has been enacted in USA, which prescribes that when a patient is brought to any hospital, nursing home or clinic, it should be ascertained whether he has executed any document of the nature of a Living Will/ Durable Power of Attorney; if so, these documents be secured at the time of admission. These documents have their importance and utility in the event of any crisis emerging which necessitates decision being taken whether the life-support system should be withdrawn or withheld.

.....

Considering the great importance of the subject we have communicated the request to Health Ministers of all State Governments and Union Territories that their Health Departments should be directed to take the initiative of (i) propagating the need of persuading the elderly to execute document of the prescribed nature of 'LIVING WILL & ATTORNEY AUTHORISATION' with attestation of witnesses and the authorised Attorneys, and of keeping 3/4 copies of the document in the house with information being available to relatives of the existence of this document, and (ii) to ensure that when an elderly is taken seriously ill and has to be admitted to the hospital a copy of the document should be given to doctor. The administrator or doctor incharge should constitute a panel of three doctors of relevant expertise to determine the extent of seriousness of illness of the patient and whether there is hope of survival and continuance of life. Where the panel expresses that there is no hope of continuance it will be appropriate, as expressed in the 'LIVING WILL' document, to withdraw life support system for avoidance of agony of prolongation of dying, and to only give palliative sedatives to avoid continuance of pain.

It needs to be emphasised in this connection that if at all there is any need of enactment of law in this regard, which is apparently not necessary, the State Governments, by virtue of provisions embodied in Article 246 of the Constitution, its Seventh Schedule and List II (Item 6) and List III (Item 26), have exclusive jurisdiction to pass any law relating to matters of "public health and sanitation; hospitals and dispensaries" and the State Governments as well as the Central Government have concurrent powers to pass any law on the subject relating to "legal, medical and other professions". This matter of execution of 'LIVING WILL' and compliance with the provisions ostensibly come within the exclusive jurisdiction of the State Governments to pass any law if it may be necessary.

In communicating these suggestions we have specified that in any case we are not in favour of resort to active euthanasia on which quite a lot of debate presently is in evidence in various countries. We prefer to restrict our proposal only to the requirements of execution of the document "LIVING WILL & ATTORNEY AUTHORISATION" and the action thereon when the patient is terminally ill. We exhort all elderly to execute the 'LIVING WILL' document and to act on the lines suggested.

OSHO ON RIGHT TO DIE

"I also suggest euthanasia. Just as we are putting limits on birth — birth control — let me give you another word: death control. But no nation is ready for death control. Even if, after a certain age, a person wants to die and has lived life fully and has no responsibility — rather he is a burden on himself — he is forced to live, because the law is against suicide.

I suggest, if you accept seventy as the average age to die, or eighty or ninety as the average, a man should be free to ask the medical board, "I want to be freed from my body." He has every right to do that, if he does not want to live any more because he has lived enough. He has done everything that he wanted to do, and now he wants not to die of cancer, or tuberculosis; he simply wants a relaxed death.

Every hospital should have a special place for people, with a special staff, where people can come, get relaxed and be helped to die beautifully, without any disease, supported by the medical profession.

One can understand trying to save a child, but why are you saving old people who have lived, lived enough, suffered, enjoyed, done all kinds of things, good and bad? Now it is time — let them go. But the doctors cannot let them go because it is illegal. They cannot take them off oxygen and other life-support systems, so you go on saving the dying or almost-dead people.

No Pope issues a commandment that these people should be allowed freedom from their bodies. And what is left of their bodies?

Somebody's legs are missing; somebody's hands are missing; somebody's heart is not working, so a battery is working instead of a heart; somebody's kidneys are not working, so machines are doing the work of the kidneys. But what is the purpose of these people? What will they do even if you continue to keep them going this way?

Yes, at the most they keep a few people employed; that's all. But what kind of a creative life are they going to have? And what joy can they have in all that is being done to them? Continual injections are being given to them. They cannot sleep, then sleeping pills are given to them. They cannot wake up, then activators are forced into their blood so they have to wake up. But for what reason — the Hippocratic oath? He had no idea what his oath was going to bring about.

But suicide is a crime. This will be considered suicide, and I will be considered to be teaching people illegal things.

My concern is with truth, not with law.

The truth is that you have unbalanced life, nature. Please give back its balance.

I suggest a movement so that when people have lived enough and they desire to be freed from their bodies, then hospitals should provide a convenient, pleasant death. It is absolutely sane that every hospital should have a special ward with all facilities so that death becomes a pleasant experience, enjoyable."

OSHO

OUR ACTIVITIES AND PROGRAMMES

COMMON CAUSE, a registered Society with membership all over the country and operating on All India basis, has earned reputation and credibility as an Organisation dedicated to public causes for seeking redress for problems of the people. Its initiative in public interest litigation, for solving the common and collective problems of the people, has greatly contributed to the evolution and spread of the system in the country and its adoption by the people on a substantial scale for effecting redressal of public grievances.

A large number of writ petitions have been filed by the Organisation in the Supreme Court and Delhi High Court, and quite a few important cases have been taken to the National Commission established under the Consumer Protection Act. The very first case taken up by COMMON CAUSE, almost two decades ago soon after its establishment, related to the problems of pensioners. Almost four million pensioners benefited from the three important decisions which the Organisation was able to secure from the Supreme Court, relating to the extension of liberalisation of pension, restoration of commutation of pension and extension of the scheme of family pension. An important matter relating to the pending criminal cases of the courts of the country was taken to the Supreme Court. In our writ petition specific suggestions were submitted for adoption of procedures for dealing with

OUR GRATEFUL THANKS

We have the privilege of receiving assistance also from the well known Friedrich-Naumann-Stiftung of the Federal Republic of Germany, the Foundation which is supporting various projects and activities connected inter alia with consumer awareness, entrepreneurship development, economic and civic education, environment protection, legal services, income generation and rural development. The Foundation is named after the known socio-liberal statesman Friedrich Naumann and works towards his ideals and the vision of Liberal society. In India the Foundation operates from USO House, 6, Special Institutional Area, New Delhi-110067.

backlog. The important decision given by Supreme Court in this case led to the discharge of large number of accused persons and release of prisoners whose cases had dragged on for long periods. These directions have brought about termination of hundreds of thousands of cases all over the country. On the subject of general malfunctioning of Blood Banks a writ petition was formulated and taken to the Supreme Court. Direction given by the court on this important matter has led to the evolution of system for registration of Blood Banks and stoppage of use of professional blood donors. On the general matter of corruption and establishment of the institutions of LOKPAL and LOK AYUKTAS in the country the Supreme Court, on a writ petition of the organisation, gave a verdict of severe punishment in a particular case, and the matter relating to the appointment of Lok Ayuktas has continued to be pursued by issuing direction to all States. On another writ petition the Supreme Court gave very important direction in relation to the conduct of election campaigns by the political parties, in relation to a provision which has been incorporated in the election law. The Court also directed strict compliance with law in relation to the submission of Income-tax Returns by the political parties.

In Delhi High Court a number of writ petitions have been filed by the organisation. Problems of general importance, such as anomalies arising in the Property Tax and the difficulties encountered in the operation of old Rent Control laws, have been taken up and are being pursued. There has been large-scale theft of electricity in Delhi on account of which electric distribution has often got disrupted and the authority has had to resort to load-shedding; these problems have been taken to Delhi High Court and are being pursued. A major problem in Delhi has been the large-scale establishment of unauthorised residential colonies. There has been demand for their regularisation; this was challenged by the organisation and the matter continues to be further pursued.

An important matter relating to Rail Disasters which have taken place in the country in recent years has also been taken to the Supreme Court. Other important matters recently taken to the Supreme Court include the functioning of Fake Universities and ineligible Teaching shops, Crime and Violence on TV, Telephone freebies to over 3 lakhs employees, required change-over to two Time Zones, and deficiencies found in the implementation of Voluntary Disclosure of Income Scheme (VDIS) of GOI. The National Commission established under the Consumer Protection Act has, on our submission, issued certain important decisions on matters such as use of iodized salt, stoppage of malfunctioning in relation to intravenous fluids, operation of buses on Delhi roads and strikes by Banks and Air India. Important decisions in general interest of consumers secured from the Supreme Court include establishment of Consumer Forums in all districts of the country and price printing also on all imported packages.

Membership of the organisation is open to all. Membership fees are Rs. 100 for annual membership for individuals, Rs. 500 for life membership and Rs. 200 for annual membership of organisations and associations. Quarterly Periodical COMMON CAUSE goes free to all members; it has no separate subscription. Donations to COMMON CAUSE are eligible for exemption available under Section 80-G of Income Tax Act. Everybody can take membership of the organisation. No form is required. Send your name and address, written in capital letters, along with cheque/DD, drawn in favour of COMMON CAUSE.