

Who will protect the rights of the patients?

NAZNIN TITHI

ELEVEN-year-old Afreen Hoque Shristy, a student of Viharunissa Noon School & College, was admitted to one of the reputed hospitals in the city with Dengue fever on October 25, 2018. On October 26, she died in the hospital's intensive care unit. Her family alleged that she died due to wrong treatment but the hospital authorities denied the allegation (*The Daily Star*, Oct 31, 2018). According to Afreen's brother, the doctors at the intensive care unit removed her (artificial) ventilation equipment without informing the family. When her family members forcibly entered the ICU to learn about her condition, they found that there were no doctors or nurses inside the ICU.

I was taken back to learn about the fate of the little girl who was supposed to get care and treatment from the doctors and nurses of the hospital and should have come back home healthy. Instead, she had passed away because of the alleged negligence of doctors and the hospital's staff.

Unsurprisingly, death due to "wrong treatment" or medical negligence happens all the time in this country. Many other cases of patients dying as a result of medical negligence and doctors' incompetence have been reported in the media this year alone. Last June, the death of 3-year-old Raifa in Chittagong's Max hospital, a reputed private hospital, created huge public outcry in the media and all across the country. The little girl was suffering from cold and sore throat and was unable to eat. Her parents thought that admitting her to a hospital would be best for her. But the doctors and hospital staff had proved them wrong.

Similarly atrocious was the case of an elderly man who died in front of his consulting doctor as he (the doctor) reportedly took off the patient's oxygen mask and didn't put it back despite repeated requests from the patient and other doctors who were on duty.

The cases I have mentioned here are some of the worst examples of medical negligence since in all these cases, doctors' negligence led to patients' death. Besides, medical negligence such as wrong diagnosis, doctors prescribing wrong drugs to patients, wrong doses of medicines, surgical error, unnecessary surgery, and so on, are also prevalent in both our public and private hospitals. Such cases are reported in the media frequently, although the number of cases that are reported constitute only a fraction of the total number.

However, only in very few cases do patients or their relatives seek legal redress and file lawsuits against the doctors or



Students of Viharunissa Noon School & College (Dhanmondi branch) demonstrate in front of the Central Hospital on Green Road on October 30, demanding justice for a fellow student's death allegedly due to wrong treatment at the hospital.

medical practitioners concerned. One reason for this is that we do not have any particular law to deal with cases of medical negligence or malpractice.

We do have some laws such as the Penal Code 1860, Code of Criminal Procedure 1898, Consumer Rights Protection Act, 2009 under which cases can be filed for legal remedies. In the event of death due to medical negligence, cases may be filed under the penal code, 1860, as death by negligence is a criminal offence and is punishable under section 304A of the penal code. There are also provisions for imprisonment and fine which are equally applicable to both the doctors and the complainants.

The Consumer Rights Protection Act, 2009, also protects some of the rights of the patients. Under this law, patients are consumers of health service as they receive service from doctors in exchange of a fee. In our neighbouring country India, under consumer rights protection law, cases can be filed for medical negligence and there have been instances where physicians had to compensate patients. But in Bangladesh, this law is hardly implemented in cases of medical negligence.

In addition, we also have the law of Tort which is scarcely used.

Needless to say, all these laws have limited scope to deal with the wide range of incidents and given the widespread irregularities in our healthcare sector, which is why we need a particular law that

would protect patients' rights and empower them to seek legal redress.

In a research paper titled "Medical Negligence Laws and Patient Safety in Bangladesh: An Analysis" published in the *Journal of Alternative Perspectives in the Social Sciences* in 2013, the authors proposed that a new law should be enacted to oversee the activities of medical practitioners and protect the rights of patients, which can be called Patients' Rights Protection Act. Under this Act, medicare can be effectively and "judicially" scrutinised. It will have a provision for a complete separate medical malpractice court system or tribunal. They also proposed setting up a Medical Review Bureau which will co-exist with the courts. The bureau will be an alternative platform to the courts, where issues relating to medical malpractice and negligence can be raised and settled.

These are some proposals that the government, policymakers and other stakeholders should consider. At the same time, implementation of the existing regulations must be ensured.

According to the Medical and Dental Council Act 1980, if any allegation of medical negligence or misconduct is proven against a doctor, his registration can be cancelled or suspended. But have we ever heard of any disciplinary action being taken against any doctor because of such allegations by the council?

If only the Code of Professional Conduct, Etiquette and ethics, set by the

Medical and Dental Council, is followed by our medical professionals, a lot of the problems could be solved easily.

According to the code of conduct, on-duty doctors must be readily accessible to patients, listen to patients' questions about their health and answer them, make sure that patients are informed about all the aspects of the treatment including examinations and interventions. Patients should be given the chance to question or refuse any intervention or treatment and must be informed about the risks associated with any particular treatment. Do any of our doctors or hospitals follow this simple code of conduct? Moreover, being considerate to the patients' close relatives is another area where many in the medical profession have totally failed.

In Raifa's case, his father had sued the four doctors concerned for his daughter's death. But this is only an exception. The large majority of people do not have the power or knowledge to seek justice for their plight. Therefore, we hope the issue of patients' safety will be given due importance by the government, which can only be ensured through proper monitoring of our health service sector and by enacting a comprehensive law solely for the purpose of dealing with the cases of medical malpractices and negligence.

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Indiscriminate arrests can't ensure level playing field

Violates PM's assurance

THOUSANDS of people, said to be linked to the opposition parties, have been detained before and after the Oikyafront's rally at Suhrawardy Uddyan on Tuesday. The police, as usual, claim that those detained were planning subversive activities. However, having visited the spots where the incidents were alleged to have taken place, our reporters found no witness who would corroborate the police allegations. Some were arrested from buses they were travelling in on the day of the rally.

Many of those arrested say they are not involved in politics at all. Therefore, we wonder how police ascertained their political identity. Even if they were BNP activists, how can it be an offence? Moreover, how did the police determine that they were planning criminal or subversive activities?

By indiscriminately detaining people based on nothing more than suspicion, the law enforcement agencies are not only denying a minimum political space but also defying the prime minister's explicit assurance. In the recently held dialogue between the ruling and opposition coalitions, the prime minister said that no one would be detained on political grounds in the run-up to the elections. Upon receiving her assurance, BNP has submitted a list of thousands of its activists who it says were arrested in "political cases" filed since September.

One of the fundamental requirements to ensure a level-playing field before the elections is ensuring that political activists can conduct their activities freely. Arrest on political grounds is unjustified. But as the government seeks to earn other parties' confidence, ending such arrests is one of the first things it can do to create an environment conducive to holding a free and fair election.

Unplanned and unapproved buildings

What are authorities doing about it?

IN the span of two days, reports in this paper have covered instances of multi-storey buildings being constructed in Rajshahi city. In both cases, the under-construction buildings subsided and in one instance caused damage to a neighbouring building. We are relieved to know that no one was injured in these incidents of gross negligence. Obviously, the Rajshahi Development Authority (RDA) has a lot to answer for. How can someone begin construction of a 24-storey building based on verbal approval from RDA? Who would have taken responsibility had there been any casualties?

We cover these instances on almost a daily basis because the focus of the media is on the major urban centres like Dhaka and Chittagong. What the incidents in Rajshahi tell us is that the situation in other cities is just as bad. Rather it is worse because these things do not get as much attention as they do in bigger cities. Urbanisation in our country is a fact of life. And economic activity in the country is largely based in and around cities and hence it is imperative that we equip city corporations and relevant departments with requisite manpower and administrative authority to make sure that the building codes are followed, and their breach is dealt with severely. Turning a blind eye to these problems is a prescription for disaster and we do not want to go that way because lives are at stake.

NAWSHAD AHMED

THE share of Bangladesh's urban population reached 35 percent in 2018 with a total urban population of about 58 million, which is expected to reach 80 million by 2030. Geographically speaking, people living in urban areas occupy only 11,000 square kilometres, or 7.5 percent of the total land area of the country.

The highest rate of urbanisation has taken place in only a few urban centres due to their living advantages. About 24 million people or 40 percent of the country's population live in its four biggest cities, Dhaka being the leading among them.

Although in terms of physical space, urban areas occupy a small land area, in terms of gross domestic product (GDP), urban economic activities generate over 60 percent of the country's GDP. Therefore, proper planning of our cities and towns is of crucial importance for the healthy living of its inhabitants.

To dig into the history of town planning in Bangladesh, we need to go back to the post British era. A town planning cell was established in the early 1950s under the Ministry of Public Works to look after the functions of town planning. The cell planned residential, commercial and industrial areas in Dhaka, namely, Dhanmandi, Azimpur and Motijheel residential areas, Teigaon industrial area and Motijheel and New Market commercial areas.

Local communities in several locations of Dhaka planned the internal roads of their areas themselves. These were in Segunbagicha, Kalabagan Lake Circus and Natun Paltan Line, where local people agreed on the street patterns and locations of schools, mosques and shops. Similarly, a community association in Lalmatia Residential Area with the support of public works ministry designed a comprehensive area plan which included street patterns, locations of schools, playgrounds, mosque, shops, etc.

To formalise town planning functions, Dhaka Improvement Trust was established in 1956 which was eventually

renamed as Rajdhani Unnayan Kartripakkha (RAJUK) in 1987. The Housing and Settlement Directorate (HSD) was established in 1958, Chittagong (now Chittogram) Development Authority in 1959, Khulna Development Authority in 1961 and the Urban Development Directorate (UDD) was created in 1965. The Rajshahi Town Development Authority was created in 1976 and National Housing Authority (NHA) in 2000.

The Town Improvement Act 1953, the East Bengal Building Construction Act 1952, Pourashava Ordinance 1977 and different City Corporation Acts, National Housing Policy 1993, Upazila Parishad

stations, marketplaces as well as recreational facilities.

In the early eighties, UDD in a bid to ensure planned development of district and sub-district (Upazila) towns, prepared physical plans with the involvement of professional town planners, engineers, architects and socio-economists. The UDD prepared 392 master/land use plans for district and Upazila centres. The Local Government Engineering Department (LGED) also prepared plans for many municipal towns. It prepared plans for 221 Upazila towns and 25 district towns.

The town planning discipline became more flexible since the Town and Country Planning Act, 1968 was introduced in

year Dhaka Metropolitan Development Plan is now being prepared.

The Sustainable Development Goal (SDG) 11 is dedicated to making cities and human settlements safe, inclusive, resilient and sustainable. The need for better planning and management of towns and cities were strongly emphasised in the United Nations Conference on Housing and Sustainable Urban Development which took place in Quito, Ecuador, from October 17-20, 2016, commonly known as HABITAT III. Member States of the UIN, including Bangladesh, adopted a "New Urban Agenda" during this conference for re-establishing stronger commitments towards healthier, more functional and environmentally sound urban spaces.

We have to accept that urbanisation will increase in future, but unplanned growth of cities and towns is not what is desirable. Urban areas must be competitive, liveable and sustainable. The town planning process must be well coordinated and implementation of plans need to be more harmonised. Otherwise, we will continue to see piecemeal development of roads, drainage, telephone and gas pipe lines, water and sewerage lines, etc.

As part of urban poverty reduction measures, affordable low-income housing schemes are required. At the same time, affordable educational and health facilities are necessary for the poor. It is important to note that about 35 percent of urban slum children cannot afford to attend primary schools—given the associated additional expenses.

Meaningful decentralisation of local administrations is a necessity recognised by most town planners. An urban local government body must have adequate independent planning capacity. Oftentimes, a ready-to-be-used plan is handed down to local governments—in which they did not have much say. This doesn't have to be the case. Local government bodies and citizens should have more input in the planning process.

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When will urban planning get its due importance?



Act 1998, and National Urban Sector Policy 2011 provided the basis for town planning in Bangladesh.

Between 1959 and 1961, British town planners helped develop the master plans for Dhaka, Chittogram and Khulna cities. A separate master plan was prepared for Narayanganj, which was already a vibrant industrial and commercial town. The plans followed a zonal approach and divided the cities into several land use zones which were to be well connected by adequate road networks and serviced with infrastructure facilities such as water treatment plants, fire stations, sewerage treatment plants, railways, truck and bus

Britain. The Act proposed a two-tier hierarchical planning system beginning with the development of a structure plan for the whole city followed by detailed area plans. The structure plan is broader in scope and more flexible and strategic in nature, while the local plan is more rigid and detailed at the residential or commercial area levels.

In 1995, RAJUK prepared a 20-year plan for Dhaka city called Dhaka Metropolitan Development Plan that included analysis of potential growth options, a structure plan and detailed area plans. Similar plans were developed for Chittogram and Khulna cities. A new 20-

LETTERS TO THE EDITOR

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Needless honking by drivers should stop

I had recently visited Thailand after a gap of 33 years. When I last went there back in 1985 before this visit, there was no overhead or underground mass rapid transit system in Bangkok.

Yet, there were a lot of buses everywhere, which were among the leading causes of its notorious gridlocks. With the introduction of the "Skytrain" in 1999, the metro system in 2004 and the subsequent extensions, the traffic situation improved rapidly with much fewer buses running on the roads.

What impressed me the most was the fact that there was not a lot of honking by drivers on the streets. In Dhaka, drivers almost seem to find it pleasurable to honk needlessly at other vehicles. Until we implement our own mass rapid transit system, can we at least reduce the noise pollution level a little, for the sake of our own sanity?

People need to realise how harmful this constant honking is to human health. Horns should be used by drivers only in emergency situations, or to alert someone, not just for the sake of honking.

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