

## DISPATCHES

## Affirmative action in India

Every year, about 10 000 young men and women enter India's 150-odd medical colleges. Through India's version of affirmative action, slightly more than 25% of them will come from families belonging to "backward castes" and tribal communities that are trying to overcome centuries of socioeconomic and cultural deprivation.

Their forebears swept the streets, cleaned toilets, repaired shoes and performed other menial tasks without which a pre-industrial society simply could not function. Their reward? The sobriquet *achhoot* (untouchable).

That single word condemned generations to poverty, illiteracy and social ostracization, with practically no hope of betterment. When India gained its independence in 1947, the new government wanted to give *Harijans* — members of the caste of untouchables — an opportunity to improve their lot.

"Untouchability" was declared illegal in 1949, and seats were set aside for *Harijans*, by law, in medical colleges, other schools, state-owned companies, civil services and the military.

"Today the gap [between castes] is closing down," says Dr. Sailesh Mohite, an assistant professor of forensic medicine at Bombay's Topiwala National Medical College. Mohite, a product of the "reservation system," says young Indians who apply through the system today are much better placed to attend medical school than they were in the past, especially economically.

This year applicants in the reserved category had to score over 75% in a competitive entrance examination, while colleagues in the open category had to score 90% or higher.

When Mohite began his medical

training, applicants in the reserved category had to score a minimum of 55%.

The real problems appear after the students are accepted. Prof. Sharadini Dahanukar, the dean at Topiwala and Mohite's boss, said some reserved-category students are simply incapable of completing the course. She said she tends to treat these students less rigorously than open-category students, "but beyond a point I cannot lower the academic standards because it is unfair to the other students."

Dr. Shreekanth Sapatnekar, a former professor of preventive and social medicine, feels the main barrier to success may be language. "Most of them went to village schools where the teaching is in a local language — Marathi or Hindi. In medical college, however, everything is taught in English." When his own students appeared for their exams, Sapatnekar asked the examiner to accept oral answers in Marathi.

Dahanukar says some restricted-category students now reject offers of additional help because "they see it as another form of segregation."

There is some opposition to the reservation system, mainly because it is sometimes misused. In some cases, ambitious students have bribed government officials to get themselves certified as "backward."

Efforts to prevent this have always been thwarted because the ensuing legal cases always drag on for 10 to 20 years.

"By that time," says one official at the Directorate of Medical Education and Research, "the student has finished not just his medical studies but also undergone specialist training, and then he appeals to the court for mercy." — *Sumit Ghoshal*, Bombay

## Europe tackles tobacco epidemic

Restrictions on advertising and on smoking in public places are helping to reduce tobacco consumption in Europe, but the region still has one of the highest smoking rates in the world, the World Health Organization (WHO) reports. It says that smoking now causes 1.2 million deaths a year in Europe and may kill 2 million people annually by 2020.

Although there have been small declines in smoking rates in some countries, smoking rates have remained steady throughout most of Western Europe, ranging from 19% in Sweden to 37% in Germany and Greece. Smoking rates are even higher in Eastern Europe, with roughly half of the men in Russia smoking. (Twenty-three percent of Canadians smoke.)

WHO blames aggressive marketing for the fact that around 30% of 15- to 18-year-old Europeans smoke. In France, a 1992 law that restricts smoking in public places is rarely enforced, and an estimated 52% of the country's high schools allow students to smoke between classes. In Britain, 16-year-olds can purchase cigarettes legally, while younger children can buy them easily at vending machines.

In March, the antismoking group Action on Smoking and Health and Britain's Royal College of Physicians accused the UK government of stalling over a promise made 5 years ago to outlaw tobacco advertising. There are about 13 million smokers in the UK, where 29% of men and 25% of women smoke.

In February, health officials from across Europe signed a declaration backing WHO's push for a global antismoking campaign featuring higher taxes and bans on all tobacco advertising, sponsorship and promotion. A further round of talks was held in Geneva this spring, where WHO said it will help countries planning to sue tobacco companies over smoking-related diseases and deaths.

In Spain, where 47% of men and 27% of women smoke, the Andalusian health department has filed suit against 5 tobacco companies, the first action of its kind in Europe. The local health minister says 300 patients are prepared to testify. He estimated that smoking costs the region \$260 million annually. — *Mary Helen Spooner*, West Sussex, UK