

Tirkey, Shri Pius
Tiwari, Shri Chandra Bhal Mani
Tiwari, Shri Narayan Datt
Trilok Chandra, Shri
Tripathi, Shri Kamalapati
Tripathi, Shri R. N.
Tudu, Shri Manmohan
Tytler, Shri Jagdish
Uike, Shri Chhote Lal
Vairale, Shri Madhusudan
Varma, Shri Jai Ram
Velu, Shri A. M.
Venkataraman, Shri R.
Venkatasubbaiah, Shri P.
Verma, Shri Deen Bandhu
Verma, Shri Shiv Sharan
Verma, Shrimati Usha
Vijayaraghavan, Shri V. S.
Virbhadrha Singh, Shri
Vyas, Shri Girdhari Lal
Wagh, Dr. Pratap
Wasnik, Shri Balkrishna Ramachandra
Yadav, Shri Chandrajit
Yadav, Shri Ram Singh
Yadav, Shri Vijay Kumar
Yazdani, Dr. Golam
Yusuf, Shri Mohmed
Zainal Abedin, Shri
Zainul Basher, Shri

NOES

Dandavate, Shri Pramila
Pandit, Dr. Vasant Kumar
Parulekar, Shri Bapusaheb
Patil, Shri J. S.
Rajda, Shri Ratansinh
Sinha, Shrimati Kishori
Soren, Shri Shibu
Tur, Shri L. S.

MR SPEAKER: Subject to correction, the result* of the division is:

AYES 377; NOES 8

The motion is carried by a majority of the total membership of the House and by a majority of not less than two-thirds of the members present and voting. The Bill, as amended, is passed by the requisite majority in accordance with the provisions of article 368 of the Constitution.

The motion was adopted.

12.57 hrs.

EYES (AUTHORITY FOR USE FOR THERAPEUTIC PURPOSES) BILL —Contd.

MR. SPEAKER: Now we shall take up further consideration of the following motion moved by Shri B. Shankaranand on the 8th July, 1982, namely:-

"That the Bill to provide for the use of eyes of deceased persons for therapeutic purposes and for matters connected therewith, be taken into consideration."

Shri Vyas.

12.57-1½ hrs.

MR. DEPUTY SPEAKER in the Chair]

MR DEPUTY-SPEAKER: The House stands adjourned to meet at 2 P.M.

12.58 hrs.

The Lok Sabha adjourned for Lunch till Fourteen of the Clock.

*The following Members also recorded their votes for AYES: Shri Ramayan Rai, Shri G. B. Gohil, Shri K. B. S. Mani, Shri Banwari Lal Bairwa, Dr R. Rothuama, Shri R. N. Rakesh, Shri Ram Lal Rabi, Shri R. P. Sarangi, Shri M. M. Lawrence, and Shri M. Ram ana Rai.

*The Lok Sabha re-assembled after
Lunch at seven minutes past Fourteen of
of the Clock...*

**EYES (AUTHORITY FOUR USE FOR
THE RAPEUTIC PURPOSES) BILL—
contd.**

[MR. DEPUTY SPEAKER in the Chair]...

MR. DEPUTY SPEAKER: Mr. Vyas.

(Interruptions)

MR. DEPUTY-SPEAKER: Calling Attention is at 5.00 P.M. After 5.00 P.M. After Calling Attention. You can take only 1 minute. You are an old gentleman. I think that old men become children. You have become a child now. You have taken 11 minutes. Conclude.

श्री गिरधारी लाल व्यास (भीलवाड़ा):
उपाध्यक्ष महोदय इस देश में एक अन्धे
आदमी पर एक साल में आठ हजार एक सौ
रुपये खर्च किये जाते हैं। हमारे देश में
90 लाख अंधे हैं और उन अंधों पर इस देश
में हर साल दस हजार आठ सौ मिलियन
रुपया खर्च होता है। अगर इस रुपये को
हम इस बीमारी के लिए प्रिवेन्टिव मेजर्स
लेने पर लगाएँ तो बहुत अच्छा होगा।
क्योंकि इस से लोग अंधे नहीं हो सकेंगे।

इस साल हमारी प्रधान मंत्री जी ने जो
बीस सूत्री कार्यक्रम दिया है उसमें भी इसका
जिक्र किया है कि हम इस देश में अन्धेपन
को रोकेंगे और जो लोग अंधे हो गये हैं
उनको आँखें देंगे। उन्होंने यह भी कहा है
कि हम प्रिवेन्टिव मेजर्स बहुत बड़े पैमाने
पर अडोप्ट करेंगे। इस तरह की व्यवस्था
आज सरकार कर रही है।

मैं अपने मंत्री महोदय से यह निवेदन
करना चाहता हूँ कि वे इस बात का खास
तौर पर ख्याल रखें कि ये प्रिवेन्टिव मेजर्स
श्री टायर पर यानी ब्लाक लेवल पर, डिस्ट्रिक्ट
लेवल पर और स्टेट लेवल पर — लिये
जाएँ। ब्लाक लेवल पर तो हमारे हैलथ

सेन्टर्स में, डिस्ट्रिक्ट लेवल पर हमारे डिस्ट्रिक्ट
होस्पिटल्स में और स्टेट लेवल पर
हमारे मेडिकल कॉलेजों में ये मेजर्स
अडोप्ट किये जाने चाहिये। इस देश में
55 से 58 परसेंट लोग कोटेरेक्ट की बीमारी
से अफेक्टेड हैं।

MR. DEPUTY-SPEAKER: The Bill is not for the eradication of blindness. It is for some other purpose. Please come to the subject. Now you have to conclude.

श्री गिरधारी लाल व्यास: अगर यह सारी
व्यवस्था आप करेंगे तो अन्धापन नहीं
आयेगा।

MR. DEPUTY-SPEAKER: There are so many amendments also. The total time allotted is only one hour.

SHRI GIRDHARILAL VYAS: Only two minutes.

MR. DEPUTY-SPEAKER: All right.

श्री गिरधारी लाल व्यास: ट्राकोमा एण्ड
एसोसिएटेड इनफेक्शन, --20 प्रतिशत,
स्माल-पाक्स--3 प्रतिशत, मेलन्युट्रिशन्--
2 प्रतिशत, इन्जुरीज--1.25 प्रतिशत,
रिक्वेंट--1.25 प्रतिशत, ग्लाइकोमा--
0.5 प्रतिशत, और अन्य 18 प्रतिशत।

इस तरह से इन कारणों से लोग अंधे होते
हैं। अगर इनके लिए ठीक व्यवस्था की जाए
या प्रिवेन्टिव मेजर्स लें तो निश्चित तरीके से
लोग अंधे होने से बच जाएंगे और बड़े
पैमाने पर काम होगा। ग्लाइकोमा पर,
डिस्ट्रिक्ट लेवल पर और स्टेट लेवल पर,
इस तरह से श्री टायर सिस्टम शुरू करेंगे तो
बहुत बड़ा लाभ होगा।

आइज बैंक की स्थापना भी आप बंबई,
कलकत्ता, मद्रास आदि बड़े-बड़े शहरों में
करने जा रहे हैं, इनको ब्लाक लेवल पर
खोलना चाहिए, ताकि गांवों के जो लोग नेत्र
दान करना चाहते हैं, वे कर सकें। शहरों
में खोलने से तो थोड़े बहुत लोगों को ही
लाभ होगा। गांवों में जो लाखों की तादाद
में लोग नेत्र दान करना चाहते हैं, उनका
क्या होगा?

उपाध्यक्ष महोदय: दो मिनट हो गये हैं।

श्री गिरधारी लाल व्यास: इसलिए मेरा निवेदन है कि ब्लाक लेवल पर इस तरह के बैंकों की स्थापना करें। इन शब्दों के साथ ही मैं इस बिल का समर्थन करता हूँ।

SHRI BAPUSAHEB PARULEKAR (Ratnagiri): Mr. Deputy-Speaker: Sir, I support this measure, but while supporting it, I would like to make a few suggestions and I would also seek clarifications from the hon. Minister on this particular subject.

I feel that, though this measure is a nice one, the Bill that has been brought before this august House is incomplete. I tried to find out the reason why this measure is made applicable only to the Union Territory of Delhi. But in the Statement of Objects and Reasons, no reason has been given as to why it is so. Many of my friends who spoke before me referred to this, but no answer has come to this question so far. In the entire Bill I do not find the reasons for this. Is it a fact, I would like to know from the hon. Minister, that, according to Government, quality eyes are available only in Delhi? Is that the reason? Why should this measure not be made applicable, if not to every nook and corner of this country at least to the State capitals? I can very well appreciate that you may not get medical practitioners having requisite qualifications in all villages and districts, but I do not know why you are restricting this only to the Union Territory of Delhi. I would be happy if the hon. Minister could clarify this position.

SHRI SOMNATH CHATTERJEE (Jadavpur): Under which entry here?

SHRI BAPUSAHEB PARULEKAR: We can amend that as far as Bombay is concerned, Bombay has an act. Some direction or some incentive should be given. As the time is short, I will only mention the points; there is no time for me to elaborate on them.

The second point which I would like to submit is this. Why this piecemeal legislation in the sense that there is one legislation for every limb? Today we have

for eye, tomorrow we will have for ear drum, in the next Session we will have for kidney and in the Budget Session we will have for heart because we have heart-grafting and kidney-grafting also. I do not know why you have this piecemeal legislation different legislations for different limbs. Why not have a comprehensive legislation which could be made applicable to all these limbs and of which benefit could be taken by all the people.

An important point has been lost sight of as to how you are going to make use of the removed eyes. The eyes which will be removed—how you are going to make use of them? There is no mention in this Bill. You may say that clause 11 refers to power to make rules. But even if you read that, on page 4 it is said that the rules are to be made with reference to the form in which the removal of eyes from unclaimed bodies may be authorised, the preservation of the removed eyes, the publicity which may be given and any other matter which is required to be or may be prescribed, etc. This is a very wide term. It does not include the point that I am submitting. The reason why I am saying this is that I am very much concerned with the poor people. Are you going to charge giving eyes for grafting purposes. Then only the rich will be able to avail of this opportunity. Therefore, there must be some concrete suggestion in the Bill as to how you are going to make use of the eyes after their removal from the dead bodies. If you are going to levy charges, what are the charges? At least some indication of it should be given. Some provision should be made in the Bill. Some indication must be given, some direction must be given to the person or the administrator under this Act who is going to make the rules.

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The third point to which I would like to invite the attention of the hon. Health Minister is as to what exactly you mean by this definition 'Registered Medical Practitioner' which you have given because that definition does not necessarily mean only those doctors who are in Go-

[Shri Bapusaheb Parulekar]

ernment service because what is mentioned in clause (e) is that those who have recognised medical qualifications and those who are enrolled on the State Register of Medical Practitioners are eligible and they need not be attached to any Government hospital. They will come within the ambit of this definition. Then if you keep the definition as it is, then private medical practitioners will be entitled to remove eyes. That clarification has to be made. Otherwise more complications will arise.

The fourth point to which I would like to make a reference is that at various places you have used the words that the eyes can be removed for therapeutic purposes. What do you mean by that? You have not defined that. The eyes can be used for grafting purposes, for dissection and for analysis. This has to be clarified. I do not know how the hon. Minister is going to rely on the dictionary meaning of this term. I respectfully submit that this should be defined; otherwise, the eyes which may be removed from the dead persons may be misused. Therefore, I say, kindly pay attention to this particular fact.

Another thing is: when I read clause 3 of the Bill, it gives an authority to the Registered Medical Practitioner under the conditions mentioned in that particular clause to remove the eyes. I would like to know whether donation of eyes by the donor to a private eye bank is prevented by this legislation. If that is so, I am very serious about it. Supposing I would like to donate my eyes to an eye bank which gives eyes for grafting only to the weaker sections and only to the poorer people and if we read clause 3 along with other clauses, I feel that that is prevented. If anybody wants to donate his eyes, he has to pass through this particular process which is laid down in the Bill. My respectful submission is that the purpose will not be achieved. Those who are rich may go abroad and have their eyes grafted. But what about the poor millions who need these eyes and who need grafting of the eyes? Therefore, my submission

is that some provision should be made in this Bill that if any person does not want to avail of the provisions of this Bill, he should be free to donate his eyes to private banks and even authorise his private medical practitioner to remove his eyes after his death. I believe that he has a right to do it. He can do not in law. But, by will you are preventing that because it becomes his personal property. Therefore, is my respectful submission, no thought has been given to this aspect.

Sir, I would like to invite the attention of the hon. Minister to clause 3(2). When no feeling has been expressed by the deceased, then the person having a lawful authority over the body can ask a doctor or a registered medical practitioner to remove the eyes. What does it mean? I can very well appreciate the positive aspect of it, that is, if he has in presence two witnesses, authorised orally or in writing the authorised relation or person in lawful possession of his body, after his death remove the eyes. If, during his lifetime, he has not said this that his eyes should or should not be removed, then, automatically, the person in lawful authority gets the right to give eyes of the deceased to the Government. You have to see whether that person has said anything as to whether his eyes should or should not be given. Therefore, this automatically includes the relations of a dead person in lawful authority. What do you mean by 'the person in lawful authority' other than the relations. You have contemplated a case of an accident where the dead body has been sent for post-mortem; you have contemplated a case where the person who is in jail or a person who dies in a hospital. Whereas in the third case, apart from relations, apart from hospital authority, apart from jail authority and apart from the doctor who does a post-mortem, who is the person in lawful authority? I would request the minister to explain this. Clause 3(2) creates an ambiguity. It is mentioned that the relative of the deceased person is a lawful authority. Clause 3(2) is again a mandatory provision.

Coming to clause 6, my respectful submission is with regard to the amendment which has been suggested by the Minister. I am reading his amendment because he is not pressing the original Clause (6) It says:

"....Where the dead body of a person has been sent for postmortem examination for medico-legal purpose, the persons competent under this Act to give authority for the removal of the eyes from such body may, if he has reason to believe that the eyes will not be required for any medico-legal purpose, authorise the removal for therapeutic purposes."

So, the relations do not come into the picture.

So, if the body is sent for post-mortem of a person or a prisoner who died in jail or a patient who died in a hospital, then the person in authority under this clause 6 gets automatically the authority to donate the eyes. Is it not necessary to get the consent of the near relations in such cases? My respectful submission is that the doctor may not have any feeling for the body but the wife, the son, the mother or the father may have certain feeling or sentiments attached to that body. Therefore, Sir, it is not proper to give this authorisation to the third person who has never met him in his lifetime who, ultimately, dies. I therefore oppose this particular clause.

I may refer to clause 5. In the case of a person who dies in hospital or a prisoner who dies in a jail, the doctor or the jailor gets the right to donate the eyes if the relatives do not come in half an hour or 2 hours' time. If somebody in jail in Tihar or if someone who met with accident dies in a hospital, the body should be claimed within half an hour or 2 hours' time. Coming to pave 3, the authority referred to in sub-section (2) shall not be given to remove the eyes except after the expiry of half an hour or two hours etc. Therefore, if we take into consideration the overall effect of this legisⁿ jon.

I feel that a serious thought has not been given. The object is very good. It is necessary that some steps should be taken but if this Bill is passed as it is, I submit that many complications would arise and your purpose will not be served. At the end, I only mention at the cost of repetition that care should be taken for utilisation of the eyes removed from the dead body because I do not find even a single word in this entire measure that eyes could be utilised for the benefit of the poor. I would respectfully submit to the hon. Minister to consider this aspect and, if he feels that I am right, then, he should withdraw this Bill and, after considering all aspects, he should bring a complete bill.

SHRI P. NAMGYAL (Ladakh): Mr. Deputy Speaker, Sir, I rise to support the Eyes (Authority for use for Therapeutic purposes) Bill moved by the hon. Health Minister. I also support the view expressed by other hon. Members that this Act should be extended to the whole of India. The hon. Minister has said, while introducing the Bill, that certain States in our country have already enacted their respective laws. Sir, transplantation of eyes is a rather highly technical matter and it requires high skill and facilities and the laws made in different States may differ from State to State. Therefore, I feel that one uniform law should be made for the whole of country so that this august House can thoroughly go into the different aspects of the problem and problems of different States and, as such, a useful piece of legislation can be made. I also personally feel that although whatever law made by this august House cannot be extended to the State of Jammu and Kashmir yet there should be no reason why such a useful Act should not be made applicable or extendably to the State of Jammu and Kashmir.

Secondly, Sir, I am not in favour of giving authority to every medical practitioner. Under this Act you have made certain provision for removing of eyes of diseased persons. I personally feel that a medical practitioner may be qualified so far as his medical degrees are concerned but he may not be that expert to remove eyes and transplant on nations. For

instance, there are many medical practitioners in our country who performed cataract operations in their own respective clinics but many failures did occur. Similarly, a year back one medical practitioner from Kulu valley had gone to one of the remotest area of my constituency, viz., Zaskar and there this doctor performed certain operations by charging very high fees. But the result was that almost 100 per cent failure was reported. It was performed by unauthorised person. So, such things do occur. Such a thing may happen in this case also. A Doctor may be having his own Clinic and doing private practice. But, he should not be allowed to do such highly-skilled operations which you have allowed under this Act. I feel that this should not be allowed in the case of every medical practitioner unless it is certified by the highest body, the Indian Medical Council and so on, so that this sort of exploitation of the poor people can be avoided.

With these words I support and I welcome the Bill which has been brought forward by the hon. Minister.

श्री रामावतार शास्त्री (पटना) : उपाध्यक्ष जी, मैं इस विधेयक का समर्थन करता हूँ और समर्थन करते हुए दो बातें कहना चाहता हूँ। पहली बात तो कई सदस्यों ने कही है कि इस विधेयक को व्यापक बनाना चाहिए, केवल बम्बई और दिल्ली तक सीमित नहीं रखना चाहिए। इस तरह के कानून की आवश्यकता तमाम जगह है वह अच्छी बात है और जहाँ नहीं है वहाँ के लिए भी भारत सरकार को कहना चाहिए कि इस तरह का कानून बनाया जाए।

यह कैसे विडम्बना है कि एक तरफ हम इस कानून के जरिए मरने के बाद मरने वालों की आंखों को लेकर जिन्दा लोगों का लगाना चाहते हैं, जिनके पास रेशनरी नहीं है और दूसरी तरफ कुछ समाज विरोधी तत्वों द्वारा जिन्दा लोगों की आंखों को निकाला जा रहा है। हमारे सूबे के भागलपुर जिले में एक जमाने में आंखफोड़वा लोगों का धंधा बड़े जोरों से

चल रहा था। तो इस प्रकार के समाज-विरोधी लोगों की तरफ भी हमारी सरकार का ध्यान जाना चाहिये, जोकि क्रिमीनल्स हैं, क्रूरता करते हैं और उनके खिलाफ सख्त से सख्त कार्यवाही होनी चाहिए।

दूसरी बात यह है कि किसी के मरने के बाद हम उसकी आंख चाहते हैं, हम मरने वाले के वारिस से मरने वाले की आंखें मांग लेंगे और इसका इस्तेमाल बाद में करेंगे। लेकिन आपको स्मरण होगा कि हमारे देश के प्रथम राष्ट्रपति डा. राजेन्द्र प्रसाद जी ने, जबकि वे जिन्दा थे तथा नेत्रदान की घोषणा कर दी थी। मैं समझता हूँ जिन्दा लोगों के बीच में ही उनके दिमाग में यह विचार पैदा दिया जाना चाहिए कि वे अपने नेत्रदान की घोषणा पहले से ही कर दें। इसका मतलब यह नहीं है कि अभी उनकी आंख निकाल ली जाए, मरने के बाद आप उनकी आंखें ले सकते हैं। इस तरह की भावना सरकार लोगों में पैदा क्यों नहीं करना चाहती। अगर इस पहलू से भी सरकार सोचे तो बहुत अच्छा होगा। देश की प्रधान मंत्री, हमारे स्वास्थ्य मंत्री तथा अन्य मंत्रीगण और संसत्सदस्य यह एलान कर दें कि हमारी मौत के बाद, यदि हमारी आंखें इस्तेमाल के लायक हों, तो उनको निकाल लिया जाये। इस पहलू पर भी सरकार का विचार करना चाहिए कि इस तरह का वातावरण देश में पैदा किया जाए कि मरने के पहले लोग कहें कि ठीक है, मरने के बाद यदि समाज को हमारी आंखों की जरूरत हो और उपयोगी हो हमारी आंख निकालने का हक होना चाहिए। हमारा देश अभी बहुत अशिक्षित है और उसमें तरह-तरह के लोग हैं कोई इस बात के लिये तैयार होगा और कोई इस बात के लिये तैयार नहीं होगा। इंगलैंड में कहना चाहता हूँ कि देश के अन्दर इस तरह का वातावरण पैदा करना चाहिये कि उनके मरने के बाद उनकी आंखों का निकालने का हक हो।

दूसरी बात, माननीय सदस्य श्री पारू-लेकर जी ने ठीक ही कही और मैं उनकी इस बात से सहमत हूँ कि गरीब, जो कमजोर वर्ग के लोग हैं, निर्धन हैं, उनको आंख की मदद मिलनी चाहिये, यह

नहीं कि इस तरह का फायदा केवल बड़े लोगों को ही मिले। एक सुभाव मैं यह भी देना चाहता हूँ और सरकार को इस पर विचार करना चाहिए कि यदि गरीब की आँख अच्छी है और मरने के बाद आप उसकी आँख ले रहे हैं, तो क्या आप इस पहलू पर विचार करेंगे कि उस परिवार के लोगों को उस आँख को लेने के बाद आर्थिक मदद दे दी जाए। इसका नाम आप चाहें मुआवजा रखिये या जो भी आप उचित समझें, रखिए। इस पहलू पर भी आपको विचार करना चाहिए। यह बात मैं पहले ही कह चुका हूँ कि देश में इस तरह का वातावरण पैदा किया जाए कि लोग मरने के पहले कहें कि आप हमारी आँख देश के हित में निकाल सकते हैं। मेरी दृष्टि में इस बिल का विरोध कोई नहीं करेगा, कोई पागल होगा जो विरोध करेगा या जिसका दिमाग खराब होगा और बाकी सारे लोग इस का समर्थन करेंगे. (व्यवधान). . मेरे कहने का तात्पर्य यह है कि जैसे हमारी आँख खराब है, तो उसको लेकर क्या कीजिएगा। इसके जो एक्सपर्ट हैं, जिनका कि इन्होंने जिक्र किया है

MR. DEPUTY-SPEAKER: Mr. Shastri, why can't you announce that you will give your eyes as donation?

SHRI RAMAVTAR SHASTRI: I am going to announce to that effect. But my eyes may not be beneficial to the donee.

MR. DEPUTY-SPEAKER: Even then you can announce.

SHRI RAMAVTAR SHASTRI: Yes, I am going to authorise the authority to this effect.

दिल्ली में मर गए तो कोई असंभव बात नहीं है। दिल्ली में रोज ही मर रहे हैं। एम. पी. भी मरते हैं, तो एक दिन की छूट्टी भी हो जाती है। मरने के बाद आँख ले लीजिए। आँखों की जरूरत है, तो मार डालिए, वह भी हमको मंजूर है। इस लिए मैं कह रहा हूँ कि 542 संसद सदस्यों और जिन में प्रधान मंत्री को लीड लेनी चाहिए कि वे एनाउन्स करें और

अब तो नए राष्ट्रपति महोदय कल बन रहे हैं, उनको भी इस बात का एलान करना चाहिए, क्योंकि उन्होंने जनता के लिए बहुत सी बातें कही हैं। सबसे बड़ी बात यह है कि यदि वे राष्ट्रपति बन गए, तो पहला काम उनको राष्ट्रपति बनने के बाद यह करना चाहिए कि वे कहें कि मैं अपनी आँख दान करता हूँ और डा. राजेन्द्र प्रसाद के पद-चिन्हों का अनुसरण करें। मैं तो मंत्री महोदय से भी कहना चाहता हूँ कि यदि वे कहने की स्थिति में हों तो वे पहले दे दें और हमारा दूसरा नम्बर हो जाएगा।

इन शब्दों के साथ मैं इस बिल का हृदय से समर्थन करता हूँ। इस बिल का उद्देश्य बहुत ही पुण्यात्मक है और बहुत ही लाभकारी है तथा इससे देश को फायदा होगा। इस बिल से केवल दिल्ली वालों को ही फायदा मत पहुँचाइए, इस बारे में राज्यों से भी विचार-विमर्श करना चाहिए।

श्री रामफल राही (मिसिरख) : उपाध्यक्ष महोदय, नेत्रदान से सम्बन्धित जो बिल माननीय मंत्री जी ने सदन के समक्ष प्रस्तुत किया है यह वास्तव में इन्होंने एक बहुत अच्छा काम किया है, बड़े उपकार का काम किया है, लेकिन ऐसा महसूस होता है कि बड़ी जल्दबाजी में किया है। जो भी इस बिल को पढ़ेगा और समझने की कोशिश करेगा, उसे ऐसा लगेगा कि इस में बड़ी जल्दबाजी की गई है, बड़े उतावलेपन से यह बिल पेश किया गया है। मैं आप के माध्यम से मंत्री जी से कहना चाहूँगा - अगर वे थोड़ा रुक कर लें, हफ्ते-दो हफ्ते या 10 दिन के बाद, उन तमाम सुझावों का समावेश करें तो ज्यादा अच्छा होगा।

जैसे इस में सीमा-क्षेत्र का जिक्र किया गया है, इस में दिल्ली संघ राज्य क्षेत्र के अन्दर की सीमा निर्धारित की गई है, जो यहां पर मरेंगे उन से ही नेत्र-दान लिया जायेगा, यहां पर ही नेत्र बैंक बनेगा क्योंकि शोध-संस्थान यहां पर ही है। आप ने शायद यह जानने की कोशिश नहीं की कि दिल्ली और बम्बई के अतिरिक्त भी देश के विभिन्न भागों में अच्छे-अच्छे नेत्र-चिकित्-

सालय है, इस विज्ञान के जानने वाले लोग निजी क्षेत्रों में बहुत अच्छा काम कर रहे हैं। मैं आप को बतलाना चाहता हूँ— हमारे सीतापुर में एशिया का सबसे बड़ा नेत्र-चिकित्सालय है जो सीतापुर-नेत्र-चिकित्सालय के नाम से जाना जाता है और वह पद्मश्री डा. मेहरा की देने है, जो एक साधारण से व्यक्ति थे लेकिन इतना आलीशान अस्पताल खड़ा कर दिया, जहाँ अन्य देशों के लोग भी चिकित्सा करवाने के लिए आते हैं। मैंने कई बार इस सदन में इस प्रश्न को उठाया है कि सरकार उस अस्पताल को अधिग्रहित करे तथा वहाँ पर भी नेत्र-बैंक या चक्षु बैंक कायम किया जाय। यदि सरकार ऐसा कर दे तो उत्तर प्रदेश में भी एक बहुत अच्छा नेत्र-बैंक बन जायगा तथा वहाँ पर प्रदेश के लोग, पास-पड़ोस के लोग, उस का लाभ उठा सकेंगे। जो लोग समझते हैं कि मरने के बाद यह शरीर बेकार हो जाता है, यदि उस का कोई अंग किसी के काम आ सके, तो वे खुशी से उस का दान कर सकेंगे और उस से इलाके के लोगों को लाभ मिल सकेगा।

मैं आप से निवेदन करना चाहता हूँ - आप इस पर विचार करें, इस का जो सीमा-क्षेत्र निर्धारित किया गया है उस को बढ़ाया जाय। ऐसा करने से पूरे देश के लोगों को लाभ हो सकेगा।

दूसरी बात - कई सम्मानित सदस्यों ने जैसे शास्त्री जी, पारुलेकर साहब ने कहा है और मैं भी कहना चाहता हूँ - आज देश में ब्लड बैंक बनाये गये हैं उन में लोग अपने खून का दान करते हैं, लेकिन वह खून गरीब व्यक्ति को नहीं मिल पाता है। अगर कोई गरीब व्यक्ति अस्पताल के दरवाजे पर जाता है और उस को एक बोतल खून की जरूरत होती है तो उस को नहीं मिल पाता, उस को दर-दर की ठोकरें खानी पड़ती हैं, पैसा खर्च करने पर भी नहीं मिल पाता, लेकिन बड़े आदमियों को फौरन मिल जाता है। इस लिए कहीं ऐसा न हो कि आप जो नेत्र-बैंक बनाने जा रहे हैं उस में जो लोग नेत्र-दान करेंगे उस का बड़े-बड़े लोग फायदा उठा ले जायें। इस के लिये सनिश्चित होना चाहिए कि जो आंखे दान में आयेगी वे गरीबों

के नेत्रों को सुधारने में लगाई जायेंगी। आप इस बात का आश्वासन सदन में दें, तब मैं सगर्भा कि जो बिल आप सदन में लाये है वह वास्तव में जन-हित में है और जैसा आप की सरकार कहती है हम सब कुछ गरीबों के लिये कर रहे हैं ऐसी घोषणा में गरीबों के लिये कुछ करने की कोशिश कर रहे हैं। आप रांटी नहीं दे पा रहे हैं, रांजी नहीं दे पा रहे हैं, कपड़ा नहीं दे पा रहे हैं, मकान नहीं दे पा रहे हैं। इस से कम-से-कम अन्धे लोगों को आंखें मिल जायेंगी और वे अपनी रांटी कम सकेंगे इस लिये यह बड़े उपकार की बात होगी। धन्यवाद।

MR. DEPUTY-SPEAKER: Now Dr. Kulandaivelu. Each Member will take only 1 or 2 minutes.

DR. V. KULANDAIVELU (Chidambaram): On behalf of my rationalist party, the DMK, I would like to welcome the Bill pertaining to the use of eyes of the deceased persons for therapeutic purposes, and participate in the discussion.

The reason for welcoming the Bill are manifold. Hon. Members have contributed much to the Bill by speaking about the importance of collecting eyes for this purpose. As a professional doctor in Medicine, I would like to emphasize that unless the eyes are removed in time, i.e. within six hours of the death of the individual, there may not be any use in collecting them. To ensure the viability of the cornea that is to be replanted, to the individual who requires corneal grafting, the eyes must be removed within six hours of the death of the individual. They must be preserved in such a manner that they are in good condition till the period of actual operation, i.e. the surgical procedure.

I would like to tell the hon. Minister that the number of banks which store the eyes is very limited. There are 1 or 2 Eye Banks in the country—one in Madras, and one in Bombay. One is owned by a private doctor. This facility must be extended to all teaching institutions and well-known hospitals.

There is a well-organized Eye Bank at Colombo. The guidelines and the technical know-how of that Eye Bank must be

learned by our doctors, and our technical people. We must depute people from here to that institution for that purpose. Then we can establish many Banks in our country to serve the deserving population.

Further, to assess the viability of the cornea. (Interruptions)

SHRI N. K. SHEJWALKAR (Gwalior): I find that there are 42 eye banks in India.

DR. V. KULANDAIVELU: How many of them are functioning properly? How many Government—established hospitals provide eye bank facilities for surgical purposes?

MR. DEPUTY-SPEAKER: I think Dr. Kulandaivelu spoke, about Government—controlled hospitals.

DR. V. KULANDAIVELU: We are concerned about poor people. How can a poor man go to a private institution? So, Government must be very concerned about this issue. They must be prepared to establish eye banks. There must be experienced doctors who can perform corneal grafting. Junior doctors, i.e. with MBBS qualifications, can also be trained in such a manner as to be able to assess the viability of the cornea to be removed. In all Government hospitals, the doctors must be trained for this purpose. This facility must be extended to other metropolitan cities also.

Our people are superstitious, and are religious fanatics. The previous speaker said that we must be willing to contribute, i.e. donate the eyes. I proudly say that I belong to a rationalist party. Dr. Kalanidhi, myself and others in our party have registered our names for this donation. We must create an awareness in the society in this regard. There should not be any religious fanaticism. That fanaticism should not be an obstacle for this noble purpose. By providing our eyes to a third party, after our death, we are giving him precious life. In this manner, after our death, we can see through the other man, and see God.

I am not a believer in God; but—I believe that if we give vision to a man, it

is good. Once we allow and encourage corneal grafting by private institutions, it will be beneficial only to rich people, and not to the poor. This point must be kept in mind by the hon. Minister, and an organization should be set up by Government.

MR. DEPUTY-SPEAKER: Dr. Kulandaivelu, you have been allowed as a special case. Your party has already been allowed its time. Mr. Era Mohan is sitting there.

DR. V. KULANDAIVELU: I was mentioning about religious fanaticism. To incorporate a sense of rationalism, we must educate our society. Our Television and Broadcasting media must publicize rationalist ideologies. We must educate the people, because our people are prone to be highly superstitious. This tendency must be curbed. We must tell our people things in such a way that they do not hesitate to donate their eyes. Once we are dead, it is all over. Families donating eyes must be given some incentives.

With these words, I support the Bill.

श्री डी. पी. दादव (मुंगेर): उपाध्यक्ष जी, यह बिल समर्थन योग्य है और सभी ने इसका समर्थन किया है। मैं भी इसका समर्थन करता हूँ। लेकिन एक ही निवेदन शंकरानन्द जी से करना चाहूँगा कि एक आंख लगाइये, हजार आंख खराब करिये, यह नहीं होना चाहिए। मेरा कहने का मतलब है कि आंख लगाने में जितने साधन, जितनी रिसर्च चाहिए और उस पर जितना खर्च होगा, उसके मध्य में एक हजार आंख खराब न हो जाएं और इसका देश की जनता ताकती न रहे। इस बात को ध्यान में रखने की आवश्यकता है। कहा जा रहा है कि 70-80 लाख लोग आई डिजीज से पीड़ित हैं। कितने अंधे हैं, यह संख्या तो हमारे पास नहीं है। मैं मंत्री जी से कहना चाहता हूँ कि जो अंधे हो गए हैं, उनके लिए तो ज्यादा कुछ नहीं कर सकते, सिर्फ भाषण दे सकते हैं, लेकिन जिनको अंधा होने से रोका जा सकता है, उनके लिए हमको नेशनल कैंपेन चलाना होगा। इसको

बगैर आप ये समझें कि ग्राफ्टिंग बैंक, लिंब बैंक था किडनी बैंक बनाने से राष्ट्रीय समस्या का समाधान हो जाएगा यह नहीं होने वाला है ।

एक मेरा निवेदन यह है कि जब भी कोई कानून बनाया जाता है, उसमें ऐसे लोग पैदा हो जाते हैं जो कानून का नाजायज फायदा उठाते हैं । आई डॉनेशन लीगल होना चाहिए, लेकिन इसमें एक्सप्लाइ-टेशन नहीं होना चाहिए । लोगों से झूठा लिखवा लिया जाएगा और उनकी आंखें निकाल ली जाएंगी । 10-20 हजार के लिए किसी भी गरीब आदमी को पकड़ा जाएगा और क्लोरोफार्म सुंघाकर उसकी आंखें निकाल लेंगे । इसलिए इसमें इस बात का प्रावधान होना चाहिए कि जिस आदमी की आंखें दान में ली जाएं, उसका नाम और पता जरूर आपके पास रहे । नहीं तो एक्सप्लाइटेशन हो सकता है । ये दो बातें मैंने आपके सामने रखीं हैं ।

तीसरी बात यह है कि आप आई बैंक बनाने जा रहे हैं, लेकिन डा. राजेन्द्र प्रसाद आण्ठमालाजिकल इंस्टीट्यूट की क्या हालत है ? इतना बड़ा इंस्टीट्यूट खड़ा किया है ।

SHRI RAM SINGH YADAV (Alwar): Is there a provision for a living person to donate an eye in his lifetime?

SHRI RAMAVATAR SHASTRI: You can do.

SHRI RAM SINGH YADAV: It is not there.

श्री डी. पी. यादव : जो भी हो । यह प्रावीजन भी हो सकता है । डा. राजेन्द्र प्रसाद आण्ठमालाजिकल इंस्टीट्यूट की

हालत देखिए । इतनी बदतर हालत है । आल इंडिया मेडिकल इंस्टीट्यूट की हालत देखिए । मैं आज ही वहां से लौटा हूँ । 70 बेंड प्राइवेट वार्ड और जनरल वार्ड में एक साल से बनकर पड़े हुए हैं, उनका उपयोग नहीं हो रहा है । इस तरह से जो हमारे रिसोर्सेस हैं, उनका प्रारपर यूटीलाइजेशन नहीं हो रहा है । उसके लिए टेक्नीकल और डिबॉटेड मैन पावर चाहिए ।

इन सब बातों की ओर ध्यान दिलाते हुए मैं इसका समर्थन करता हूँ ।

SHRI N. K. SHEJWALKAR (Wwarior): Thank you very much, Sir, for giving me the opportunity. I must welcome this Bill. And it is really a great thing that any person who has lost his eyes can get back his eye-sight. By the donation of eyes, of course, only a few kinds of diseases can be cured. For example, the transplantaion of cornea itself can be of much help in this matter. As was pointed out by my learned friend, there are only two institutions in India who are collecting eyes, if I am not wrong.

There was a question on 18th December—as old as—1972, Question No. 4684. The reply was given by the Health Minister, that there were as many as 42 eye banks. I will not read the whole list. But I am sure they are not all private hospitals, they are mostly Government Hospitals. They are, M. I. Hospital, Indore, which is a Madhya Pradesh Government Hospital; Rajendra Institute, Patiala; Post-Graduate Institute of Medical Education and Research, Chandigarh; Sarojini Devi Eye Hospital, Hyderabad; Delhi Administration Eye Hospital, Delhi; Rajendra Prasad Ophthalmological Centre; Central Eye Bank of Ophthalmology; New Civil Hospital, Ahmedabad and so on. I am afraid, there is hardly any private institution mentioned in this list. The hon. Minister may throw more light as to whether the number of these 42 banks has increased. This is a reply which was given in 1972. I am sure, in ten years time, the list must have become double. I do not know whether the arrangements there are satisfactory or not. But I would like to know from the hon.

Minister as to how many eyes have been donated and how many eyes could be used properly for transplantation. If the hon. Minister gets us that information, that will be a matter of great help.

15.00 hrs.

The provision of this Bill is limited only to Delhi Administration. If the hon. Minister takes initiative in seeing that all the States make laws, that would be better. For example, Madhya Pradesh and certain other States have enacted this law. If this law is enacted all over the country, it would be a great help to our nation.

If the cornea is damaged, it can be transplanted. In the States there are lot of successful operations of this type. I am not sure how many successful operations we have been able to perform in India. We must also know as to how many eye banks are successfully keeping the eyes

Though the point which I am going to mention is not directly related to the Bill, yet it will not be out of place to say that thousands of young boys in the age group of five or six, lose their eyesight because of the deficiency of Vitamin A and D. Due to small-pox also there was great casualty of eye. It is a matter of pleasure that on that account the loss of eyesight is not much now. But we do not have full report because in many of the village, people who have gone blind are still there. We must make earnest efforts to see that more precautionary measures are taken to save the eyes.

The transplantation of cornea can be done only in case of accident or some burn or damage to the eye. I do not think a number of blind people, who are there in India, can be benefited by this. This is a measure which can be made use of for such an exigency which I have pointed out. But even then, I must say that this is a welcome measure.

Further I want to suggest that when the person dies, why should we have the sanction of his relatives to remove his eyes? We are all property of the nation. If a man dies, why can his eyes not be

taken out by any Act of the State? We can make a law like that. I am prepared to go to that extent. Ultimately it is the property of the State. If I die and there is nobody to donate my eyes, why should they be allowed to be wasted? If such a legislation is brought forward, I would be the first person to welcome that. It is not a matter of sentiment.

SHRI MOOL CHAND DAGA (Pali): Certain communities believe that a day will come when they will rise again.

MR. DEPUTY-SPEAKER: When they rise again, they must have eyes to see.

SHRI N. K. SHEJWALKAR: I think, the hon. Minister and the hon. House will appreciate my sentiments in this respect.

I thank you very much for giving me the time.

SHRI MANORANJAN BHAKTA (Andaman and Nicobar Islands): Mr. Deputy-Speaker, Sir, amongst all human sufferings, blindness is the worst and if you go through the records, you will agree that our country is one of the biggest victims of this blindness. (Interruptions). Very recently, I had the opportunity to organise some eye camps in my constituency of Andaman and Nicobar Islands and what has been revealed from that is that one Dr. G. K. Saraf, the eminent eye specialist of India who was this year awarded Padma Bhushan for his work was the Surgeon who conducted operations in that camp and after examination of the eyes of the people in the Nicobar district which is inhabited by the innocent tribals, beautiful tribals of that Island, the eye specialist, Dr. Saraf, said in the presence of the hon. Defence Minister, Shri. R. Venkataraman, who inaugurated the camp, that the eye position of Nicobari tribals right from the children, due to trachoma and cornea ulcer etc. is such that if immediate action is not taken, the entire Nicobari population will be converted into blind population in this country. This is a sensible revelation before us and thereafter. I wrote a letter to our hon. Health Minister about this situation and I am happy to say that he has replied to me stating that he has issued instructions to the All India Medical

[Shri Manoranjan Bhakta]

Institute to go there and examine and take remedial measures. But I am sorry to say at the same time that the All India Institute of Medical Sciences have not found time to go there and to see the position, though the matter is so serious. Anyhow, I think the Minister will take note of it in future.

The point is that this particular Bill is a Bill which all of us should welcome. There is no denial of the fact. But the point is—I have given the amendment also in this regard—that it should be applicable to the whole of India, not particularly to the Union Territory of Delhi. But if the question arises that it is not within the competence of Parliament because this subject is a State subject and there will be some difficulties, in that case also I cannot understand why the Bill has not covered all the Union Territories, and why only Delhi specifically. There are other Union Territories which could have been included, but that has not been done, because of this legal lacuna or difficulty.

I fully agree with Mr. D. P. Yadav who said that there are people who are already blind—that is one thing—and there are those people for whom we can prevent blindness. But we are not taking enough care for them. At the same time, when we want to do a thing, then we must be cautious and we must see all pros and cons of it because, after all, this is the Union Government or the Government of India which has presented this Bill before this august House. That is why all pros and cons should be considered. Even in respect of Lakshadweep, Andaman and Nicobar Islands, or Pondicherry, or Arunachal Pradesh or Mizoram and all the remote areas where people are suffering from blindness, their cases also should be taken into consideration.

With all these views, I would like to request the hon. Minister to kindly consider the amendments that I have given and consider those remote areas also for future action.

श्री वृद्धि चन्द्र जैन (बाड़मेर) : उपाध्यक्ष महोदय, नेत्र (चिकित्सीय प्रयोजनों के लिए उपयोग का प्राधिकार) विधेयक

जो यहां प्रस्तुत हुआ है, उसके बारे में मैं कुछ सुझाव सदन के समक्ष प्रस्तुत करना चाहता हूँ ।

मैंने इस बिल के क्लॉज 5 और 6 का अच्छी तरह से अध्ययन किया है। क्लॉज 6:

"Where the death of a person is caused by accident or any other unnatural cause."

इस क्लॉज के अन्तर्गत किसी रिलेटिव की या अन्य किसी की कोई भी कन्सैट लेने की आवश्यकता नहीं है । इस क्लॉज का हिन्दुस्तान की जनता पूरा विरोध करेगी। एक्सीडेंट से किसी की डैथ हो गई, उसने कोई ऑब्जर्वेशन न किया हो, नेचुरली कौन ऑब्जर्वेशन करता है ? इस क्लॉज 6 में यह प्रावीजन होना चाहिए कि यद्यपि उसकी डैथ एक्सीडेंट से या अन-नेचुरल काज से हुई हो तो भी नीजरस्ट रिलेटिव्स की कन्सैट लेनी चाहिए । अगर उसके बिना आप ऐसा करेंगे तो उसका बहुत विरोध होगा ।

इसी प्रकार क्लॉज 5 में जो प्रावीजन लिखा गया है ।

"The authority referred to in sub-section(1) shall not be given except after the expiry of—

(i) half an hour from the time of the death of the concerned person in cases where no facility for cold storage of the dead body is available in the hospital or prison; or

(ii) two hours from the time of the death of the concerned person. in cases where facility for cold storage of the dead body is available in the hospital or prison.

इसके अंदर भी यह प्रावीजन बिल्कुल कन्सैट के बिना नहीं होना चाहिए । अगर डैथ हस्पताल में या जेल में हुई हो, उसकी कन्सैट के लिए अगर कोई रिलेटिव न हो और अन्य कोई न अवैलेबल हो, यह ठीक है कि अब कोल्ड स्टोरेज की व्यवस्था है, लेकिन 2 घंटे में कौन पहुंच सकता है

और कान कन्सर्ट दे सकता है ? इसलिए इस क्लॉज 5(2) का कोई भी स्वागत नहीं करेगा और कोई इसे पसन्द नहीं करेगा ।

अगर किसी को डैथ हस्पताल में हो जाती है और उसकी कन्सर्ट के लिए कोई व्यवस्था नहीं है तो उसकी आंख निकालने की व्यवस्था नहीं करनी चाहिए । बिना कन्सर्ट के आंख निकालने की अगर आपने कोशिश की तो उसका विरोध किया जायेगा ।

वही भी हमारे देश में यह परिपाटी है कि कोई भी पोस्ट-मार्टम कराना पसन्द नहीं करता । यहां तक कोशिश की जाती है कि अगर सोसाइटी का केस होगा और अचानक मौत का केस हो तो भी उसका पोस्ट-मार्टम न किया जाये, उसके लिये ब्राइव देकर भी पोस्ट-मार्टम रोकने की कोशिश लोग करते हैं, क्योंकि इससे बड़ा भारी अपमान होता है ।

जब हमारे यहां इस प्रकार की रिलीजस भावना है, कोई भी अपनी आंख और कान निकलवाकर नहीं देना चाहता तो अभी आपने यह कानून दिल्ली में लागू किया है, मैं जानना चाहता हूँ कि पहले भी यह बम्बई में लागू रहा है, इसका पिछले दो साल में किन-किन लोगों ने लाभ उठाया है, आप इसकी लिस्ट पेश करें । लाभ उठाने में इसका दुरुपयोग तो नहीं हुआ है या मनी का दुरुपयोग तो नहीं हुआ है, यह जानकारी भी हमें प्रस्तुत करें ।

लैजस्लेशन वैज्ञानिक दृष्टिकोण से बहुत ही अच्छा माना जा सकता है, परन्तु हमें प्रैक्टिकल अप्रोच अपनाने की आवश्यकता है । इस संबंध में जो कानून प्रस्तुत किया गया है, मैंने जो अपने सज्ज-चन्स दिए हैं, मेरा निवेदन है कि मंत्री जी गौर से इनका जवाब देकर संतुष्ट करें ।

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): Mr. Deputy-Speaker, Sir, I am really grateful to the House and to the hon. Members who have taken part in supporting the Bill wholeheartedly. I am happy

to see that they have the eyes to see the sufferings of the poor people. I also believe that their hearts weep as their eyes see because the mere sight of an eye without the feeling of the heart is of no use. But here I have seen that all those hon. Members who have contributed to the debate have both heart and eye for the poor people.

SHRI M. RAM GOPAL REDDY (Nizamabad): Even those who have not taken part also.

SHRI B. SHANKARANAND: Eye is such a gift of God without which the life would have been miserable, without which even this debate in the House would have been blind. The people have eyes. But they sometimes fail to see unconsciously and sometimes deliberately. And we cannot say that the people who have no eyes do not see at all because they feel by their heart. Such is human life. Of course, human life's sufferings can be more appreciated if one has eyes. That is the reason why this Bill has been brought forward before the House.

Sir, the hon. Members who have taken part in this debate have travelled on a very wide horizon with which the Bill is not concerned at all. They have dealt with the problems of preventive aspects of blindness, the control of blindness and other aspects with which the Bill is not concerned at all. But, of course, many hon. Members have made very valuable contribution as far as the provisions of the Bill are concerned.

The basic objection according to certain hon. Members, is why this Bill only for the Union Territory of Delhi, why not for the entire country? Perhaps, I do not know, if they had an eye to see what is written in the Statement of Objects and Reasons itself

SHRI MOOL CHAND DAGA: You kindly go through the Bill, not what is written in the Statement of Objects and Reasons, because the people will look into the Bill. If you look into the Bill, it simply says, removal of eyes and nothing more and, therefore, it is not a State subject.

SHRI B. SHANKARANAND: I am happy that Mr. Daga wears eye spectacles to correct his sight...

SHRI MOOL CHAND DAGA: Let it be examined by the Law Department

SHRI B. SHANKARANAND: I wish he had an eye to read what is written in the Statement of Objects and Reasons. I will read it out.

SHRI MOOL CHAND DAGA: I have read it carefully.

SHRI B. SHANKARANAND: If you have good eyes, you need not shout. The eyes can speak.

AN HON. MEMBER: The eyes usually only see.

SHRI B. SHANKARANAND: I read out para 3:

"It is intended to avail of the present opportunity to replace the Bombay Act as extended to Union territory of Delhi by independent legislation which would give effect to the aforementioned proposals."

It says that 1957 Bombay Act which was made applicable to Delhi is being replaced.

When I commended the Bill for the consideration of the House, I had already said that many States had already enacted this Bill and I gave the names of the States. At that time, Mr Somnath Chatterjee also corrected me saying that West Bengal had also passed this Bill. These are the States—I again repeat—where such a Bill have been passed. Gujarat, Haryana, Punjab, Karnataka, Madhya Pradesh and West Bengal These are the States which have already passed the Bill.

SHRI BAPUSAHEB PARULEKAR: What about the Union Territories?

SHRI B. SHANKARANAND: The reason is, again I say the Bill has a limited scope. The Bombay Act which was made applicable to Delhi, the Union Territory, is being replaced. The hon. Member was perhaps not there when I introduced the Bill and when I spoke on that. I said that the Bombay Act suffered from some deficiencies and I quoted them also and

in order to correct that, I have brought this Bill.

(Interruptions)

AN HON. MEMBER: What about Union Territories? It is only for Delhi. What about other Union Territories?

SHRI B. SHANKARANAND: I have already said that those States and Union Territories which have not passed the Bill, should emulate this which the Parliament is considering and is going to pass. I have already said this also. The States which have not passed such a Bill, they have got the right to pass it and they can pass it.

SHRI BAPUSAHEB PARULEKAR: Who is to pass?

AN HON. MEMBER: For Union Territories, Parliament only can pass.

(Interruptions)

SHRI B. SHANKARANAND: I see the legality or the competence of Parliament in passing such a Bill for the entire country. I may say that the Bill relates mainly to Entry 6 Public Health, Sanitation, Hospitals and Dispensaries of the State List of the Seventh Schedule of the Constitution.

(Interruptions).

SHRI B. SHANKARANAND: "As the Bill is intended to apply to the Union Territory of Delhi and it was (4) of Article 246 of the Constitution, Parliament has legislative competence to make law with respect to the matter contained in the Bill for the Union Territory of Delhi. Unless legislators of the State pass resolutions under Article 252 to the effect that with respect to the aforesaid matter, Parliament should make laws Then only the Parliament gets competence to frame law for this purpose which would be applicable to the whole of India except the State of Jammu and Kashmir."

That is the reason why this Bill which is only applicable to Union Territory of Delhi has been introduced.

Now, I found a contradiction in the arguments of two hon Learned Members

[Shri B. Shankaranand]

Shri Shejwalkar and Shri Bapusaheb Parulekar.

Shri Shejwalkar went to the extent of saying that any part of the body should be used for the purpose of the nation's health. This is the contention of Shri Shejwalkar which is very welcome in view of the nation's progress, development and future and health.

Shri Bapusaheb Parulekar said "No, who is this man who has the authority to give this after the death of the person without any authority" and all that he challenged so many things, even the President and all that. "Who is this competent person?"

I should say that the amendment that you referred and which I am going to move shortly about the person who is competent under the provisions of the Bill is already enumerated and, according to that also, who will be the person who is competent to give this after the death of the person? If the person before his death has not given his consent or donation of the eyes, it is the person taking charge of the body and that has been defined here. It is his near relative. He is the competent person. Except that, I do not find any other person to whom the authority has been given. The Act has to be read

(Interruptions)

as a whole. You cannot take out the Sections from the Clauses and read them independently in isolation of the other Clauses and say this is that. An Act has to be read as a whole. The competent person under the Act is near relative.

DR. V. KULANDAIVELU: Who is the competent person?

SHRI B. SHANKARANAND: The person authorised under the Act. Who else can there be?

MR. DEPUTY-SPEAKER: For Dr. Kulandaivelu, Mrs. Kulandaivelu is the competent person.

SHRI B. SHANKARANAND: Another objection raised by some hon. Member is

that there is no provision in the Bill about the use of the eye. The very object says that the eye is being taken for corneal grafting and for no other purpose...

SHRI MOOL CHAND DAGA: It is not in the Bill. Can you show me the clause which says that the eye will be used for grafting?

SHRI B. SHANKARANAND: Sir, he has his eyes, but I cannot give him the sight. What can I do?

SHRI MOOL CHAND DAGA: What is the answer which you are giving to my question? I am putting this simple question. Can you read out a clause which says that the eye will be used for grafting? Can you show that? It is not in the Bill. Kindly try to understand. (Interruptions)

MR. DEPUTY-SPEAKER: Order, please. I must see one day when a Bill drafted and presented before Parliament is acceptable to Shri Mool Chand Daga. All Bills are drafted in a very bad manner according to Mr. Daga. How will he be convinced now?

SHRI B. SHANKARANAND: He has his eyes, but I cannot give him the sight.

Many Members have spoken about eye-banks. Hon. Member Shri Shejwalkar quoted some figures. As per my information, there are about 72 eye-banks in the country, mostly located at the Medical Colleges and specialised institutions, but only a dozen of them are actively pursuing eye-collections and corneal grafting work. So, there is no question of any private body or person having an eye-bank. That question does not arise at all.

DR. A. KALANIDHI (Madras Central): There is a private bank, Eye Research Foundation, by Dr. Agarwal in Madras.

SHRI B. SHANKARANAND: I have the list of Tamil Nadu. I stand to be corrected. In Tamil Nadu there are three eye-banks: Government Ophthalmic Hospital, Madras, Government Erskina Hospital, Madurai, Medical College,

[Shri B. Shankaranand]

Vellore. This is my information. I stand to be corrected.

DR. A. KALANIDHI: Dr. Agarwal is running a private bank, Eye Research Foundation.

SHRI B. SHANKARANAND: I have said that I stand to be corrected. As per my information, there are only three eye-banks. The eye-banks organize publicity to popularise voluntary eye-donations and some of them register voluntary eye-donors. I may inform the House that the Prime Minister of this country, Shrimati Indira Gandhi, has already registered donation of her eyes with the R.P. Eye Centre of All India Institute of Medical Sciences on 6-3-1970; not now, but twelve years ago, she has registered herself for the donation of her eyes with the R.P. Eye Centre of All India Institute of Medical Sciences.

SHRI N. K. SHEJWALKAR: So many of us have done this (Interruptions)

SHRI B. SHANKARANAND: I have this information. Whatever information I have, I have given to the House. I wish the call given by Shri Ramavatar Shastri for donation by MPs and Ministers will be heeded to by all of us.

MR. DEPUTY-SPEAKER: That information will be given by the Minister to those who have already donated their own eyes.

SHRI B. SHANKARANAND: Now, another objection raised by the hon. Members is about the definition of the registered medical practitioner who is authorised under this Act. Sir, the definition is very clear. It says:

'A registered medical practitioner (Ophthalmologist) means a medical practitioner who possesses any recognised medical qualification as defined in clause (h) of Section 8 of the Indian Medical Council Act, 1956 and possesses a post-graduate qualification in ophthalmology or has a certificate showing that he has received training in enucleation procedure....

You know what is meant by enucleation procedure. It is an art of surgery or extracting the eyes from the socket. That is called enucleation. I quote:

'I...or has a certificate showing that he has received training in enucleation procedure in the Ophthalmology Department, or a hospital or a teaching institution for therapeutic purposes approved by the administration in this behalf.'

He is the authorised medical officer as defined under clause (c) of the said act. This did not find a place in the Bombay Act.

SHRI BAPUSAHEB PARULEKAR: I want to know whether this relates to the doctors attached to the Government hospitals or does this include the private practitioners too? Are they also covered under this Act?

SHRI B. SHANKARANAND: This definition does not make any distinction between a doctor in Government service or outside. We place emphasis on the qualification and experience aspect of the doctor. We do not make the distinction between doctors who are competent to do this job whether in Government service or outside this service.

MR. DEPUTY SPEAKER: He says that qualification is the only criterion.

SHRI B. SHANKARANAND: Apart from this, Mr. D. P. Yadav—he is not here at the moment—said something. I thank him for that. He has cautioned us that this donation of eyes may be misused by some vested persons who will be tempted to buy the eyes donated by the poor people and make money out of that. Sir, we do take note of the caution given by the hon. Member. We will take all precautions to see that this mischief does not happen. The other Members have expressed their desire that such eyes may not be given only to the rich people who are able to buy the eyes. We also take note of this suggestion made by the House in this regard. And we will see that the poor and other deserving cases

are given preference or priority over them. With these words, I commend this Bill. I have nothing more to say on this.

SHRI BAPUSAHEB PARULEKAR: Mr. Deputy-Speaker, I want to ask him two questions. Firstly, he has not replied to one question of mine as to whether donation to a private institution by a donor is prohibited by this Act. If a particular person wants to donate that to a particular institution, under this Act, is that prohibited? Under the Act, will this be used in Delhi only for the benefit of the poor? If this were allowed it means that anyone who wants to donate the eyes has to give that to this institution. Under this Act the eyes will be available to persons residing at Delhi or will that be available to persons residing outside Delhi? Kindly clarify these two things.

SHRI B. SHANKARANAND: Sir, it is a question of not only of donation of or taking the eyes from the deceased but it is a question of preservation of the eyes in an eye-bank. In Delhi, we have an eye bank. You can see from the figure given by the R. P. Eye centre that the total number of cornea grafting done here in 1977 was only 76. But in 1981 cornea grafting was done in 189 cases. The hon. Member asked whether anybody is prevented from donating eyes to private eye banks. The question is that there are no private eye banks. We cannot presume things and then go on discussing. When it comes we will see. There is no question of amendment.

DR. V. KULANDAIVELU: Sir, I was drawing the attention of the hon. Minister regarding the time-limit for the removal of the eye. The hon. Minister has not mentioned about the time-limit. The problem may arise when a competent ophthalmologist required to be present for the removal of eye is not available. How can we find a competent Ophthalmologist to go over to the remote areas like villages, etc.

SHRI B. SHANKARANAND: Sir, the hon. Member has said nothing new. Many eyes are lost because many deaths occur in the rural areas where there are

no Ophthalmologist. So, what can be done? Sir, I once again request that the Bill be passed.

DR. A. KALANIDHI: Sir, the removal of the eyes should be done within six hours otherwise, cornea is lost and it will be of no use.

SHRI N. K. SHEJWALKAR: Sir, I would like to know how many eyes were collected; how many cornea grafting cases were done and out of those how many were successful?

SHRI B. SHANKARANAND: Sir, apart from the competency of the doctor successful grafting of cornea depends on so many other factors, such as, viability of the eye, etc. As far as RP Centre is concerned in 1977 ninety six eyes were received and grafting was done in severity six cases; in 1978 one hundred and forty-seven eyes were received and cornea grafting was done in one hundred and fourteen cases. In 1979 one hundred and ninety eight eyes were received and cornea grafting was done in one hundred and forty cases. In 1980 one hundred and seventy four eyes were received and cornea grafting as done in one hundred and forty one cases. In 1981 two hundred and fifty nine eyes were received and cornea grafting was done in one hundred and eighty nine cases. Till June 1981 one hundred and four eyes were received and cornea grafting was done in eighty-two cases.

SHRI N. K. SHEJWALKAR: You had received more eyes than the number of cornea graftings done. What happened to the remaining eyes?

What were the results of the grafting operations? How many cases were successful? In how many cases eyes were used?

On those points you have not given your replies; if you are not having information just now with you, may supply the information later on.

SHRI B. SHANKARANAND: I do agree that this is quite a relevant question and it needs an answer also. I do not have at the

[Shri B. Shankaranand]

moment, information as to how many were successful, how many were not successful, how many were rejected and so on. It is not as if all the eyes being donated are being grafted; it is not so. If you ask, why they were rejected, it needs a detailed answer. I don't have that information here.

MR. DEPUTY-SPEAKER: The question is:

"That the Bill to provide for the use of eyes of deceased persons for the therapeutic purposes and for matters connected therewith, be taken into consideration."

The motion was adopted

MR. DEPUTY-SPEAKER: We now take up Clause-by-clause consideration.

Clause—(Definitions)

SHRI MOOL CHAND DAGA: I beg to move:

Page 2, line 9,—

after "practitioner" *insert* "who is working in a Government hospital and" (6)

Page 2,—

after line 16, *insert*—

'(e) "therapeutic purposes" means any purpose relating to free grafting or study and research of the eye.' (7)

PROF. AJIT KUMAR MEHTA (Samastipur): I beg to move:

Page 1, line 11,—

add at the end—

"and District Magistrate outside the jurisdiction of Union Territory" (16)

Page 1, line 14,—

after "sister and" *insert* "in absence of these" (17)

SHRI MANORANJAN BHAKTA:

Page 1,—

for lines 9 to 11, *substitute*—

'(a) "Appropriate Government" means the Administrator of the Union territory appointed by the President under article 239 of the Constitution and State Governments as defined under Section 3 (60) of General Clauses Act, 1897.' (25)

SHRI BALASAHEB VIKHE PATIL (Kopargaon): I beg to move:

Page 1,

omit lines 9 11. (25)

SHRI MANORANJAN BHAKTA: I beg to move:

Page 2, line 15,—

for "Administrator" *substitute*

"Appropriate Government." (27)

SHRI MOOL CHAND DAGA: I want to speak on my amendments. I don't find anywhere in the Bill that therapeutic purpose has been defined. Nowhere it has been defined. The whole Bill says 'removal of eyes'. Nothing more. Nothing about grafting of eyes is being said; it has not been defined at all. You don't say how eyes will be used; you don't say what is the therapeutic purpose. There are 15 meanings given in the Oxford Dictionary for the words 'therapeutic purpose'. You have got as many as 15 meanings given. Eyes can be used for research purposes. They can be sold. I want to know what will be the purpose here? That you have not said. It has not been defined in the whole Bill. It is not a State subject. It does not come under the list of State subjects. Health is concerned with living persons. The matter concerns the dead person only so far as eyes are being removed from him after his death. After a person dies, you remove his eyes. Health, as I said, concerns the living persons. It is not coming under the State List; it is not a State subject. This is my respectful submission. I challenge them on this point. Let the Law Department examine it. This is a subject covering the whole of the country. It can come under the Seventh Schedule, item 97. This Bill says 'removal of eyes' and nothing more than that. It does not say how they can be removed; it

only says, only qualified medical practionners can remove eyes. Nothing is added that these eyes will be used for such and such purposes. It is not stated for what purposes these will be used. No-where are these things defined. This is my respectful submission.

MR. DEPUTY-SPEAKER: May I now put all the amendments moved to Clause 2 together to the vote of the House?

PROF. AJIT KUMAR MEHTA: I want to speak on my amendments.

MR. DEPUTY-SPEAKER: The time allotted was one hour. We have exceeded two hours. The next Bill is there.

प्रो. अजित कुमार मेहता: उपाध्यक्ष महोदय, मैं इस पर ज्यादा डिस्कशन नहीं करना चाहूंगा और केवल दो बातें कहना चाहता हूँ।

SHRI BAPUSAHEB PARULEKAR: Yesterday we decided to conclude the voting on Constitution (Amendment) Bill. Had we done it yesterday, today we would have found sufficient time for discussion of this Bill.

(Interruption)

MR. DEPUTY SPEAKER: Order please. The time allotted was one hour. We have taken 2½ hours. Mr. Ajit Kumar Mehta. Please take one minute and conclude.

प्रो. अजित कुमार मेहता : उपाध्यक्ष महोदय, मेरी बात सुनिए । इस विधेयक की क्लॉज तीन की सबक्लॉज तीन में कहा गया है कि----

“....but no such removal shall be made by any person other than registered medical practitioner (Ophthalmic)...., that life is extinct in such body.”

आज जब विधान इतना उन्नत हो गया है कि शरीर के हर अंग का ट्रांसप्लान्टेशन हो सकेगा तब हमें इस विधेयक में मृत्यु की परिभाषा तो देने ही पड़ेगी जो कि इसमें कहीं भी नहीं दी गई है । आदमी मर सकता है लेकिन उसका अंग नहीं मरेगा । अगर अंग भी मर जाएगा तो

उसका ट्रांसप्लान्टेशन कैसे होगा । इस-लिए इसमें मृत्यु की परिभाषा भी कहीं न कहीं होनी चाहिए ।

इस में एक बात यह है कि अगर कोई आदमी आर्टिफिशियल रेस्पिरेशन पर है । जब तक उसकी कृत्रिम श्वास प्रक्रिया बंद न चालू रखा जाएगा तब तक तो वह जिंदा रहेगा लेकिन जैसे ही वह प्रक्रिया बंद हो जाती है तो वह आदमी मर जाता है । लेकिन उसका अंग नहीं मरता है । इसलिए अगर मृत्यु की परिभाषा नहीं की जाएगी तो कैसे कहा जाएगा कि वह जिंदा है या मर गया है और उस अवस्था में उसके अंग का ट्रांसप्लान्टेशन कैसे हो सकता इसलिए मृत्यु की परिभाषा इस बिल में आवश्यक है । इसीलिए मैंने अपना संशोधन पेश किया है ।

MR. DEPUTY-SPEAKER: Then, Mr. Mool Chand Daga, you have already spoken. Mr. Vikhe Patil has also spoken. Now, the hon. Minister will reply.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): Sir, I have already replied to Mr. Daga. But again I can tell him that the purposes for which the eyes were extracted are given in Clause 3 itself. It says—

“3(1) If any person had, either in writing or orally, in the presence of two or more witnesses.....the use of his eyes, after his death, for therapeutic purposes.....”

So, here the purpose for which it is taken is given. And I can distinctly say that the Oxford Dictionary does not give the meaning.....(Interruptions)

MR. DEPUTY-SPEAKER: Did you see the latest edition of the Oxford Dictionary, Mr. Daga?

SHRI B. SHANKARANAND: Prof. Ajit Kumar Mehta has mentioned that the word ‘death’ in the Bill must be defined. I do not see any reason why there should be a definition to this word in this Bill.

PROF. AJIT KUMAR MEHTA: The definition for the word 'death' is necessary because the individual can die, but what about the other parts of the body?

MR. DEPUTY-SPEAKER: I shall now put all the amendments to Clause 2 together to the vote of the House.

Amendments Nos. 6, 7, 16, 17 and 25 to 27 were put and negatived.

MR. DEPUTY-SPEAKER: The question is:

"That Clause 2 stand part of the Bill".

The motion was adopted.

Clause 2 was added to the Bill.

Clause 3—(Authority for removal of eyes of deceased persons)

SHRI MOOL CHAND DAGA: I beg to move:

Page 2, line 17—

for 'either in writing or orally'
substitute in writing' (8)

Page 2,—

after line 41, insert—

"(4) Any eye removed in violation of the provisions of sub-section 3 shall be punishable with an imprisonment not exceeding three years." (9)

PROF. AJIT KUMAR MEHTA: I beg to move:

Page 2, line 20,—

after "purposes" insert—

"or at least did not indicate during his life time his objection to these purposes" (18)

Page 2, line 31,—

(i) after "person" insert—

"having made such reasonable inquiry as may be practical"

(ii) for "near" substitute "nearest available" (19)

Page 2, line 41,—

for "life is extinct in such body"

substitute "cerebral death has occurred to the donor" (20)

Page 2,—

after line 41, insert—

"(4) The death of a donor shall be certified by two doctors one of whom shall be qualified for at least five years. These doctors shall not be members of the transplantation team.

(5) The decision to switch off the ventilator if the donor is on artificial respiration or on oxygen shall have no connection with the requirements for transplantation, but shall be made on entirely objective grounds from the point of view of the physicians attending the patient (donor) for his injuries of disease as the case may be and the matter of potential eyes transplantation shall be discussed with relatives of the donor only after the decision of switching off ventilator has been taken.

(6) The surgeon removing the eyes for transplantation shall have the additional responsibility of confirming for himself that death has occurred before the commences and also that the correct procedure has been followed in determining that the permission has been granted by the relatives and the deceased had no objection during his life time.

(7) Where the deceased had left a positive wish to donate his eyes in face of the near relative's adamant objection, no further action shall be taken." (21)

SHRI BALASAHEB VIKHE PATIL: I beg to move:

Page 2,—

after line 41, insert—

"(4) Any person removing an eye removed in violation of the provisions of sub-section 3 shall be punishable with imprisonment not exceeding two years." (29)

MR. DEPUTY-SPEAKER: Now, Mr. Mool Chand Daga, you have already spoken enough. I think we can take it that you have spoken on this.

SHRI MOOL CHAND DAGA: No, Sir, I want to speak for a few minutes.

Clause 3 reads:

"If any person had, either in writing or orally...."

Why orally? Further it says:

"...in the presence of two or more witnesses..." If any body wants to donate his eyes after his death, he can give authorisation in the presence of any witness. What do you mean by oral witnesses? If a person wants to give his eyes, he must give that in writing. The word 'orally' must be omitted.

Then, sub-clause(3) of Clause 3 says:

"The authority given under sub-section (1) or, as the case may be, under sub-section (2), shall be sufficient warrant for the removal, for therapeutic purposes, of the eyes from the body of the deceased person; but no such removal shall be made by any person other than a registered medical practitioner (ophthalmic) who had satisfied himself, before such removal by a personal examination of the body from which eyes are to be removed, that life is extinct in such body."

In case the life is not extinct and the medical practitioner removes the eyes, what is the punishment prescribed for him? For that you must have a law. That is why, I have suggested to insert after line 41:

"Any eye removed in violation of the provisions of sub-section 3 shall be punishable with an imprisonment not exceeding three years."

If no punishment is provided in this Bill for this, this would be an incomplete law. Neither the Law Ministry nor the Health Ministry seems to have applied its mind. You must provide in law that if any persons removes the eyes when the life is not

extinct in the body, he should be punished with an imprisonment not exceeding three years. This is very important.

For Heaven's sake, do not go on rejecting our justified amendments; try to accept some amendments, which are reasonable and justified. Otherwise, you must give us some convincing reasons for not accepting our amendments, and that you are taking care of these things in suitable manner.

SHRI B. SHANKARANAND: Sir, I do not want to convert this Bill into an Indian Penal Code. The provisions in the Indian Penal Code will take care of such things.

SHRI BALASAHEB VIKHE PATIL: Sir, our fear is that once we accept the oral evidence or witnesses, then a number of irregularities may happen. Oral evidence as provided may create some problems, and that is why, I suggest that some record should be there.

Then, the provision is made that the punishment for violation of the provisions of this clause will be as per Section 297 of the Indian Penal Code. This is not sufficient; the punishment should be more severe, and for that I have moved my amendment. Many irregularities were brought to light when a calling attention on the subject was discussed in the Rajya Sabha. Similar things may not be repeated after the passing of this law.

SHRI B. SHANKARANAND: Sir, I have nothing more to add.

MR. DEPUTY-SPEAKER: I shall now put all the amendments to clause 3 to the vote of the House.

Amendments Nos. 8, 9, 18 to 21 and 29 were put and negatived.

MR. DEPUTY-SPEAKER: The question is:

"That clause 3 stand part of the Bill."

The motion was adopted.

Clause 3 was added to the Bill.

Clause 4 was added to the Bill.

Clause 5—(Authority for removal of eyes in case of unclaimed bodies in hospital or prison)

SHRI MOOL CHAND DAGA: Sir, I beg to move:

"Page 3, line 9 to 11,—

omit "or by an employee of such hospital or prison, authorised in this behalf by the person in charge of the management or control thereof" (10)

"Page 3, line 27,—

omit "nursing home,"(11)

What does this clause say? It says:

"the authority for the removal of the eyes from the dead body which so remains unclaimed may be given, subject to the provisions of sub-section (2), in the prescribed form, by the person in charge, for the time being, of the management or control of the hospital or prison or by an employee of such hospital..."

Now, he may be a fourth Class employee; who can give permission in his absence? Suppose the authority is not there, a fourth Class employee is there..

SHRI B. SHANKARANAND: You should read the next rule, authorised in this regard." You should read that..

SHRI MOOL CHAND DAGA: Yes, I am reading. It says any employees, Who is an employee?

MR. DEPUTY-SPEAKER: The question is:

"Page 3, lines 9 to 11,—

omit "or by an employee of such hospital or prison, authorised in this behalf by the person in charge of the management or control thereof" (10)

"Page 3, line 27,—

omit "nursing home," (11)

The Lok Sabha divided:

Division No. 9]

16.02 hrs.

AYES

Dandavate, Shrimati Pramila
Kulandaivelu, Dr. V.
Mehta, Prof. Ajit Kumar
Pandit, Dr. Vasant Kumar
Paranjpe, Shri Baburao
*Pawar, Shri Balasaheb
Roy, Shri A. K.
*Tripathi, Shri R. N.
Yadav, Shri R. P.

NOES

Acharia, Shri Basudeb
Alluri, Shri Subhash Chandra Bose
Appalanaidu, Shri S. R. A. S.
Bagun Sumbrui, Shri
Baitha, Shri D. L.
Balanandan, Shri E.
Banatwala Shri G. M.
Behera, Shri Rasabehari
Bhakta, Shri Manoranjan
Bhardwaj, Shri Parasram
Bhatia, Shri R. L.
Bheekhabhai, Shri
Bhoi, Dr. Krupasindhu
Bhole, Shri R. R.
Bhuria, Shri Dileep Singh
Birbal, Shri
Birendra Singh Rao
Brijendra Pal Singh, Shri
Chakradhari Singh, Shri
Chandra Shekhar Singh, Shri
Chatterjee, Shri Somnath
Chaudhary, Shri Manphool Singh
Choudhari, Shrimati Usha Prakash
Dabhi, Shri Ajitsinh
Dalbir Singh, Shri
Dev, Shri Sontosh Mohan
Dhandapani, Shri C. T.

Digambar Singh, Shri
Dogra, Shri G. L.
Doongar Singh, Shri
Dubey, Shri Ramnath

Era Anbarasu, Shri
Era Mohan, Shri

Fernandes, Shri Oscar

Gadgil, Shri V. N.
Gadhavi, Shri Bheravadan K.
Gireraj Singh, Shri
Giri, Shri Sudhir
Gounder Shri A. Senapathi

Jain, Shri Bhiku Ram
Jain, Shri Nihal Singh
Jain, Shri Virdhi Chander
Jena, Shri Chintamani
Jharkhande Rai, Shri

Kailash Pati, Shrimati
Kalanidhi, Dr. A.
Karma, Shri Laxman
Kaul, Shrimati Sheila
Kaushal, Shri Jagan Nath
Ken, Shri Lala Ram
Keyur Bhusan, Shri
Khan, Shri Arif Mohammad
Kosalram, Shri K. T.
Kuchan, Shri Gangadhar S.
Kulandaivelu, Dr. V.

Mahabir Prasad, Shri
Mahala, Shri R. P.
Mallu, Shri Anautha Ramulu
Mishra, Shri Gargi Shankar
Mishra, Shri Ram Nagina
Mohite, Shri Yashawantrao
Motilal Singh, Shri
Mukherjee, Shri Samar
Murthy, Shri M. V. Chandrashekhara

Naidu, Shri P. Rajagopal
Naik, Shri G. Devaraya
Namgyal, Shri P.
Narayana, Shri K. S.
Nayak, Shri Mrutyunjaya
Nehru, Shri Arun Kumar
Niharsinghwala, Shri G. S.

Pandey, Shri Krishna Chandra
Panigrahi, Shri Chintamani
Panika, Shri Ram Pyare
Parashar, Prof. Narain Chand
Parulekar, Shri Bapusaheb
Pathak, Shri Ananda

Patil, Shri A. T.
Patil, Shri Balasaheb Vikhe
Patil, Shri Uttamrao
Patil, Shri Vijay N.
Phulwariya, Shri Virda Ram
Pilot, Shri Rajesh
Poojary, Shri Janardhana
Pullaiah, Shri Darur
Rajamallu, Shri K.
Ram, Shri Ramswaroop
Ramamurthy, Shri K.
Rana Vir Singh, Shri
Rane, Shrimati Sanyogta
Ranga, Prof. N. G.
Rao, Shrimati B. Radhabai Ananda
Rao, Shri Jagannath
Rao, Shri M. Nageswara
Rath, Shri Rama Chandra
Rathod, Shri Uttam
Ravani, Shri Navin
Reddy, Shri G. Narsimha
Roy, Dr. Saradish
Sahi, Shrimati Krishna
Satya Deo Singh, Prof.
Sawant, Shri T. M.
Shailani, Shri Chandra Pal
Shaktawat, Prof. Nirmala Kumari
Shankaranand, Shri B.
Sharma, Shri Kali Charan
Sharma, Shri Nand Kishore
Sharma, Shri Nawal Kishore
Shastri, Shri Hari Krishna
Shukla, Shri Vidya Charan
Sidnal, Shri S. B.
Sonkar, Shri Kalapnath
Sparrow, Shri R. S.
Sultanpuri, Shri Krishan Dutt
Sunder Singh, Shri
Suryawanshi, Shri Narsingh
Tariq Anwar, Shri
Tewary, Prof. K. K.
Thorat, Shri Bhausahab
Thungon, Shri P. K.
Unnikrishnan, Shri K. P.
Vairale, Shri Madhusudan
Varma, Shri Jai Ram
Venkataraman, Shri R.
Venkatasubbaiah, Shri P.
Verma, Shri Deen Bandhu
Verma, Shrimati Usha
Vijayaraghavan, Shri V. S.
Virbhadra Singh, Shri
Wagh, Dr. Pratap
Yadav, Shri Ram Singh
Zainul Basher, Shri

MR. DEPUTY-SPEAKER: Subject to correction, the result*of the division is:

Ayes 9; Noes 132.

The motion was negatived.

MR. DEPUTY-SPEAKER: The question is:

"That Clause 5 stand part of the Bill."

The Motion was adopted.

Clause 5 was added to the Bill.

†Clause 6—(Authority for removal of eyes from bodies sent for postmortem examination for medico-legal or pathological purposes.)

Amendment made:

Page 3,—

for lines 29 to 34, substitute:

"6. Where the body of a person has been sent for postmortem examination—

(a) for medico-legal purposes by reason of the death of such person having been caused by accident or any other unnatural cause;

or

(b) for pathological purposes,

the person competent under this Act to give authority for the removal of the eyes from such dead body may, if he has reason to believe that the eyes will not be required for the purpose for which such body has been sent for postmortem examination, authorise the removal for therapeutic purposes, of the" (3)

(Shri B. Shankaranand)

MR. DEPUTY-SPEAKER: The question is:

"That Clause 6, as amended, stand part of the Bill."

The Motion was adopted.

Clause 6, as amended, was added to the Bill.

MR. DEPUTY-SPEAKER: In Clauses 7 to 10, there are no amendments. The question is:

"That Clauses 7 to 10 stand part of the Bill."

The Motion was adopted.

Clauses 7 to 10 were added to the Bill.

MR. DEPUTY SPEAKER: In Clause 11, I think there are 3 or 4 amendments. I think no Member is interested in speaking. Mr. Daga, are you moving?

SHRI MOOL CHAND DAGA: No.

MR. DEPUTY-SPEAKER: Mr. Manoranjan Bhakta, are you moving?

SHRI MANORANJAN BHAKTA: No.

MR. DEPUTY-SPEAKER: Mr. Bala-saheb Vikhe Patil, are you moving?

SHRI BALASAHEB VIKHE PATIL: No.

MR. DEPUTY-SPEAKER: Mr. Narasimha Reddy are you moving?

*The following Members also recorded their votes:

AYES: Shri Harish Kumar Gangwar:

NOES: Shri Indrajit Gupta, Shri Ram R. N. Tripathi.

†In view of the amendment to clause 6 "thological" occurring in marginal heading errors under the direction of the Speaker:

Lal Rahi, Shri Balesaheb Pawar, and Shri

adopted by the House, the words "or pa-against clause 6, were inserted as patent

SHRI G. NARASIMHA REDDY: No.

MR DEPUTY-SPEAKER: The question is:

"That Clause 11 stand of the Bill."

The Motion was adopted.

Clause 11 was added to the Bill.

Clause 1—(Short title, extent and Commencement)

Amendment made.

Page 1, line 4,

for 1980 substitute "1982" (2).

(Shri B. Shankaranand)

SHRI MOOL CHAND DAGA: I am not moving my amendment.

PROF. AJIT KUMAR MEHTA: I beg to move:

Page 1, line 5,—

for "the Union territory of Delhi".
substitute India (14).

Page 1, line 6,—

after "Administration" insert—

"or District Magistrate as the case may be" (15).

SHRI G. NARASIMHA REDDY : I am not moving my amendment.

SHRI MANORANJAN BHAKTA: I am not moving amendments.

SHRI BALASAHEB VIKHE PATIL: I am not moving my amendments.

MR. DEPUTY-SPEAKER: Now I shall put the amendments nos. 14 and 15 moved by Prof. Ajit Kumar Mehta to the vote of the House.

Amendments Nos. 14 and 15 were put and negatived ..

MR. DEPUTY-SPEAKER: The question is:

"That Clause 1, as amended stand part of the Bill"

The Motion was adopted.

Clause 1, as amended, was added to the Bill.

Enacting Formula

Amendment made:

Page 1, line 1,—

for "Thirty-first" substitute "Thirty-third" (1)

(Shri B. Shankaranand)

MR. DEPUTY-SPEAKER: The question is:

The Enacting Formula, as amended, was added to the Bill. . .

The Motion was adopted.

The Enacting Formula, as amended, was added to the Bill.

Title

MR. DEPUTY-SPEAKER: There is no amendment. The question is:

"That the Title stand part of the Bill." The motion was adopted.

The Title was added to the Bill.

SHRI B. SHANKARANAND: I beg to move:

"That the Bill, as amended, be passed."

MR. DEPUTY-SPEAKER: The question is:

"That the Bill, as amended be passed."

The motion was adopted.