

Medical Certification of Leprosy Patients and Reservation in Service for the Physically Handicapped, Including Persons with Leprosy

TO THE EDITOR:

The World Health Organization (WHO) has stated that a leprosy prevalence rate of 1/1000 poses a health hazard. In India, the prevalence rate is 5/1000 and much higher than that in certain areas. Additionally, the country has a high unemployment rate. These circumstances make it extremely difficult for leprosy patients to obtain or retain employment after contracting the disease even after they have been rendered noninfectious, a situation which primarily grows out of a lack of proper information.

Specifically, regulations employed by the Government of India concerning the medical Certificate of Fitness require reconsideration. At present, service and leave conditions for tuberculoid (nonlepromatous, paucibacillary) cases are adequate concerning reemployment guarantees. However, noninfectious tuberculoid cases with deformities are not being classified as "orthopedically handicapped," which would entitle them to more generous benefits than they receive at present. This situation should be changed, and institutions in the public sector as well as in industry should launch a campaign to inform tuberculoid patients of this change once it occurs.

The situation concerning lepromatous (multibacillary) cases is far more serious. At present, government regulations state that in order for a patient to be entitled to reemployment, he must become bacteriologically negative within 18 months of his first leave. We all know that it takes several years for a lepromatous case to become bacteriologically negative even though with proper treatment using modern chemotherapy he becomes virtually noninfective in several months. These regulations effectively deny employment to lepromatous cases totally. The purported reason for this policy is to lessen the health risk to the lepromatous patient's co-workers; the very same person is not denied the right to move freely in public, however, so that this set of regulations is inconsistent to say the least since if we believe he is infectious, we

are not protecting the community. Ironically, it is persons who are unemployed who may most frequently allow their medical treatment to suffer and consequently become more infectious.

One very fine solution to this problem being employed at present is issuance of the Certificate of Fitness on the basis of "chemical isolation." That is, the certifying institution attests to the patient's regularity of treatment rather than his bacteriological status. This practice receives strong support in the literature (1²).

Most important of all, the Government of India should change its regulations concerning the Reservation in Service. At present, jobs which are reserved for the orthopedically handicapped, the blind, or those with other handicaps are not similarly reserved for leprosy patients with handicaps or deformities, a situation which is unjust. At the least, the Government of India began to show an awareness of this problem when it awarded its "National Award to the Most Efficient Handicapped Employee—1979" to a former leprosy patient, recommended by the Poona District Leprosy Committee (see *Int. J. Lepr.* 47 [1979] 202–203).

Just as those who have handicaps from causes other than leprosy are recommended for jobs they can easily perform, the same opportunity should be made available to noninfectious lepromatous leprosy patients. This would be an important first step in lessening leprostigma both in official and nonofficial circles.

—J. M. Mehta, M.B.B.S.

*Honorary President
Poona District Leprosy Committee
Member, National Leprosy Advisory
Committee
Government of India
Poona District Leprosy Committee
16 B-1 Dr. Ambedkar Road
Pune-411 001
Maharashtra
India*

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