

Vascular Medical Unit and Haemostasis Unit, THEMATIC-IMAG UMR CNRS 5525 (GP) and Department of Cardiology (OO, GV), Centre Hospitalier Universitaire de Grenoble, BP 217, 38043 Grenoble Cedex 09, France

- 1 Ye Z, Liu EHC, Higgins JPT, et al. Seven haemostatic gene polymorphisms in coronary disease: meta-analysis of 66155 cases and 91307 controls. *Lancet* 2006; **367**: 651–58.
- 2 Butt C, Zheng H, Randell E, Robb D, Parfrey P, Xie YG. Combined carriers status of prothrombin 20210A and factor XIII-A Leu34 alleles as a strong risk factor for myocardial infarction: evidence of a gene-gene interaction. *Blood* 2003; **101**: 3037–41.
- 3 Roldan V, Gonzalez-Conejero R, Marin F, Pineda J, Vicente V, Corral J. Fice thrombotic polymorphisms and the prevalence of premature myocardial infarction. *Hematologica* 2005; **90**: 421–22.

Free doctors and medical students detained in Nepal

On April 8, 2006, the government of Nepal arrested seven physicians during a peaceful demonstration in Kathmandu. They were detained for 3 months in Duwakot prison. On April 19, Mathura Prasad Shrestha, President of Physicians for Social Responsibility Nepal, who has been in detention at Maharajgunj police academy in Kathmandu for several months on frivolous charges, had his detention extended for another 3 months.

According to a Nepalese medical student, 39 medical students were also arrested while taking part in peaceful demonstrations. Two were kept in secret detention for 48 h and beaten. Later on, about 30 armed police backed by Unified Command, which includes the Royal Nepalese Army and the Armed Police Force, entered the hostel of Tribhuvan University Teaching Hospital, indiscriminately beating around 20 students, injuring at least seven, three of them critically.

The police have closed down several treatment centres in Kathmandu, and a German and an American physician were asked to leave the country for treating victims of the violence. US physician Brian Cobb was also

injured while he was operating mobile camps for the movement victims. Deported to Bangladesh, Cobb wrote: “The secret arrest and detention of a German doctor, a Nepalese doctor and six Nepalese volunteers and myself at machine-gun point, denial of our right to consular assistance... and subsequent deportation were unpleasant, but nothing compared with the suffering of so many others.”

Nepal is bound by Article 9 of the International Covenant on Civil and Political Rights,¹ which prohibits such arbitrary and unlawful arrests. Article 9 of the Universal Declaration of Human Rights² strictly prohibits prolonged detention without charge. Article 24 of the Geneva Convention for the Amelioration of the Wounded and Sick in Armed Forces in the Field,³ to which Nepal acceded in 1964, specifies: “Medical personnel exclusively engaged in the search for, or the collection, transport or treatment of the wounded or sick, or in the prevention of disease, staff exclusively engaged in the administration of medical units and establishments, as well as chaplains attached to the armed forces, shall be respected and protected in all circumstances”.

Targeting medical professionals at this critical hour will create serious problems for the fragile public health system in Nepal, which already has one of the worst health indicators in the world. More than 1000 doctors, nurses, medical students, and others from more than 50 countries have signed an online letter to King Gyanendra and the government of Nepal to protest these violations of human rights.⁴

On April 24, after nearly 3 weeks of massive nationwide public protests and international pressure, King Gyanendra announced the reinstatement of Parliament. On April 25, the doctors in Nepal were released. However, the institutional mechanisms that allow the detention of physicians for carrying out their duties in Nepal still exist.

We declare that we have no conflict of interest.

**Sonal Singh, Neil Arya, Edward Mills, Timothy Holtz, Gunnar Westberg*
sosingh@jhsph.edu

Department of Medicine, Wake Forest University Health Sciences, Winston-Salem, NC 27157, USA (SS); Physicians for Global Survival, Canada (NA); Center for International Health and Human Rights Studies, Canada (SS, EM); Institute of Human Rights, Emory University, USA (TH); and International Physicians for the Prevention of Nuclear War, USA (GW)

- 1 Office of the High Commissioner for Human Rights. International covenant on civil and political rights. <http://www.ohchr.org/english/law/ccpr.htm> (accessed May 8, 2006).
- 2 United Nations. Universal declaration of human rights. <http://www.un.org/Overview/rights.html> (accessed April 19, 2006).
- 3 Office of the High Commissioner for Human Rights. Geneva convention for the amelioration of the wounded and sick in armed forces in the field. <http://www.sc-sl.org/genevaconvention-wounded.pdf> (accessed April 19, 2006).
- 4 Online petition. Health professionals and medical students under threat in Nepal. <http://www.petitiononline.com/lapendoc/petition.html> (accessed April 19, 2006).

Rights were not granted to include this image in electronic media. Please refer to the printed journal.

AP

Department of Error

*Jha P, Kumar R, Vasa P, Dhingra N, Thiruchelvam D, Moineddin R. Low male-to-female sex ratio of children born in India: national survey of 1.1 million households. Lancet 2006; 367: 211–18—*The title of this Article (Jan 21) should be: *Low female-to-male sex ratio of children born in India: national survey of 1.1 million households.*

*Baudouin SV, Saunders D, Tiangyou W, et al. Mitochondrial DNA and survival after sepsis: a prospective study. Lancet 2005; 366: 2118–21—*In table 2 of this Article (Dec 17), data in the p value column should be (in descending order): 0.02, 0.55, 1.0, 0.67, 0.63, 1.0, 0.23, 0.19, n/a, 0.48, 0.67, n/a.