

[English]

MR. DEPUTY SPEAKER: The question is:

"That the Bill further to amend the Extradition Act, 1962, as passed by Rajya Sabha, be taken into consideration."

*The motion was adopted.*

MR. DEPUTY SPEAKER: We will now take up clause-by-clause consideration of the Bill.

The question is:

"That clauses 2 to 18 stand part of the Bill."

*The motion was adopted.*

*Clauses 2 to 18 were added to the Bill.*

MR. DEPUTY SPEAKER: The question is:

"That Clause 1 the Enacting Formula and the long Title stand part of the Bill."

*The motion was adopted.*

*Clause 1, Enacting Formula and the Title were added to the Bill.*

MR. DEPUTY SPEAKER: The Minister may now move that the Bill be passed.

SHRI R.L. BHATIA: I beg to move:

"That the Bill be passed."

MR. DEPUTY SPEAKER: The question is:

"That the Bill be passed."

*The motion was adopted.*

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17.15hrs.

#### TRANSPLANTATION OF HUMAN ORGANS BILL

As passed by Rajya Sabha

[English]

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI PABAN SINGH GHATOWAR): On behalf of Shri B. Shankaranand, I beg to move that the Bill to

provide for the regulation of removal, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs and for matters connected therewith or incidental thereto, as passed by Rajya Sabha be taken into consideration.

Sir, Hon. Members are aware that the Government had promised to bring forward a legislation on the transplantation of human organs. Accordingly, the Transplantation of Human Organs Bill, 1992 was introduced in the Rajya Sabha on 28th August, 1992 and that House passed it on 5-5-1993. The question of enacting a legislation arose in order to prevent unauthorised removal and sale of human organs and to ensure that nobody indulges in commercial dealings which are, more often than not, exploitative in nature, as has been stated in various fora, including this august House. At the same time, we have the wherewithal to perform organ transplants. It is our moral obligation to provide for a legislation which would allow for a human organ to be removed and transplanted with adequate safeguards to ensure safety and dignity of the person concerned. We also need a suitable legislation to provide for the removal of human organs from deceased persons and from those who are declared to have reached a stage known in medical vocabulary as brain-stem death. Such removal of organs which are of no value whatsoever to either the deceased or the brain-stem dead persons can be used by other members of the society prolonging their productive life.

The organs which can be transplanted in the human body are the eyes, ear-bones and ear-drums, bones, bone-marrow, skin, heart, liver, pancreas and lungs. The Bill seeks to identify three categories of donors, namely:—

- (i) deceased persons
- (ii) brain-stem dead persons
- (iii) living persons desirous of donating an organ.

The Bill contains the definition of the deceased persons and brain-stem dead persons.

In cases of brain-stem dead persons below 18 years of age, removal of organs may be authorised by any of the parents, after such death has been certified as brain-stem death by the panel of experts mentioned in the Bill.

In cases where the persons lawfully in possession of a dead body authorised by deceased for removal of organs believes that an enquiry into the cause of death may be held, he may not give authority for removal of organs.

No human organ removed from the body of living donor shall be transplanted into a recipient unless the donor is a near relative i.e., spouse, son, daughter, father, mother, brother and sister of the recipient except in some exceptional circumstances defined in the Bill.

The Bill provides that no hospitals, unless registered under this Act shall conduct the removal, storage or transplantation of human organs. No medical practitioner shall conduct any activity relating to removal, storage or transplantation at a place other than a place registered under this Act.

The Bill provides for removal, storage and transplantation of organs only at registered hospitals.

The Bill provides for punishment also to any medical practitioner or a hospital employee or a person rendering services to hospital, who conducts, associates with or helps in unauthorised removal. The punishment will be imprisonment for a term up to 5 years and a fine extendable up to Rs. 10,000. The name of the medical practitioner involved can be removed from the register of Medical Council for a period of two years for first offence and permanently for subsequent offences.

The Bill also provides for punishment of persons involved in making or receiving payment for supply of human organs etc. They shall be punishable with imprisonment for not less than two years, but extendable up to 7 years and a fine not less than Rs. 10,000 but extendable up to Rs. 20,000.

The Bill provides that no court shall take cognizance of an offence under this Act except where the complaint is made by the appropriate authority or by a person who has given 60 days'

notice to the appropriate authority for his intention to make a complaint to the court.

The Bill finally seeks to provide that no legal action shall lie against any person for anything done in good faith in pursuance of this Act nor against the Central or State Government.

Mr. Speaker, Sir, in order to achieve these objectives, the Transplantation of Human Organs Bill, is before the House for consideration. I sincerely urge hon. Members to give us the benefit of their considered advice on its various provisions in the interest of appropriately regulating the removal and transplantation of human organs preventing commercial practices in this regard and providing penalties for those who choose to operate contrary to the law of the land, and support the Bill.

Sir, the Bill, as passed by Rajya Sabha, may now be taken up for consideration.

MR. DEPUTY SPEAKER : Motion moved.

"That the Bill to provide for the regulation of removal, storage and transplantation of human organs for therapeutic purposes and for the prevention of commercial dealings in human organs and for matters connected therewith or incidental thereto, as passed by Rajya Sabha, be taken into consideration."

[Translation]

DR. LAXMINARAYAN PANDEYA (Mand-saur): Mr. Deputy Speaker, Sir, this Bill, which is relating to Transplantation of Human Organs, could be termed as a good bill but there are certain defects in it. If these defects are removed then it can become more practicable and useful to the society.

The hon. Minister knows very well the reasons which necessitated the enactment of such law. A committee was constituted under the chairmanship of Dr. L.M. Singhevi for suggesting legal frame work for regulating kidney transplantation. There were some other members in this committee and on 25th February, 1991 a reference was made by the Health Ministry.

[Dr. Laxminarayan Pandeya]

[English]

"The concept of brain death and the definition thereof.

The desirability of enactment of a separate Legislation for this purpose and the legal, medical and social implications of the same.

The safeguards to be adopted to ensure that the concept of brain death is not misused.

In what manner should the concept of brain death be utilised for facilitating availability of human organs for the purpose of transplant?

The Group shall submit its report within three months."

[Translation]

This committee has submitted its report and on the basis of this report this Bill has been brought by the Government. But many things which have been mentioned in the report have not been included in the Bill. I would like to say that it is a very good step in the interest of the society because it was being used for commercial purposes. Such cases from South India and other parts of country have come to light that hundreds of persons have sold their kidneys. If it was not commercial then such things were done under compulsion. Some one told that he sold his kidney to buy a rickshaw to feed his family. On the one hand it is the condition of society and on the other some middlemen have cropped up. They charge Rs. 80,000 for a kidney but pay Rs. 40,000 to the donor. There is need to check such things. There are certain persons who really need it. I have received a letter from a Doctor. He has no brother, no sister and no parents. There is a female child who had gone under kidney operation but after three-four years her kidney again started rejection. She requires another kidney. According to your definition of near relative and donor, he is not covered anywhere and he cannot get kidney. There is no provision in this Bill as to what assistance could be given in such cases. Some provisions should be made to remove such difficulties also. The near relative includes husband, wife, son, daughter, daughter-in-law, son-in-law, father-in-law,

mother, father, brother and sister. I think if definition of near relatives is widened by including blood relations in it, many untimely deaths could be prevented. There is also need to think deeply on the definition of brain-stem death. The legislation in this regard is very important. Much has been said about brain stem death in Britain but to whom one should authorise—Neuro Surgeon, Neurologist, Urologist, registered Medical Practitioner or any expert? I think it would be much better if expert Neuro Surgeon of IUC, Neurologist, Urologist or any expert in kidney transplantation is authorised. It has to be taken into consideration that the person to whom we are going to authorise may not misuse it.

[English:]

*Page 8-9 of the report*

"In India, expert opinion generally appears to favour the adoption of the UK criteria. We are also of the view that the UK criteria have the advantage of being simple, clinical, unequivocal and capable of confirmation. Accordingly, we recommend the adoption of the UK criteria...."

"...The expression death has been defined in the Indian Penal Code and in the Registration of Births and Deaths Act, 1969. Section 46 of the Indian Penal Code defines death as follows:

'Death denotes the death of a human being unless the contrary appears from the context.'

Section 29(B) of the Registration of the Births and Deaths Act, 1969 defines death:

'as the permanent disappearance of all evidence of life at any time after live birth has taken place.'

*Page 13-14 of this report*

"...We recommend that adequate safeguards should be incorporated at the time of framing rules pertaining to removal of organs from destitute, physically handicapped and mentally retarded children who may have been declared brain dead with the view to preventing exploitation by

unscrupulous persons who may be in possession of the body. Further, removal of organs should in any event be allowed only at authorised institutions.

"...That provision for authorising and accrediting hospitals which have the capability in the form of skilled manpower, equipment and associated facilities for removal as well as transplantation of specific human organs be incorporated."

[Translation]

In our country also there are several hospitals having adequate facilities in this regard. In Nadiad there is a hospital for Kidney treatment, a similar hospital is there in Madras also. Here in Delhi we have All India Institute of Medical Sciences, Batra Hospital, Moolchand Hospital and Gangaram Hospital. They have separate wings for this purpose. A separate wing should be opened in every hospital. Expertise is required in this field. I have received a letter from Nephrology Society who have sought a clear definition about 'relatives' and they have also raised the question about brain-strain deaths. At the same time they have suggested that the time limit for removal of the organs from the body be reduced from 48 hours to 24 hours, for which I have already moved a motion.

The Bill moved by the Government has been named 'Human Organ Transplantation' Bill. Because if this concerns only liver, heart or lungs then it is alright, but when the matter is related to kidneys, transplantation is not possible unless the tissues are matched. Therefore, the word 'tissues' should also be mentioned. As I have already submitted that its functioning affects many other human organs. Therefore, it becomes necessary to pay special attention towards it. Today, kidney dialysis is very expensive, one dialysis costs about Rs. 800/-. A patient may need dialysis once a month at the preliminary stage but then the frequency may have to be increased to once a fortnight, once a week and then everyday. It is just not possible for a patient to pay such a heavy amount daily. It is the moral responsibility of the Government to provide this facility to the poor who cannot afford to pay such heavy expenses. Otherwise, the patients would die, and they do die for want of treatment. The facilities available in Government hospitals are inadequate. Big hospitals do

have these machines, but most of them are generally out of order. Despite the availability of seven machines, only one machine works and all others are out of order. Due to this reason, there is a long queue of patients from morning till evening. Whereas many patients should get the benefits of the dialysis facility only one patient is able to get it.

This is such a serious matter. It should be given serious consideration. It is not an ordinary Bill. The irrelevancies in the Bill particularly with regard to the donor, the close relative and the death of the patient should be removed. There is a provision for voluntary donation of eyes, liver and several other human organs, but nothing has been said about the donation of kidneys. So far as donation of eyes is concerned there are eye specialists and also eye banks. But neither there is any kidney bank, nor it is possible at present. Because this organ has to be transplanted within 2-4 hours otherwise it stops functioning and is of no further use. This is the difference between donation of eyes and kidney. Does the Government propose to create hurdles in this regard. Is it proper to suspect a voluntary donor as a professional seller? Therefore, if the donor declares that he is willing to donate it to save someone's life, the Government must think over this aspect also.

It is true that some aspects should be investigated. But it is not appropriate to suspect him as a professional seller.

As I have already submitted that there are occasions when some persons are forced under circumstances to sell their kidney. There have been many instances in Bihar in which starving parents sold their children, daughters and even babies. A dying man can do anything in desperation. This is a degradation of our society, which has been caused by the negligence of our Government. The Government should think about both these aspects. In my opinion the restrictions proposed to be imposed by the Government are stricter than those imposed in Britain. Because they do not find it necessary to impose such restrictions. They have provided a number of facilities and I would like to quote.

[Sh. Laxminarayan Pandeya]

[English]

"That periodical inspection by competent authorities be instituted at the hospitals authorised for removal and transplantation of organs with a view to examining the quality of transplantation and follow up medical care to persons who have undergone transplantation and persons from whom organs and tissues have been removed."

[Translation]

Our Government should also provide all these facilities which will be beneficial to the common man, otherwise common man will continue to suffer.

Sir, recently on the 5th June, our hon. President inaugurated the 'Donor Card' System which is very useful. It contains the declaration of the donor that he is voluntarily donating his organ and that the organ should be removed from the body after his death for which the Government should make all the necessary arrangements. Thereafter, the card contains the signature of the donor. The Donor card is the means through which the donor voluntarily donates his kidney or any other organ. Thus, in my opinion the Government should make some provisions in this regard. Since it is in the interest of the society, the Government should think about it.

In the end, I would like to submit that so far as the transplantation of kidney is concerned the Government should clarify as to whether or not the expenses in this regard are to be waived off. Because it is not an ordinary expense. One dialysis costs thousands of rupees and this amount cannot be borne by every patient. Before and after the transplantation, a patient has to take the medicine sicospirine for 3-4 years. This medicine costs Rs. 6000/- per bottle, and is sufficient only for 20-22 days. Earlier, the price of this medicine was Rs. 3000/- to 3200/-. Besides, this medicine is available only through a money draft, cash is not accepted. In this manner the total cost of treatment in one month comes to about Rs. 9000/-, and sometimes it may exceed when the patient has to take more medicine. Therefore, I think the Government should allow the donation of kidney from the donors. Donation of kidneys should be accepted and these should not be rejected. At the

same time related medicines should also be taken.

I think that nearly 90 per cent patients need this medicine. In some special methods this medicine is not required after the transplantation but the methods being adopted before it are very difficult. If this medicine is not taken during the course of transplantation then one has to take it for the next 2-3 years. If its acceptance is good i.e. it has not been rejected by the body then it continues. Although the quantity of doses is reduced gradually. In the beginning one and a half bottle, then one and thereafter a half and a quarter bottle is given to patient. There are some other medicines also which I do not want to mention. You can well imagine the impact of all these medicines on the Kidney patient and how costly is the Kidney transplantation.

It is very essential to look upon this Bill in the context of all such points therefore, this Bill is incomplete. It is good that a step is taken in this direction. There cannot be two opinion in this regard. I accept in principle that it is a good step but after its approval had you tried to bring a Comprehensive Bill and included all these points in this context then certainly it could have been more useful and we would be able to put a check on illegal trade which is the requirement of the society at present. But with this, we also want to cater to the needs of the needy people because it is the duty of the Government to provide all such facilities which are required for living a healthy life. The Government should certainly make arrangements to provide medicines to such persons who are unable to bear its expenses. As the Government has brought this Bill and has made several provisions including punishment clauses. The Governments should also ensure that needy and genuine persons may not deprived of it.

Finally, I will like to conclude by mentioning one more point that this Bill has been brought in order to provide facility to the patients and to create a new order in the society to inspire people to voluntarily donate human organs. The Government should make arrangements in this regard so that such patients may get this facility in time and their difficulties may be removed.

[English]

SIIRI SHARAD DIGHE (Bombay North Central). Mr. Deputy Speaker, Sir, I rise to support the Transplantation of Human Organs Bill that is put before this House. But, while doing so I would like to make a few observations as far as the utility of this Bill is concerned.

Sir, about the object of the Bill, it is very laudable. We want to really speaking—prohibit commercial dealings in human organs. Therefore, the Bill—really speaking—attempts to facilitate the availability of this therapeutic modality to the Indian population by providing legality to the harvesting of organs from the dead bodies and at the same time it is trying or intending to insist that living donation can only be made from relatives of the patient. These are the two objectives which are clear from the Bill.

In the first place, I submit that we are hastily passing this Bill. Firstly, for this reason that this Parliament ordinarily has no right to legislate on this subject except with the resolution passed by the States. At present only three States—Goa, Himachal Pradesh and Maharashtra—have passed this resolution. In the rest of India, still there are no resolutions at all. Therefore, I feel that it would be very difficult to put in force this Bill unless all the States agree and pass a resolution adopting this resolution. Unless that is done, if you start merely putting this into force in these three States, it will have a counter-productive effect because people will rush to other States where this Act will not be in force and the trafficking—which we want to stop—will continue as far as these human organs are concerned.

Therefore, I would urge upon the Government not to put this into force unless all the States in India agree and adopt a resolution for the adoption of this law.

Secondly, mere legislation for harvesting of human organs from the dead bodies in a fit condition will not be sufficient unless a very expensive infrastructure is organised throughout the country for this purpose.

I am told that this infrastructure is very expensive and it will take nearly 10 to 20 years to provide this infrastructure. Therefore, if we

hastily try to implement this, it will create further problems rather than it will solve the problem of trafficking in human organs. So, I would urge upon the Government that if they really want to implement this law, then they must quickly provide this infrastructure throughout the country and then only this can be implemented.

Sir, now there is so much of scarcity in all these human organs. For example, I am told that only in the case of kidneys nearly 80,000 to 1,00,000 kidneys are required every year and I do not know whether it will be possible to create a bank for meeting this need in a short time. If that is not done and if we merely stop or insist that kidneys can be transplanted only from the near relatives, I think, it will create problems and many people may face the tragedy of death. For example, as far as kidneys are concerned, I am told that when the kidneys fail there are only two ways to save the patient. One is dialysis and the other is transplantation. Now, one dialysis costs Rs. One lakh every year and there are very few centres, if we consider the extent of our country. I am told that not more than 150 centres are there where this facility of dialysis is there. So, the transplantation of kidneys is the only way to save such patients and for that purpose Rs. One lakh is the expense at present. For this, if we only insist on this "near relatives" clause, I very humbly submit that we are creating further problems as far as the health of this country is concerned.

Lastly, I would like to say that I also have got many reservations on this definition of "near relatives". Who are the "near relatives"? They are spouse, son, daughter, father, mother, brothers and sisters. It is very a small list. Not only that, but considering the social conditions of our society at present, I think, the pressure will be more on the spouse. So, the pressure will be on the ladies to sacrifice for their husbands. The whole of the family will always look to the wife for this purpose and she will not be able to resist the social pressure, as far as this transplantation is concerned.

17.49 hrs.

(MR. SPEAKER—in the Chair)

Therefore, Mr. Speaker, Sir, it will be a great injustice done to the women of this country, if

[Sh. Sharad Dighe]

we insist that transplantation can be done only from the "near relatives". The daughter may not come forward at all, because the husband of the daughter will say that you are not only daughter of your father alone, but you are also my wife and therefore, you cannot do that without my permission. Similarly, brother also will not come forward because his wife will say that you cannot do without my permission, because you are my husband.

SHRI SOMNATH CHATTERJEE (Bolpur): This is a Bill which should go to the Standing Committee.

SHRI SHARAD DIGHE: Therefore, it will create great problems in the present society in which we are living and the pressure will be mostly on women or the wives only as far as this is concerned.

Therefore, my submission is do not hastily stop this purchase of organs in the market. No doubt, we feel in our enthusiasm to stop trafficking in this. I agree that there are many unscrupulous people who are taking advantage of this and making much of the money at the cost of poor people and misleading them. I have come across cases in Bombay where doctors have told me that there are some scandals in the big hospitals where there are rackets of the doctors who mislead the poor patients and tell them "Your kidney has to be removed. Otherwise, you will die." He accepts that advice and kidneys are sold to another rich man. Such scandals are also going on. We want to stop that. But, in our enthusiasm to stop all this, we are limiting it to these very near relatives which will, as I said, create social problems and every time in the family, whenever kidney is required, everybody will look to the wife or to the mother and she will not be able to resist this pressure.

Therefore, I submit that we should give a very serious thought. If we are passing this, before implementing this, please do not make haste, unless the whole of India, all the States pass this resolution and agree to this legislation. Please do not go ahead at all, unless you create full infrastructure whereby these organs can be received as banks sufficiently which are needed as far as the need of the society is concerned. You must hasten very slowly as far as this Bill is concerned.

SHRI LAL K. ADVANI (Gandhi Nagar): We just heard Dr. Laxminarayan Pandeya and Shri Sharad Dighe. I think a bill of this nature should have gone to the Standing Committee. I do not know whether the Standing Committee considered this or not. If it has not considered, taking into consideration these very valid points that have been made by both the speakers, could the Government consider stopping at the moment, not passing in haste and referring to the Standing Committee, because some amendments might have to be made and it is true that we should have to go back to the Rajys Sabha. Rajya Sabha has already passed it. But it would be wiser to adopt that course rather than rush through this lacuna and create problems of this kind.

SHRI SOMNATH CHATTERJEE: This should not be a controversial Bill. This is a matter relating to the health of the country. Therefore, I endorse it. As a matter of fact, I myself suggested that it should go to the Standing Committee. I am sure the young minister would not like to force it on the House. This is where the Standing Committee can play a very useful role.

DR. KRUPASINDHU BHOI (Sambalpur): Dr. Laxminarayan Pandeya and Shri Sharad Dighe actually pointed out certain lacunae. Now the existing practice in our country is only donation of kidney and other organs from a living person desirous of donating the organs. In this Bill, it is provided that they can be obtained from the deceased person. I do not think it will be hazardous if we pass this Bill.

Infrastructure will be provided in 115 organisations of the country. That is the only lacunae.

Of course, it will be discussed. The discussion may come up. But this is the only point which I want to impress on you. It is necessary. It is pending for along time.

SHRI A. CHARLES (Trivandrum): Sir, with your permission, I would like to make my submission. There are two points raised here. The first point is that the whole infrastructure should be made ready and sufficient number of human organs should be available in the bank. The second most important point is that the States should pass the legislation. I also support the proposal of the hon. Members

on the other side as well as on our side that this may be referred to the Standing Committee; this may not be rushed through. I feel that sufficient time may be given. It should be reconsidered.

[Translation]

SHRI NITISH KUMAR (Barh): I also want to support this motion, it should be referred to Standing Committee and given due consideration.

(Interruptions)

[English]

SHRI KRUPASINDHU BHOI : It could have been discussed at length if sufficient time had been given. But there is no requirement of sending it to the Standing Committee. It is very clear.

SHRI SOMNATH CHATTERJEE : Why?

DR. KRUPASINDHU BHOI : Do not ask like this. It is not in your domain. If you want, I can convince you.

[Translation]

SHRI LAL K. ADVANI : Pandayji himself is a Doctor and he has a practical experience because he had witnessed it in his family. Keeping in view these two points whatever he has referred to here and in new of the comments offered by Shri Sharad Dighe, I would like to put a suggestion that it should be referred to the Standing Committee and if the Standing Committee holds its view that the Bill does not need any amendment the Government may bring this Bill again to Parliament. It is a matter of a few days only.

SHRI RAM KRIPAL YADAV (Patna): I am agree with the views of Shri Advaniji and Shri Dighe. This is a very sensitive issue and requires an amendment. The number of patients is increasing day by day. You have limited it up to Father-Mother, son. Therefore you should bring an amendment to it.

[English]

SHRI SOMNATH CHATTERJEE : The further debate can be postponed.

MR. SPEAKER : What is the view of the Government on this matter?

SHRI PABAN SINGH GHATOWAR : There was a strong public opinion created in this country about the misuse of the human organs. Considering that, the Government has constituted a Committee consisting of very eminent persons of our country. They have given the report. Basing on that report, this Bill was drafted. It has already been passed by the Rajya Sabha. I may submit to you that all over the developed countries, these systems are going on. I am proud to say that our doctors are as good as any other doctors of any other country in the world. I think there are the infrastructure facilities available in some places. If we pass this Bill, I think, those facilities can be utilised. (Interruptions)

SHRI SOMNATH CHATTERJEE : This is not a political Bill. This is beyond the arena of politics. This Bill relates to the human organs.

MR. SPEAKER : Let us not be rigid on this.

SHRI PABAN SINGH GHATOWAR : As you direct, Sir.

THE MINISTER OF STATE IN THE MINISTRY OF SCIENCE AND TECHNOLOGY (DEPARTMENT OF ELECTRONICS AND DEPARTMENT OF OCEAN DEVELOPMENT) AND THE MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI RANGARAJAN KUMARAMANGALAM) : May I make a proposal? There are strong feelings on this from all around the House cutting across the party lines. Since it has been passed by the Rajya Sabha, sending it to the Standing Committee may not be a right proposal. What I would suggest is that we could move a motion to defer the debate now. Let us have an inter-Session discussion among the leaders' representatives and look at the draft carefully. Then, we can conclude the debate in the next Session. I think that would be the best suggestion that I can give now. If the House agrees, we can do so.

DR. KRUPASINDHU BHOI : This is the best suggestion. (Interruptions)



MR. SPEAKER: It is not necessary. We are at the fag end. We do not have to quarrel on technicalities. We can resolve this issue.

18.00 hrs.

Supposing if it is the sense of the House that it should not be passed now and it can be considered in detail, then it can come up for discussion later on also. It is not necessary to adjourn also because it is 6 O'clock now. We will continue this.

SHRI RANGARAJAN KUMARA-MANGALAM: Totally, we agree with you.

18.01 hrs.

RE: MOTION ON DUNKEL DRAFT TEXT ON TRADE NEGOTIATIONS

[English]

MR. SPEAKER: Then what about Dunkel?

(Interruptions)

[Translation]

SHRI NITISH KUMAR (Barh): Yesterday, the hon. Minister had given an assurance in the House that after completing all the other items quickly we would discuss the Dunkel issue in the rest of the time. Two days ago, I had raised this issue that the Government of India trying to avoid a discussion on the Dunkel Draft. Of course, a notice was given that we wanted to hold a discussion on this motion. But the Government did not take any interest to make an early discussion on it. That is why it has been put as a last item in the list of Business.

MR. SPEAKER: It has been removed from the list.

SHRI NITISH KUMAR: This is the last item as per today's list of Business. This is a very sensitive issue. The whole of country is concerned about it. People are staging agitations. But we are not able to discuss it properly in the Lok Sabha. A number of Members have continuously been waiting to raise this issue but

it is already 6 O'clock and it will not be possible for us to discuss it today properly. I, therefore, do not have any objection if it is taken up in the next session. I want to submit it personally that if it is taken for discussion in the next session then it should be placed like this that it can be focussed. I would also request you that the Debate on Dunkel should be fully televised. (Interruptions)

[English]

SHRI NIRMAL KANTI CHATTERJEE (Dumdum): Let the Dunkel proposal be discussed in the special session. (Interruptions)

SHRI SOMNATH CHATTERJEE (Bolpur): Always, the discussion on Dunkel is coming on the last day after 6 O'clock in every session. There is no possibility of any discussion. And then the Government gives an assurance, "we are very very serious about the discussion and in the next session we shall do it. Again, 6 O'clock has already passed of the last day, even an extended day. Therefore, there is no possibility of any effective discussion. I take it that the Government also agrees that this is a very serious matter and the country is agitated over it that there should be a full discussion. Hon. Prime Minister has said that there will be a special session. I say, two days of that session should be kept for discussion on Dunkel proposal and then this other Bill which you also want, bring it in the special session—those two Bills and also keep the Dunkel proposal for discussion during that session. It will be very very effective session then. Do not bring other things. We want a discussion. If not so, then it should be brought in the first week of the next session. (Interruptions)

THE MINISTER OF WATER RESOURCES AND MINISTER OF PARLIAMENTARY AFFAIRS (SHRI VIDYACHARAN SHUKLA): We have been talking about this Dunkel proposal in the Business Advisory Committee. You know, Sir, that the Government has been proposing a discussion on it right from the beginning. If the House has not been able to find time to discuss it, it is not the Government's fault. We have given the highest priority. But for reasons best known to the House and you also know the reasons that in your presence, in your chairmanship this discussion has been held. We decided that we