

MEDICAL ETHICS IN OTHER JOURNALS

Abusage of drugs ¹

The misuse of drugs is a major problem throughout the world. This is, in part, due to the lack of information provided to the patient. The responsibility for this must be shared by the prescribing doctor, manufacturer, the individual dispensing the drug and the consumer himself.

Even in developed countries, over half the patients do not know how, when and with what to take their medicines. The vast majority have no information on potential side-effects. The situation is worse in India.

Many patients complain that not enough information is provided to them. This is especially common in government hospitals and dispensaries where a few doctors cater to a large number of patients and thus have little time during an ordinary consultation. Several surveys have shown that 30-80% of patients fail to comply with the physicians' instructions on the usage of drugs.

A patient's knowledge remains insufficient if he is only provided verbal information. It is important to ensure appropriate labelling of the drug package, provide a simple written plan of therapy and leaflets on the drugs prescribed, send reminders, ensure follow up visits and facilitate self-management.

The following is the minimum information to be provided on the leaflets given to the patient:

- Clearly indicate the date when the drug will lose its full potency.
- State the consequences of non-compliance.

- State the desired effects from therapy and request consultation with the doctor if these are delayed or fail to appear.
- State unwanted effects that can be observed by the patient and those which can only be detected by the doctor or on tests.
- State circumstances that may require a change of treatment.
- The text should be simple, clear and concise.
- All terms should be defined.
- All suggestions must be precise and specific.

Death assisted by a physician ²

This warmly commended paper considers the debate over the ethics of death assisted by a physician, keeping personal and professional integrity in focus. The moral dilemma consequent to conflicting directives of conscience is addressed. 'Considerable reflection, deliberation, consultation and study may be required to arrive at a position which is considered reasonable.'

Whilst killing a patient can be looked at as the ultimate harm, deaths that bring a full life to a peaceful close has long been regarded as merciful. The description of pneumonia as 'the old man's friend' is an example. The foregoing of life-sustaining intervention to allow the patient to die is another.

It is the active induction of death, conflicting, as it does, with the duty to preserve life, that has made debate nec-

essary. Kass put up an interesting argument. An event can be beneficial only to one who continues to gain from it. The authors counter by pointing out that an act removing an evil (in this case **unrelievable** suffering) can also be termed beneficial.

Participation by a physician in capital punishment is contrasted with voluntarily assisting a terminally ill person in agony to die.

The journal also features six other papers (pages 17-19, 19-23, 24-25, 28-35, 36-43, 44-45) on this theme. The last two papers feature death in hospice, Dame Cicely Saunders bringing the discussion to a close. A table on page 39 features 'The death with dignity act'.

Gene therapy ³

A twenty-four page supplement considers such issues as priorities in genetic medicine, informed consent in prenatal testing, legal aspects, commercial aspects of genetic diagnostics, the use of human growth hormone and the policy for screening to uncover cystic fibrosis.

References

1. Lal A, Sethi A, Ray A: Informing patients about drugs. *Express Pharma Pulse* June 15, 1995. Page 8.
2. Miller Franklin G, Brody Howard: Professional integrity and physician-assisted death. *Hastings Center Report* 1995; 25% 17.
3. Group on Human Genome Research: Public priorities for genetic services. *Hastings Center Report*, Special Supplement 1995;25:S1-S24.

VOX POPULI

Medical Councils in India ¹

The National Human Rights Commission (NHRC) has sent a notice to the Medical Council of India (MCI) asking it to reveal its stand on the ethics of sex-selective abortions.

Though Parliament unanimously passed the Regulation of Prenatal Diagnostic Techniques Bill in August 1994, the act is yet to be implemented as the rules have not yet been published and the infrastructure required for implementation has not been set up so far.

If the Act remains unimplemented, the only option to curb the menace will be through internal regulation by the medical community. Ironically, MCI, the apex body

constituted to regulate medical practice and uphold medical ethics in the country, has maintained a mysterious silence on this issue. Action by NHRC might help nudge the MCI to take a stand.

The important social phenomenon of a continuing decrease in India's sex ratio from 972 in 1901 to 929 in 1991 has attracted worldwide attention and shaken everyone except the MCI and its state branches. For them the issue is still insignificant. As the central committee on sex determination noted, 'In fact, the need for legislation on the matter of sex determination would perhaps not have arisen had the medical councils taken note of this controversy and taken timely steps to lay down wholesome principles

for the guidance of the profession in keeping with the interests and demands of society.'

In the past newspapers have published vivid accounts of the open rigging, misconduct and violation of rules and procedures that take place during elections to the Maharashtra Medical Council. For a long time, the medical councils have acted as 'irresponsible trade unions', upholding the interests of medical professionals over those of the medical profession and of society. It is time to initiate the long process of overhauling the councils.

The central committee on sex determination has suggested restructuring the medical councils and the nomination of a few