

CORRESPONDENCE

Queries

The journal *India Today* has published a totally distorted and motivated version of the case of Mrs. Leela Singh, denigrating a medical professional and the profession. It projects the complainant as a crusader against malpractice in health care and the patient as the martyr of such a practice. This focuses attention on the following issues which need debate:

1. Is it unethical for a consultant or a honorary doctor to adhere to the admission and work-distribution norms of a hospital to which he is attached?
2. Is it in the purview of Ethics Committee of a State Medical Council to dictate to a hospital on its admission policy and practice of distributing work?
3. Is it unethical for a doctor to refuse to accept a patient already being looked after by a competent colleague in the hospital or to refuse to interfere or oversee in his or her care?
4. Is it unethical for a consultant to limit one's services to specifics and to refuse to take over the charge of the case in which he has been called as a consultant for opinion?
5. Is it unethical to advise surgical exploration in an inoperable cancer patient when she starts bleeding from the metastatic site?
6. Is it unethical to refuse to accept fee for services not rendered or services not to be rendered?
7. Is it ethical for colleagues to keep quiet when some doctors unwittingly and in their misplaced enthusiasm side with a self-styled crusader against medical malpractice to persecute, defame and criminally prosecute a senior colleague for his ethical conduct?

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Reference

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Subramaniam Arun: Enforcing accountability. *India Today* 15 December 1995 p 143-155.

Doctors and targets

The control of blindness has been accorded priority by the Government of India. As the chief cause of preventable blindness in India is cataract, its surgical removal has been emphasised. Whilst this goal is laudable, as with so many other areas in health-care, the methods used are such that they subvert the basic aim.

Every district has been allotted a target number of operations for cataracts that must be performed in a given time. In some parts of Tamil Nadu, in order to achieve these targets, methods abandoned universally on account of the high risk of complications from them have been pressed into use. As a consequence, to use the words of an ophthalmic surgeon, 'cataract blindness is being converted to aphakic blindness'.

The examples of doctors subverting the fundamental medical dictum - *primum non nocere* - is not peculiar to ophthalmologists. It was dramatically exposed in the infamous sterilisation programme of Sanjay Gandhi. The performance of hysterectomy in the mentally handicapped in Maharashtra is also fresh in our memories.

These incidents are not isolated occurrences. They are symptomatic of the way in which the medical profession allows itself to be subverted by the state (the most powerful sections of society) against the powerless. It is not uncommon to hear doctors referring to the poor

patients who attend such 'camps' as 'cattle' and 'useless to society'. Such statements reveal in the doctors an attitude of superiority and a feeling that they can judge the value of other human beings.

It is this attitude, this vision of the world, if you will, that directs their behaviour. It is a reflection of the attitudes of the social strata from which they hail - the middle and upper classes - uninfluenced by education or contemplation.

At meetings to review such programmes as that for removal of cataracts, invariably headed by the Collector or some other non-medical person, one never hears a whimper of protest from the doctors when these functionaries demand realisation of targets irrespective of the means for doing so. Although there are other reasons for such servility such as the fear of transfer, one cannot escape getting the feeling that doctors primarily acquiesce as they themselves feel that anything goes when dealing with the poor and the illiterate. All considerations of ethics and responsibility to patients are lost as they are viewed as less than human. Such programmes, more often than not, end up as target practice with the poor as victims.

It is high time that the medical profession in particular and society at large effected a fundamental change in the way the authorities and doctors treat poor citizens.

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(See item 3 under VOX POPULI in this issue for a relevant report. Editor)

A physician's prayer

Oh God, Most High, before I commence my work, holy in nature, to treat thy creatures, I entreat Thy Holy Seat to grant me spiritual courage and plenty of energy to perform my duties faithfully; and if, in my ambition, I strive for wealth or good things, do not blind my eyes from seeing correctly.

Help me to look at each sufferer who approaches to ask my advice as a man of note, without distinction between rich and poor, friend or enemy, good or bad (but just) as a man in distress. Let him appear to me only as a man.

Please, O Merciful and Compassionate God, grant me strength and courage both in body and soul and implant in me a perfect spirit.

(Translated by Dr. Samuel J. Aptekar.)