CORRESPONDENCE

The negative aspect of 'hi-tech' medicine

Technological advances have outpaced medicine. Let me take the example of my specialty - neurosurgery. When we speak of 'State of the art', for example, do we have true neurosurgery or 'hi-tech' advances in mind? Whether it is the present day sophisticated neuro-imaging techniques or computerised multi-dimensional surgical planning and guidance systems, the current climate seems to be favouring a shift away from patients and their diseases. Nowhere is this better seen than at national and international conferences and workshops where modern investigations and treatments receive more prominence than traditional clinical or epidemiological methods. Yet it is true that 'hi-tech' advances, with all their dazzle just do not constitute all or even a sizeable part of medicine.

It is becoming generally evident in the West that the practice of 'hi-tech' medicine (mechanised medicine?) does not substantially improve the cure rate and may, instead, be detrimental to the very progress of medicine for a number of reasons:

- Sophisticated and multiple diagnostic procedures are performed without proper clinical workup or even an Xray of the skull or spine. We are only too familiar with the patient who unloads a bag full of MR scans on us without a word on his disease or symptoms.
- Patients, having learned from their physicians the importance of 'tests' in contrast to symptoms, insist on getting a 'scan' done for minor complaints.
- Vested or special interest groups, including physicians with whole or part ownership in a diagnostic facility propagate such tests.
- Wastage of health care resources from over treatment of a few at the expense of the many is now increasingly evident.
- Unethical medical practices are flourishing.
- Trainees in neurosurgery are increasingly identifying it with technology instead of clinical skills and the 'art of medicine'.

Developing nations such as India should exercise great caution in acquiring high-cost, 'hi-tech' gadgetry under the influence of hawkers and peddlers in a misdirected effort at appearing to be at the front line of neurosurgery, especially since such technology has a high rate of obsolescence. Today, even more than in the past, we need 'hi-touch' rather than 'hi-tech' medicine.

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(This letter is a modified version of that published in *Neurology India* 1995;43:176-177 and has been written at our request. Editor)

Patients' access to information

This is in no sense a complaint. I simply seek advice from you and your readers on patients' access to information about their treatment. Where a patient is incapacitated by age, hearing impairment or their handicap, his relatives - specially one medically qualified - would exercise the right of access, if one exists.

The question arises out of my 89-year-old brother's stay at the Holy Family Hospital, Bandra, where he was operated by Dr. Ian D'Souza for colon cancer. He then spent a few days in the ICU, supervised by Drs. D'Souza and Robin Pinto, cardiologist. My brother is hard of hearing and communication with him is difficult at the best of times, even with a hearing aid. In the hospital he did not have his hearing aid.

The patient's nephew is a doctor with an MD from Christian Medical College, Vellore. So we rely on him to verify and interpret in lay language the line of treatment the supervising doctors adopt. As no doctor was present at the time of his visit, he asked the nurses to show him the case papers. When they refused to do so he asked them at least to read the papers to him. This too was refused. (The nurses later invented a story that he had insisted on grabbing the papers himself. This, of course, was false.)

Dr. Pinto later ruled that the patient's nephew had to no right to demand the papers (which he had not done) or to ask the nurses for information (which he had). Dr. D'Souza justified the refusal by explaining that in the past patients' private doctors had taken the papers and even changed the line of treatment.

An article, 'A patient's right to know' in the issue of *Medical Ethics* (1994;1(3):5-8) contains this passage: 'When specific questions are asked by the patient or his near relatives, a full and fair disclosure must be made in response to them.' The Supreme Court has had something similar to say about this.

I repeat, this is not a complaint. The two doctors I name have been most attentive and competent. I write because I hope that when I eventually have to enter a hospital for treatment the doctors who treat me will be less secretive about the magic they try to work. On this I seek reassurance.

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(A cardinal principle in medical ethics is that of the autonomy of the patient. The patient cannot make decisions on - tests to be carried out on him or treatment to be undertaken - without detailed explanation of the pros and cons in each instance. When the patient, handicapped by deafness, finds it difficult to understand what is said to him, it is especially necessary to ensure that all such information is conveyed to him accurately, often through his near and dear ones.

This apart, through a ruling by the Bombay High Court, the patient has a right to access his medical case records (see *Issues in Medical Ethics* 1996;4:66). Hospitals can no longer refuse access to case records or even permit mere inspection of them. Actual copies must be handed over on request.

Mr. D'Souza has not clarified whether the patient stated to the nurses and doctors that the physician-nephew had his permission to access the case papers. Hospital authorities cannot and will not hand over case papers containing confidential information on the patient to any one who asks for them without due authorisation from the patient. Editor)

'Injections can endanger health'

In his essay, Dr. H. V. Wyatt expressed a doubt voiced by some Indian doctors. 'A doctor trying to educate the patient might well lose patients, a sizeable portion of income and, in addition, provoke the hostility of other doctors.' At first sight this appears valid, given the Indian milieu.

There is hardly any need for a doctor to substitute injections by some equally lucrative alternative. Consistent demonstrations of relief and cure by therapy that avoids painful and expensive injections are bound to make one's practice show a progressively upward trend. Almost each one of us will cheerfully plump for a quality product which is also economical - whether it be consumer goods or health care.

Of course, it takes all kinds to make this world. There are patients, who, for various reasons, do not like taking injections at all. They would rather wait for the 'No injections' doctor than go to another who will give injections. And then there are the 'converts' who wish rapid relief or recovery to normalcy. They form the vast majority. Many of them have been converted by doctors proclaiming the potency of the contents of injection ampoules. These patients, are, thus, brought up on a diet of injections and demand them. It is my experience that re-converting them is not difficult. If we show them equally satisfactory results after oral therapy and emphasise that the latter is less expensive and less painful, they soon learn the limitations of injections. This leaves the few 'die-hard' believers in 'no injections-no cure'. It may be difficult to change their conception and we may be forced to leave them to doctors fond of giving injections.

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Reference

Wyatt HV: Health warning: injections can endanger health. *Issues in Medical Ethics* 1996;4:14-15.

Ethics of authorship

We were pleased to see Dr. Ganatra's essay on the ethics of writing and publishing scientific papers. Some organisations have already instituted rules on authorship. We reproduce below an adaptation of the brief guidelines laid down by Centre for Enquiry into Health and Allied Themes (CEHAT) for its staff:

'Who can be an author of a publication?

These guidelines provide only the **minimum** requirement for authorship.

(1) **Credit:** All researchers who have worked on the project being reported are entitled to authorship. Individual(s) may be excluded if (a) they have worked only for a short duration and only for a specific fraction of the task, (b) they left the project and/or institution before the preparation of the first draft of the report and without contributing to any section of the writing.

(2) **Ranking of authors:** The position in the research hierarchy will not be the criterion for ranking. Importance will be given to the extent of contribution made in conceiving the project, work done on it and in writing the report.

(3) The contribution of all those who have helped substantially in the project and the preparation of the publication must be appropriately acknowledged.'

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Issues in Medical Ethics

I write to make certain points about this journal.

1. Are enough journalists aware of the presence of this journal? The younger scribes, particularly, should be made aware of its contents and the issues raised in it.
2. Why are two rupees spent in posting this issue when printed matter can be officially mailed at the rate of 50 paise per 100 gm?
3. You could effect savings through the use of a franking machine instead of stamps.
4. Contributions such as that by Anant Phadke in his letter are a classic example of what speaking from the heart is and does.
5. It is heartening to see the full addresses of each correspondent provided in each issue so that the reader has the option of a one-to-one communication.
6. Why was ASLME's address provided in a manner so that only a small minority can use it? How many have access to e-mail?

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Reference

Announcement: The Journal of Law, Medicine & Ethics. *Issues in Medical Ethics* 1996;4:80.

(We are not entitled to concessional postal rates. ASLME had requested insertion of the announcement exactly as it was printed. We erred in not adding the full address. Editor)

Expert opinion in legal cases

The dilemma faced by Dr. Yash Lokhandwala [1] can be equated to that articulated by Hamlet - 'To be or not to be, that is the question.'

The answer to the question posed in the last line of his editorial is: 'Do what your conscience dictates.'. If the doctor wants to 'just make excuses', as most are doing, that doctor is merely part of the herd and lacks conscientiousness.

The doctor should study the merits of the case and then extend wholehearted support at all levels and in all courts.

The Maharashtra Medical Council (MMC) with its batallion of so-called executive committee members formed by the so-called experts can easily shield the doctors. They misuse their status and easily manipulate the outcome in favour of the doctor, howsoever negligent he may be. The complainant should think a hundred times before ever going to the medical council.

What is worse, the manipulated decisions and judgements passed by MMC are quoted in Consumer and Criminal Courts to create a bias in the minds of judges. Judges equate MMC with the Bar Council! This is, of course, far from the truth.

Doctors take full advantage of the above facts. Various medical associations have formed medico-legal cells for the protection of senior consultants and others attached to hospitals and nursing homes. The public is left high and dry, bereft of support from any one.

The need of the hour is a panel of sincere, honest, knowledgeable doctors with unchallengeable integrity who will provide patients and their relatives unbiased medical opinions in writing. Why do you not form such a panel?

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Reference:

Lokhandwala Yash: Giving opinions in medicolegal cases - a dilemma. *Issues in Medical Ethics* 1996;4:69.

(ACASH -- Association for Consumer Action on Safety and Health -- together with Forum for Medical Ethics Society has already started work on setting up such a panel. Those willing to help are requested to contact Dr. Arun Bal at ACASH, Servants of India Society Building, Second Floor, 417 Sardar Vallabhai Patel Road, Girgaum, Bombay 400 004. Telephone: 388 6556. Editor)