

The tumor that turned into a baby

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*'When a doctor does go wrong, he is the first of criminals. Me has nerve and he has knowledge.'*¹

I was reminded of these words written over a hundred years ago when I heard the following on a recent visit to India.

A friend's experience

A friend's wife took her young married daughter for prenatal care to a husband-and-wife-team of obstetricians practising near their house in north Bombay. The couple belonged to the same community as my friend (an assurance of competency and personal attention?) and were highly regarded as they had trained in Germany. Shortly into the consultation the lady doctor exclaimed that this was obviously a tumor, not a pregnancy at all. My friend and her daughter were shattered. The lady doctor spoke to her husband in German, the conversation being completely unintelligible to these two ladies, scaring them even more. She turned to the patient saying prompt surgery was essential.

On returning home from work, my friend found his wife and daughter in tears. When he heard the details he accompanied them the next day to the nursing home and despite pressure from the doctor-couple to reserve a room for the impending surgery, entreated them to wait. Intending to get a second opinion, he requested a copy of the consultation report but the doctor refused to give it, angrily saying he did not have to seek their care if he did not trust them. My friend pacified the doctors promising to return the next day with the necessary funds for surgery. Instead he made a frantic phone call to an obstetrician in central Bombay who had taken care of several of his friends and relatives. A normal pregnancy was diagnosed and, sure enough, six months later his daughter delivered a healthy baby girl.

Elementary, my dear Watson!

The doctor's errors are glaring in this incident. Should the doctor have pronounced a definitive diagnosis without considering other diagnoses particularly in a situation where the pronouncement was likely to be so traumatic? Should she/he not have ascertained the diagnosis by appropriate tests before recommending surgery? Clearly, a written report of the consultation should have been made available to the patient as the patient has the right to a copy of her/his medical record which includes all notes made by the physician and results of all tests. Finally, the patient should not have been discouraged from getting a second opinion because a patient has the right to consult other professionals and has the right to question the correctness of the diagnosis

and treatment plan advised by a doctor.

Perhaps my friend and his family's mistakes are less obvious. They never informed the first doctor that the diagnosis of tumor had been questioned by the second doctor. Later they never sent even a letter to the first doctor saying that the daughter had delivered a normal baby. How can doctors be made to adhere to a high standard of ethical behavior?

In USA the doctor's code of conduct is enforced by the regional medical societies, similar to our Maharashtra Medical Council. This has evolved over the years to its present form due to legal and societal pressures. Perhaps that will eventually happen in India too. Until then or as an alternative, one could have a panel composed of experts (preferably retired doctors who would be willing to donate their time) and representatives from lay public under the aegis of a neutral, respected non-governmental organisation.

This panel could investigate complaints quickly and render a public opinion. Public scrutiny would result in loss of face for the doctor and affect his/her practice through negative word-of-mouth advertising.

Perhaps this will act as a greater deterrent than lawsuits as in India, the judicial process is excruciatingly slow and prohibitively expensive as lawyers don't yet have a contingency fee system. Finally, in this day of privatisation, a for-profit business could employ medical professionals to assess a situation and recommend a course of action, for a fee.

How can patients correct doctors?

Why was my friend so reluctant to confront the first doctor? There are many things that stand in the way of patients bringing about a change in the way medicine is practiced in India. Firstly, the attitude of hero-worship of the doctor that is prevalent in the society. Secondly, the paternalistic way in which all doctors treat their patients, 'We know what is best for you.' Thirdly, the very idea that one can challenge authority is discouraged from childhood onwards. Finally, the fatalistic attitude that after all complaining is not going to redress the injury or loss, and, after all, one might need the help of the same people tomorrow so why antagonise them today. The middle class will have to learn to demand accountability from the system. Recognising their common interest, the middle class will have to organise, across castes and religions, to fight for their rights and not wait for the government or some other body to solve all their problems.

Signs of change

People are beginning to demand compassionate and

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competent care from their doctors. What often holds people back is the lack of knowledge – what are their rights in a given scenario? How do they go about exercising those rights? One way to encourage awareness of patients' rights is through consumer organisations dedicated to health care who can publish brochures on standards of care and mechanisms of seeking redress when those standards are violated. Patient support groups can promote exchange of information about care given by specific doctors and hospitals. Since the public does not read specialised journals like *Issues in Medical Ethics*, newspaper articles based on real cases of misconduct, showing step by step how a patient can get complaints addressed, would be invaluable. Finally,

the great medium of TV could be utilised to reach even the illiterate.

Health care in India has become a nightmare for not only the poor but also the well-to-do. Where the medical professional is not held accountable, the government lacks the political will to mandate and enforce the necessary reforms, the medical councils only too happy to let things remain the way they are, the patients alone are going to be the engines of change.

Reference

1. Doyle Sir Arthur Conan: *The Adventures of Sherlock Holmes: The Speckled Band* (1892)

ADMISSION CRITERIA TO SCHOOL OF NURSING

An outrageous test was conducted on a student nurse who was seeking admission to the nursing course at King George Hospital, Vishakapatnam. In association with this, two gynaecologists, Dr Sasi Prabha and Dr Varalakshmi were found guilty of conducting per vaginal test on the nursing student and have been suspended. This might not have been a single incident which has occurred. Many such cases might have gone unnoticed in the past. We do not believe that such tests should be considered routine tests. To keep up the professional ethics and unity of the nursing profession, and so that such incidents are never repeated in future, it was mandatory for us to check with some of the authorities on nursing on the guidelines for admission to nursing course. (Their names are withheld, at their request).

A senior nurse from Bombay Hospital said per vaginal examination is not at all necessary for admission into the nursing course. A pelvic examination might well be necessary to rule out any other gynaecological or infectious problems and that too only if indicated. She adds that genital examination, mainly scrotal examination is done for candidates appearing for defense services and other such cadres. Some of the medical examinations on admission include routine examinations such as general check-up, chest x-ray and routine examinations of blood. H.I.V. test has also recently been included. This general check up does not include a per vaginal examination or virginity test.

A senior lecturer from the department of nursing, K.E.M Hospital states per vaginal examination is not necessary at all. Most of the schools of nursing admit students who are married. Students with children and widows are also admitted to the course as per the age-limit. If this is permissible, then the question of conducting such tests by a doctor does not arise at all. Even in the past, nurses who were married with children and widowed were admitted to the course. It also mainly depends on the institutional policy that a married student does not become pregnant during the course of study as it interferes with her study. Even if she is pregnant and has to deliver, she can appear for next term of examination -- the only focus being the successful completion of the course.

As the terms and conditions imply so, such attempts to outrage modesty of a person should not be done by any medical authorities for those who seek admission to nursing courses. Other experienced nursing persons suggest that such untoward activities by the medical and non- medical authorities associated with the school of nursing should be brought to the notice of the public and be intimated to the Indian Nursing Council or State Nursing Council so as to seek suitable solutions. There are also the professional bodies such as Trained Nurses Association of India (T.N.A.I) or the Nurses Federation of India who will help in situations such as these. We personally believe that all concerned nursing leaders should seriously take up this matter and formulated specific guidelines on the admission criteria. This will lead to the improved professionalism and to strengthening the ties of nursing so that in future, nurses do not suffer agony or embarrassment out of such activities.

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2. Sivanand S: An outrageous test. *Outlook* 25 September 1996 p30-31.