baby would die. She did have a caesarean section - and the baby died after 4 days in the neonatal intensive care unit. At her postpartum visit, she explained that she was still happy with her decision. She felt that God was punishing her for her sins - and believed that by doing the best she could for her baby, she had "paid" for them. As a result of her decision, she was more at ease with herself and her conscience.

I'd like to conclude by describing an interesting patient I encountered recently - an unmarried woman, who requested that I do donor insemination for her. She was a young, independent woman, with a successful career, who knew her own mind, and had decided that she wanted to start a family, without being saddled by the burden of having a husband. While doing donor insemination for her as a medical procedure is straightforward, I still have doubts as to whether this is the "right" thing to do. I personally am very conservative and believe in the traditional family structure. Will her child be at a disadvantage ? Will Indian society accept her baby? On the other hand, should she be forced to marry just to have a baby ? Is a child born to a loving single mother any worse off than a child born in a family where the husband and wife are always fighting ? Using the principles of self-effacement (not allowing my own opinions to intrude); and autonomy (letting the patient decide for herself), I have agreed to do so - but am I doing the right thing ? I guess only time will tell...but at least I have a clear conscience, and have thought through the pros and cons carefully - thanks to the theoretic framework which the above bdoks provide to the physician.

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Ethical issues in the progress of medical science and technology

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Technology has made such tremendous advances over the past few years that it has been difficult for man to keep his sense of values intact in a changing society. This booklet raises some of these issues and includes euthanasia, abortion, in vitro fertilisation, organ transplantation and genetic engineering. The author, Dr A K Tharien is an ex- President of the Voluntary Health Association of India and has represented the nation at the declaration of Tokyo [on ethical issues in genetics] in 1990. Dr Tharien briefly discusses the science and the techniques of these topics before dwelling on the ethical problems. An useful appendix covers the Hippocratic oath as well as the declarations of Geneva [1948], Helsinki [196 1] and Tokyo [1990].

The pros of this book as well as its cons lie in its size - it is just 44 pages long [small size pages] and there are no references. Of these, the authors views are written in 22 and the appendices take up 15 pages. As such , it can only act as a brief introduction to the some of the fields currently of interest to medical ethicists. Serious students will have to look elsewhere for more material. For instance, the chapter on abortion is very brief and is largely on the reasons that different countries have legalised it. Although he does not specifically clarify his stand on abortion in the chapter, it clear that he is anti-abortion.

In fact, the author is obviously influenced strongly by his religious beliefs and I do always not agree with the author. He is apparently against euthanasia, something I believe in, inspite of its potential hazards. He is also not in favour of transplant operations or indeed, most of the newer techniques in medicine. I must accept that his emphasis on love as the motive and guiding principle for all health care workers and that a moral and spiritual education may help solve some of our ethical problems. He reiterates that medicine is a calling, not a profession and concludes " Only ethics based on spiritual values and love can lead our society to lasting happiness, harmony and peace." In a commentary towards the end, Frank Leavitt of Israel suggests that Dr Thariens views bc examined by bioethicists of other faiths as well as secular , strictly scientific [a politically correct term for atheists, I imagine] bioethicists.

The chapter on euthanasia is particularly well -written and has been published with some modification in this issue of Issues in Medical Ethics.

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From the World Wide Web...

On doctors' rudeness

Margaret Hughes: Everybody's dream is that a doctor talks to them and takes the time to listen to their problems and discuss the possible methods of curing the ailment. However, once the doctor really does start doing that he can never keep an accurate appointment book.

Alan Fletcher: think you are right, there are times that delay are unavoidable.

Margaret Hughes: My pet peeve about doctors is that they want to hear your complaints, but don't give you time to adequately describe them in your own terms. Due to their time constraints, they in reality stop listening as soon as they think they've got the information they need for the diagnosis.

Any listener who formulates an answer before the speaker has finished outlining the problem hasn't 'heard' all there is to consider. So, I don't stay with a GP that doesn't give me the space I need to discuss my ailments, but many do.

In searching for a good GP, I discovered that no matter how much I emphasise that I need sufficient time to express my concerns in my own way, and no matter how much the GP agrees this is a good thing and they can do that, it hasn't worked out that way. They revert to their 'assembly line? bring em in, short survey, dx(diagnosis), rx(treatment), out of the door' format, which simply does not work for me. I'm still looking for a GP that can work with me, and whom I can work with.

Jim Burns: I could not agree with you more. I have read many replies to this problem and in a study conducted on 24 family doctors It was found that, on the average, patients' visits lasted nine minutes. The doctors heard only some of the symptoms - and may have missed vital clues. Studies show that the patients who were able to fully describe their medical complaints on their first visit recovered much faster than those that didn't get the opportunity to do so.

Whats more, even doctors admit there is a problem. According to 3,352 doctors many patients feel that their doctors don't show any compassion. Worse, some doctors are seen as arrogant.

What can the patient do against intimidation?

If your doctor interupts you, simply return to the symptons. 'Be prepared with your best description of what you think the problem is, and make a list of the questions', Dr. Stewart, Professor of Family Medicine at the University of Western Ontario and an expert on family doctor-patient relations states. The key, Stewart suggests, is to be honest and actively involved. Don't be intimidated by your doctors, educate yourself. If you do not feel that your doctor is giving you the right treatment for your illness, get a second opinion.

Acquire your medical records. Do not let the doctor tell you that you cannot have them, or that he has to keep them on file for a certain period of time. This is false. In 1992 the Supreme Court of Canada ruled that the patient had the right to take his file to any other physician of his choice. To save time, arm yourself with your records and test results, x-rays and physicians' summaries of your condition.