

## Placebos

The issue of whether or no patients should be informed about placebos used in their treatment follows the moral belief of the physician that the patient must be told all about every measure used during his treatment. This, in turn, stems from the desire to be truthful and honest. In this context a classic Indian dictum is relevant.

The definition of the Sanskrit term *satyam* or truth is 'that which leads to good' and is not merely restricted to factual veracity. A scriptural instruction illustrates the difference. If a young woman is being chased by ruffians intending to ravish her and you provide refuge in your home, you are not bound to tell the truth when the ruffians knock on your door and seek her whereabouts. Barefaced 'truthfulness' and factual admission are clearly not the prescription in this setting, even for one sworn to abjure falsehood.

Religious works also speak of 'pious fraud' - a deception intended to benefit those deceived.

The intention behind one's utterances and deeds is crucial. I believe that all of us agree that the placebo-administering physician is unquestionably benign.

Ultimately, the patient seeks cure. Whilst his or her right to information and respect as an individual are very important, the doctor's primary focus is on healing, using every available means. Given this earnestness of motive, anything apparently contrary or even incidental to this primary motive needs to be given the go by.

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## Cross practice

The editorial Cross ***practice at the cross roads (Issues in Medical Ethics 1996;4:103- 104)*** aptly represents the landmark judgement of the Supreme Court against non-allopathic doctors practising allopathic medicine and vice versa. It also clearly states that such practices violate, ***per se***, the Indian Medical Council Act, constitute medical negligence and attract fines or imprisonment.

It is a disgrace for the Medical Council of India that such a judgement became necessary. Does this august body know that in Mumbai nursing homes and private hospitals are under the care of non-

allopathic resident medical doctors employed by allopathic owners? These non-allopathic resident doctors not only manage general wards but also critical areas such as intensive care units and intensive cardiac care units. They not only attempt to interpret traces on cardiac monitors but also proceed to treat them and even administer DC shocks on their own judgement. The specialists who run such intensive care units depend heavily on the findings conveyed by such doctors over the telephone and proceed to recommend changes in therapy on the basis of this information.

A recently announced Heart Brigade attached to a private nursing home sends out a non-allopathic doctor to the patient's home when it receives emergency calls.

Are those employing such non-allopathic doctors not liable for medical negligence?

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