

being flouted and slum dwellers continue to be treated by the elite and the majority of Surat Municipal Corporation officials as an obstacle in the beautification of the city. There is space within the system for remedial measures. Surat may be cleaner but the improvement in health for many of its citizens has not been addressed.

Shah rightly describes the plague as a "symptom of a deep-rooted social disease: the development model that the country is following", rooted in neo-liberalism. The three notes that chime in the urban health debate are ideological manifestations of this model. All three emanate first from the rich countries of the North and are repeated in the popular press, by policy makers and politicians in India. Shah's book attempts to redress the balance. He has shown that in Surat, India and internationally, health for all cannot be achieved through narrow and deterministic models of development. It is necessary to address the issue of political economy as well. It is beholden on those involved in the "development debate" to expose the deterministic nature of many of its prescriptions, and map out a future which means fundamental political, social and economic change. Shah has made a valuable contribution to this debate.

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#### References:

See for instance Harpham. T. Tanner. M. (1995) Urban health in developing countries: Progress and prospects. Earthscan London

For this debate see Doyal. L. Pennel. I. (1991) The political economy of health. Pluto

Classics. London. Navarro. V. (1980) Work, ideology and science. Social Science and Medicine 14C and Turshen. M. (1977) The political ecology of disease. The review of radical political economy 9(1): 45-60.

Said. E. W. (1995) Orientalism Penguin. London

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Post plague scenario in Surat. Economic and Political Weekly 32(12):607-613.

Shah. G. (1997) Public health and urban development: the plague in Surat. Sage Publications. New Delhi: p. 233

## ETHICS AND PAEDIATRIC SURGERY

*Ethics in Paediatric Surgery, editors PD Madhok, SJ Karmakar. 60 pp. Mumbai, 7 997.*

■ This collection of papers presented at a December 1996 seminar on the ethics of paediatric surgery provides food for thought in a profession where ethics is rarely mentioned, which does not see fit to include the subject in the education system. The collection does a good job of discussing the range of relevant issues:

S K Pandya and P Madhok highlight two organisations which could promote medical ethics: medical associations and statutory hospital ethics committees. I only disagree with Dr Pandya's perception that an independent commission of doctors would render consumer protection courts superfluous. Doctors will be reluctant to speak out against their colleagues; it is easier to remedy lacunae in the CPA.,

Justice Suresh rightly refers to the Supreme Court judgement upholding a patient's right to emergency medical care: that the right to life must include the right to medical care is well taken. How can we talk of medical ethics when primary health centres don't even have essential drugs?

RK Gandhi responds well to doctors' opposition to the Consumer Protection Act by pointing out that the profession need not fear frivolous litigation or resort to defensive medicine if they communicate with their patients, and keep proper-records.

Another point, brought up by a number of writers, was the need for multi-specialist committees, and the inclusion of parents in the decision-making process, particularly in cases of prenatal diagnosis and therapy, and when dealing with children with multiple deformities. Other situations which create ethical dilemmas are intersex disorders, advanced malignancy and the use of passive euthanasia. In his discussion of

ethics in research, Sanjay Oak raises the important question of sensitivity to animals.

Santosh Karmakar gives a good perspective on the management of children with neural tube disorders by including, in the decision-making structure, the question: would I do this for my child? However, the editor's note here, that severe cases "are best prevented by foetal abortion" is simplistic. Reports can be wrong. And equally important, some parents may have strong views against abortion. It is essential in such situations to take the parents into confidence.

When talking about the ethics of scientific publishing, P Madhok ignores the central question of publishing research funded by the pharmaceutical industry, where there is always a possible bias. Many journals today require that the authors mention the funder as well as any possible conflicts of interest.

*R K Anand*

## SHORT NOTES...

□ The May 1997 issue of *Reproductive Health Matters* covers a health service whose absence kills more than 100,000 women worldwide annually. **Abortion, unfinished business** looks at changes in law and practice since the 1994 International Conference on Population and Development in Cairo acknowledged that unsafe abortion was a major public health problem, and the 1995 International Women's Conference in Beijing agreed that something had to be done about it. Seventeen features report on specific local issues in law and health services. Three examine some issues in current research. The round-up carries reports on law and policy, service delivery and research, and a list of recent publications. All making the journal essential reference material on a complex issue.