

Harrowing stories

Market, medicine and malpractice. A Jesani, PC Singhi and P Prakash (ed). 1998. pp. 175

Once you start on it, this is positively not a book you cannot put down. *Market, medicine...* simply forced me to pause midway and turn elsewhere for relief, so strong was the revulsion induced by the four case studies that occupy nearly half of it. Whether it is the shameful conduct of doctors near the top of the profession or the conspiracy of silence that protects such practice from honest appraisal by other doctors, or the callous manner in which our hospitals and nursing homes are run — you are left with nothing but anger and contempt for individual doctors and institutions that you may some day have to trust for treatment.

You read of a surgeon at a leading hospital who doesn't bother even to look at a patient admitted under his care. He has that patient's abdomen opened up by a junior, in defiance of expert opinion, and with not so much as an inspection gets that junior, appalled by the contents, to close it up again. If you expected such indifference to come free of charge, you would be wrong. A bill of Rs.5,000 followed, for the senior surgeon's inaction and restraint, for his refusal to examine the patient. And then followed an attempt to unload the blame on to the junior surgeon. The hospital's top management supported all that misconduct.

Another case study told of the transfusion of a wrong blood group into a patient at the Parsi General Hospital. The mistake was traced to an employee who was clearly not qualified in allopathic treatment. After the patient died, the case led to litigation, and for once litigation was productive. The High Court directed the Bombay Municipal Corporation to supervise the city's private hospitals, naming

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committees of supervision.

Equally shocking, the fourth case study narrated an obstinate obstetrician's disastrous mistreatment and negligence.

Market, medicine... goes on to describe the obnoxious practices in private hospitals, the secrecy in which they improperly shroud the medical records of their patients, and the protection they extend to the crooked doctors they harbour. Not that this is something new. When I worked at Jaslok Hospital years ago, one senior practitioner, who brought the hospital a huge revenue, was known to fill his own coffers, and his desk drawers, with large amounts of cash exacted from patients on top of the prescribed fees. The trustees were willing to tolerate his foibles, until one day he demanded his cut from one of their own relatives. Their indignation was temporary, however. After all, he was one of the hospital's best money-spinners, and, in any case, so many doctors habitually cheat the taxman.

A report I made to the Bombay Municipal Corporation about the KEM Hospital in 1969 contains this passage: "A serious criticism of the institution is the heavy emphasis placed on research. Research is a good thing, but the criticism is that in this case it is carried to the extent that patient care may be neglected. It is alleged that during a period of shortage of X-ray films, for example, a number of patients are unable to get appointments for X-ray for excessively long periods; at the same time films are available for research, and are even wastefully used for research activities. ... Even patients in certain departments are treated more as subjects of research than as persons in need of medical care; in general, scarce resources are allocated with less concern for patients than for the institution's image as a home of research."

Are the misdeeds of doctors and hospitals effectively controlled or supervised by the State Medical Councils? Alas, no. The Councils are little more than trade unions,

conspiracies to prevent aggrieved patients (or the bereaved relatives of patients who could not survive malpractice) from bringing doctors to account. And even these trade unions are born in illegality, elections to them having been shabbily fixed. *Market, Medicine...* describes this professional trade unionism at work in the Maharashtra Medical Council in disgusting detail. It unveils the secrecy the Council practises, the arbitrary manner in which it conducts its enquiries, concealing its hearings from the public, denying justice to complainants. A writ petition filed in 1995 asked the Bombay High Court to force the Council to remove its veil of secrecy, but that case has become part of the huge backlog at the court. Who knows when it will reach hearing.

Which brings me to the final hurdle in the way of patients' redress against misbehaving doctors, hospitals and nursing homes. Few of us would live long enough to get a decision in a court proceeding we might start. And even if we did, our justice system offers dilatory appeal procedures to delinquent doctors and medical institutions, which are much better heeled (and can therefore afford long-drawn out litigation) than the patients they bury or mistreat. The new Consumer Court system promises some relief from these delays, but these courts too are quickly bogging themselves down in arrears.

This book brings you descriptions and discussions of the ethics that too many of our doctors ignore, along with an exposition of the law on the subject that is so hard to invoke effectively. It is a valuable addition to the literature on medical ethics, but its contents leave you asking whether Bernard Shaw was wrong when he wrote: "There is a difficulty in trusting to the honour and conscience of our doctors. ... most of them have no honour and no conscience."

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