By the time this issue reaches readers, the din and dust of the Lok Sabha and Assembly elections will have settled and a new government should be taking shape. In the state of Maharashtra, a little before these elections, another election took place which involves the practitioners of modern medicine. This was the election to the Maharashtra Medical Council (MMC), an event which holds a special significance for the Forum for Medical Ethics Society (FMES). For in

1993 the FMES and this journal were born out of an effort by a few

individuals to contest the then MMC election on an ethical platform. In fact, the first article in the first issue of this journal dealt with our experience of the 1993 MMC election.(1)

When the present MMC election was announced, we in the FMES decided to involve ourselves again. This time we decided to invite senior members of the medical profession whom we considered ethical practitioners to contest the election with our support. We also decided to form an alliance with like minded individuals from other medical organisations who agreed to a common minimum programme.

Simultaneously we petitioned the Bombay High Court listing the malpractices that had occurred in the previous election (1), mainly as a result of the postal ballot system. Fearing that the same malpractices would be repeated, we asked for the appointment of neutral observers to oversee the election process.

As soon as they got wind of the case, the state government in a pre-emptive move appointed observers to monitor the election process.

Horse trading

Unfortunately, the actual election process was a sordid repetition of the events of 1993. A large number of the

Sanjay Nagral, 10 Moonreach Apartment, Prabhadevi, Mumbai 400 025. electorate did not receive ballot papers and many received duplicates. Seasoned medical politicians directly or through their agents collected signed blank ballot papers from voters in large numbers and traded votes with each other. In many medical institutions senior doctors and heads of departments asked their junior department colleagues to submit signed blank ballots which were passed on to candidates.

Indeed, there were some differences

their final inevitable defeat - is also a phenomenon not unlike that seen in the general elections.

Our case in the High Court is pending hearing and we have now pleaded for the present election to be annulled based on the evidence, submitted by us, of gross malpractices. We have also asked for a total rehaul of the postal ballot system as we feel it is prone to abuse. But then, this legal effort can only be a part of the struggle. Unless we can enthuse a significant section of

Maharashtra Medical Council election, 1999

from the previous election. Instead of ballot papers being submitted on the last day in sackfuls of thousands, they were submitted by many candidates in small bunches of 50's and 100's. Also, partly due to the campaign by the FMES and other organisations through the media, some doctors refused to part with their ballot papers. In fact, one candidate was reported complaining that unlike in the past, doctors were being 'uncooperative' and not handing over their ballot papers easily.

The election process concluded with government observers overseeing a part of the process and submitting a report to the high court. When the results were announced, all the candidates of the FMES-supported panel lost. In terms of votes they polled between 20 and 40 per cent of the winning candidates. If this was a general election they would have at least retained their deposits.

Another fall-out of the campaign was that during this election as well, issues regarding the ethics of medical practice in the state, and the conduct of the elections, were discussed in the media and in the bulletins of various organisations.

The indifference and cynicism of a large portion of the electorate, and the sophisticated form of booth capturing in the form of collecting blank ballot papers, have parallels in the general elections held in this country. The efforts of small groups such as ours to take on established politicians - and

the profession to take these elections more seriously, to resist attempts at snatching their ballots, and to vote for candidates with a record of ethical practice, the farce will continue to be repeated.

In short, we need to project the MMC and the elections to it as being central to the act of arresting the declining standards of medical practice. Most practitioners agree that this is the case.

Failure of the system

Until this is done, activist lawyers, patient's rights organisations, consumer groups and concerned journalists will continue to bear the burden of policing the ethical standards of the medical profession. Much like 'extremist' political groups who have lost faith in the electoral politics of this country, these groups will be regarded as 'outlaws' by the established professional bodies and may increasingly resort to what may be deemed 'extreme' measures. However, whether in the politics of this country or of the medical profession, the issues raised by such groups, and the support they generate, are nothing but a reflection of the failure of the mainstream process to address and act upon matters of fundamental importance.

Sanjay Nagral

Reference:

1. Kamath MS. Elections: the true story. *Issues in medical ethics* 1999; 1 (1): 1-3.





