

When the patient wants to try another system of medicine

In such situations, the physician faces many ethical dilemmas

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Complementary or alternate systems of medicine are being practiced all over the world. In our country, we have a long tradition of alternate systems of medicine, such as ayurveda, unani, homeopathy, etc., which are recognised by law and the government. In addition, we also have newer, novel therapies such as ozone therapy and magnetic therapy. Our patients tend to try these systems when they have chronic illnesses or when they do not get relief from the allopathic system.

As practitioners of allopathic medicine, we face many ethical dilemmas when we are confronted with patients who wish to try alternate systems of medicine. This essay explores these dilemmas and the ethical issues involved.

For many chronic conditions, allopathy has no cure or offers only palliation to the patients. In such circumstances, patients resort to alternate systems of medicine. Often, they ask the doctor's advice. An allopathy practitioner may not have the knowledge of other systems. Hence he is not in a position to give advice regarding the therapy. It would be perfectly ethical for him to say that he does not know about the therapy and that the patient has to make the choice.

There are two ethical principles involved in this response. The first of these is the need for not deceiving others. Alternate systems of medicine may have an answer to the patient's problem. By not allowing the patient the benefit, the practitioner is deceiving the patient through the practitioner's ignorance.

Other ethical elements involved are the virtues of compassion, honesty and

humility. When a patient is suffering and allopathic medicine cannot offer much relief or a cure, it is compassionate on the part of the practitioner to allow the patient to try alternate systems of medicine. A practitioner practices the virtues of humility and honesty when he agrees to the patient's requests because he accepts that his knowledge and skills are limited.

Just as there is a right not to deceive there is also an obligation on the part of the practitioner to see that his patient is not deceived when he undertakes an alternate system of medicine. If a practitioner has the knowledge that a particular treatment is useless and would be a financial drain on the patient's resources, it is the practitioner's duty to inform the patient accordingly.

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For example, many alternate systems of medicine profess to have a cure for AIDS. Some patients who have undergone these therapies have spent money and in the end suffered and died. If the practitioner has this prior knowledge and if a new patient asks about such therapies, a practitioner should have no hesitation in advising against the therapy.

Very often, patients ask their doctors whether they should discontinue allopathic therapy when they try alternate systems of medicine. The answer to this question depends on the situation. If there is a definite cure and there is a public health hazard if the patient is not treated then a practitioner

should strongly advise the patient from discontinuing the medications. For example, in TB there is an effective cure and non-treatment could lead to the spread of infection in the community. Here the ethical principle involved is that of beneficence. The practitioner is acting for the good of the patient while protecting the rights of uninfected persons not to be infected. Practitioners also have a duty to the community. When the allopathic therapy is beneficial for the patients, my advice would be to continue both treatments, for example insulin in NIDDM patients

Patients may try alternate systems of medicine and return to allopathy when they find the alternatives useless. What should practitioners do? Twenty or 30 years ago practitioners would refuse to treat such patients since they had refused to practice what was ordered.

We have come a long way from that paternalistic model of the patient-doctor relationship. Nowadays most practitioners come to a shared understanding with the patient about his therapy. Many physicians will berate such patients and treat them again as if nothing has happened. Here they exhibit the virtue of tolerance. The patient's experience also enhances the practitioner's knowledge about the efficacy of the alternate therapy and its side-effects, enabling them to give better advice to the next patient who asks about such therapy.

Can a practitioner refer a patient to a practitioner of an alternate system of medicine? The code of medical ethics of the Indian Medical Council does not permit it. The code states that a practitioner should not associate with a person who does not practice medicine on a scientific basis. As the scientific basis of many of the alternate systems of medicine is not known, a practitioner should not refer a patient to an alternate system of medicine.

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