

you are otherwise not available, do not criticise the other professional's decisions. Be thankful to the doctor for having taken care of your case in your absence.

An honest comment offered in good faith, to promote the patient's best interests, may be justifiable. However, even this can become inappropriate criticism. Think before you speak out loud. Think again before writing such reports, ask a friend to review what you intend to report in writing to save yourself from inadvertent criticism. Remember, comments which are gratuitous, unsustainable and aim at undermining trust in a colleague's knowledge or skill are unethical.

Positive steps

There is also a need to foster healthy criticism. Promote academic debates among your peers. Utilise forums such as CMEs and medical journals to air your professional opinions.

When you see negligence

It is your professional obligation to inform the appropriate authority about a colleague whose professional conduct, fitness to practice and professional performance appears to be deficient. Unfortunately, the majority of professionals turn a Nelson's eye to such behaviour, even while they slander their colleagues informally.

If a patient comes to you with evidence of another doctor's serious medical negligence, do not get caught in the web. Advise the patient to approach a medical activist, voluntary group, professional organisation or medicolegal expert for better guidance. Do not jump to conclusions and pass judgements based on a one-sided version of the story. Understand that you are not an expert in these issues. Should you wish to become an advisor on such issues, become an activist, pursue your interests of cleansing the profession and getting justice to the needy. May God bless you.

If negligence in the profession is continuous and on-going and you feel strongly charged to correct the ills, nothing stops you from discharging your social, ethical, moral and professional responsibility of

reporting such matters to the concerned for grievance redressal. You can become a party to action in consumer health fora, the courts, or local health authorities. You can bring the negligence to the knowledge of professional bodies and medical

councils and be actively involved without the fear of indulging in professional criticism. It is always better that medical activists come from inside the profession, for they understand the problems of medicine better.

The right to health

On May 11, 2000, the Committee on Economic, Social and Cultural Rights adopted a General Comment on the right to the highest attainable standard of health.

The General Comment deals with a state's obligations to maintain the health of its population "to the highest attainable standard" by specifying the universal obligatory core components for every country's health system. Every state will be obliged to meet, or aim for, not only defined standards of availability, accessibility, acceptability, and quality of healthcare but also the essential prerequisites for health - a healthy environment, clean water, and adequate food and housing. Another important innovation will be the introduction of a system of benchmarks and indicators with which to monitor progress in the development of states' health services.

Article 12 of the Covenant says states recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Parties agreed to take steps to reduce stillbirth and infant mortality rates, and to work towards the healthy development of the child, as well as improving all aspects of environmental and industrial hygiene, the prevention, treatment and control of epidemics, and the creation of conditions which would assure medical services and medical attention in the event of sickness.

States were obliged to guarantee that the right to health would be exercised without discrimination. They also had obligations to take deliberate, concrete and targeted steps toward the full realisation of the right to health.

Addressing violations of the right to health, the general comment said it was important to distinguish the inability from the unwillingness of a State to comply with the obligations of Article 12. If resource constraints rendered it impossible for a State to comply fully with its Covenant obligations, it had the burden of justifying that every effort had nevertheless been made to use all available resources at its disposal, the document stated.

The general comment recognised that implementation at the national level would vary from one State to another. It pointed out, however, that the Covenant clearly imposed a duty on each State to take whatever steps were necessary to ensure that everyone had access to health facilities, goods and services so that they could enjoy, as soon as possible, the highest attainable standard of physical and mental health.

In pointing out the obligations of actors other than States parties, the document stated that the United Nations agencies and programmes, particularly the World Health Organization (WHO), were of particular importance. States parties, when formulating and implementing their right to health national strategies, should avail themselves of WHO's technical assistance and cooperation.

The Covenant has been ratified by 130 countries and is the leading legal source for the international human right to health. Every state signatory is required to make 'periodic reports' to the Committee at five year intervals.

