

Unkind cuts

In January 2000, the Bangalore Neurological Society organised an oration named after Dr RM Verma, one of India's great neurosurgeons and the pioneering spirit behind the NIMHANS. The society honoured Dr Sunil K Pandya, who needs no introduction to the readers of this journal, by inviting him to be the first orator.

Dr Pandya chose to speak on the subject closest to his heart; "Medical ethics in India : then and now." As he referred to it at the stage where, after discussing ethics in the past, he moved on to the present-day ethics, "we go from the sublime to the ridiculous." Dr Pandya pointed out that the state of medical ethics was terrible in his own city, Mumbai, and he understood that it was pretty much the same in Delhi as well. However, he believed that in Bangalore and in the South, things were not so bad. Being new to Bangalore at that stage, I rather believed him. Subsequent events have shown me that, unfortunately, for once, Dr Pandya was off the mark!

For the vast majority of patients and doctors, the term "medical ethics" instantly conjures up the word "cut practice" in their minds And not without good reason. Topics like euthanasia, surrogate fertility and xenotransplantation are often considered esoteric and do not interest many. Indeed, a considerable number of friends have told me that they skip reading articles on these topics in *Issues in Medical Ethics*. A radiologist friend in this city says to me, no doubt referring to my long association with a cancer hospital in Bombay, "You should do something about *this* cancer first". My good friend has not yet succumbed to the tricks of the trade, and his limited practice is the evidence !

Cut practice, however, affects everybody, be it the patient undergoing an expensive MRI scan or a patient undergoing routine biochemical investigations - or the honest doctor. Those in diagnostic work (such as I) but who do not have hospital

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attachments (unlike me) are probably at greatest risk of being at the mercy of mercenaries. Thus, when I was exploring some outside waters, so to say, it came as a bit of a shock to me to hear the question: "How much do you offer? The going rate is 25 per cent." Truly, this gives new meaning to the phrase "cutting edge" of science!

What is the solution? It appears from the experience of this journal, regretfully, that attempts to awaken the conscience of the doctor are, by and large, a waste of time. While an infinitesimal percentage may decide to reflect on the matter after reading these pages, it is likely that the majority will learn only one way: the fear of the media. Judging from Dr Mani's and Dr George's comments in the *National Medical Journal of India* and *IME*, the exposure that *The Hindu* gave to masters of the cut-practice has succeeded in reducing this evil. Perhaps Bangalore (and of course, Bombay and Delhi) need the same.

Comic relief, however, comes from Delhi. A Delhi Medical Council has just been constituted (I write this in the absence of a column along these lines from Delhi) to address cases of negligence, because in the words of a spokesman, "Doctors do not even know that they should not take commissions." I am touched by this display of honesty and ignorance and hope that this group will fare better than I expect them to. The track record of all our other medical bodies is unimpressive, to put it mildly.

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Cut practice is, of course, what doctors are not supposed to indulge in. Let us look at the example set by a master surgeon - one practising a different type of cut [!], so to say. I have been fortunate to lay my hands on a delightful, ancient book entitled *Doctors and patients* by John Timbs [London, Richard Bentley and sons, 1876]. It appears that John Hunter, the founder of modern scientific surgery, once agreed to operate on a patient for a fee of 20 guineas. When the patient turned up two months later, Hunter learnt that the better part of this time

was spent by the patient's honest but unfortunate husband to raise the money. Hunter promptly returned 19 guineas so "that they might not be hurt with an idea of too great an obligation." He also held the operative part of surgery in the lowest esteem because "to perform an operation is to mutilate the patient whom we are unable to cure; it should therefore be considered as an acknowledgement of the imperfection of our art." The times, clearly are a-changing!

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A letter in the previous issue of *IME* made me think. In it, Dr Sethuraman of JIPMER, Pondicherry, makes the comment that this journal appears to concentrate on the negative aspects of our ethical practices while ignoring the positive. I reflected that, if this were true (and it probably was) we were guilty of the same thing that people, including me, were often critical of - that the media hyped bad news at the expense of the good. Hence, I shall endeavour, wherever possible, to at least end on a happy note. While it is the duty of the journal to point out erroneous practices so as to apply corrective measures, it is equally important to acknowledge good practices. The latter may influence the impressionable youth and will serve to give credit to ethical doctors.

I am happy to learn of an organisation in Bangalore called the Indian Association for General Practitioners. The small group which runs this show is unlike many specialists and superconsultants I know: they keep abreast of the latest relevant literature and they are ethical! In their bi-monthly journal, edited by Dr BC Rao, I see a plea made by the secretary, Dr Jayaprakash to his colleagues to avoid depending on the drug companies for sponsorship of CME programmes. He suggests that doctors should pool their resources and conduct meetings without sponsors. I find it commendable that this small group is working towards practising what so many of us should have done long ago. May their tribe increase !

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