

reacts saying that he will fire the people involved. The doctor concludes that due to this kind of response, many errors never get reported. The movie is thought-provoking as the scenario described could happen anywhere. Despite the flow of the movie being jerky, the message comes through in the end. Part of a series of bioethics educational videos presented by the Center of Biomedical Ethics and Culture, Pakistan, the movie is

available from: <https://vimeo.com/153865932>

Dr Atul Gawande, in his book *Complications*, notes that although medical errors are thought to be confined to a subset of bad doctors, in fact they follow a uniform bell-shaped curve. Honest reporting of errors remains a crucial first step in preventing them from occurring in the future.

No simple redemption

NIKHIL GOVIND

Arjun Nath, *White magic: a story of heartbreak, hard drugs and hope*, Harper Collins India: 2016. 296 pp, Rs 204 (Paperback). ISBN: 9789351777168.

Arjun Nath's *White Magic: A Story of Heartbreak, Hard Drugs and Hope* is one of those rare, honest, intelligently reflective accounts about the long engagement ("struggle" seems too clichéd) with drugs. It is illuminating to finally read a scrappy, hard-bitten account. The value lies less in the survivor rhetoric – though in this case it is a happy ending, and Nath fulfills his dream of publishing a memoir. The impatience with which the reader (but also the parent, the friend, the therapist) wishes to know success or failure (which could mean life or death) is part of the difficulty of dealing with issues relating to substance abuse. One quickly wants to know the end—and that end will determine how we perceive the journey. If there is life, the journey was good, beneficial, on-track—and conversely, if there was death, the journey was a failure. However, this is not true, as Nath reminds us. One of the great learnings, to all, is that life cannot be measured by stability (of employment, of partners, of health, of content children) but simply by the quality and insights of that journey itself.

The book begins with a section called "Junkie Journal: June 2010", and every alternate chapter is a continuation of that journal. There is no single, magic moment of transformation. In the alternate chapters to the Journal is the story of Doc, the charismatic founder of the organisation that helps people with substance issues—the one who "cures" Nath. The figure of the Doc is what is complex and necessarily indeterminate in the book—this is not a story of simple redemption and cure by an impersonal method (be it Freudian analysis or Cognitive-Behaviour Therapy (CBT)). Rather, the cure/relief is intrinsically tied to the personality of Doc. The lavish love given to this

figure might fill many readers/therapists with unease—yet, there is no doubt that this sort of figure may be needed by many to get through to the other side. In his Author's Note, Nath explicitly writes: "lastly, and with full awareness that the idea troubles a lot of people, I want to make clear that for me this is a story of God; of finding a voice within that makes you kinder and stronger and helps you through the difficult days." (p 280). One of the rules within the programme was to pray, though to a personal, non-institutional god who both held you to absolute abstinence within the programme, but who was encouraging of a non-puritan life afterward. The book speaks of the many who admit they need a good father figure—so here we have the father/Doc/guru/God ensemble. No doubt the masculinism of this will trouble many, but it remains an open question whether cure can ever entirely belong to the impersonalised discourse of the aforementioned CBT etc. This remains a thorny problem—and maybe it is fair that the afflicted person should choose whatever mode will get them out of their melancholy.

Perhaps such unorthodox spaces can only exist in a state of quasi-legitimacy in India—the home that Nath goes to has many who are there as depressives, and who have not touched drugs. Perhaps there is a greater layer of melancholia, but more conventional centres would not mix up such different problems as addiction and depression. Yet it is the unconventionalism of everything that gives the narrative power. One sees Doc emerge from a Bombay of the eighties—with its utter ignorance of the drug problem (barred windows in grey underground hospitals, dextropropoxyphene, involuntary admissions, shock therapy, bilateral electrodes and medieval sine-wave ECT, while on the street college kids thought they were smoking hash from Afghanistan when they were actually hooked on smack from Burma). Perhaps our ignorance is less today, our technology more—but who can deny the denial of serious addiction issues even today in middle class, engineering-school-going India of 2017?

The charisma of Doc also helps contextualise him as different from the generic, disembodied therapist—he is a man struggling with his many grim divorces, his own demons of father and family. The naked patient demands a naked

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To cite: Govind N. No simple redemption. *Indian J Med Ethics*. 2017 Oct-Dec;2(4) NS: 298-9. DOI: 10.20529/IJME.2017.073

Published online on August 1, 2017.

Manuscript Editor: Sanjay A Pai

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therapist. Healing may always be a two-way street, and the redeemer can turn redeemed. These are the potent questions the book raises. To assume the guru is always healthy is as superficial as seeing Nath as the party-going corporate lawyer that he was by day.

Under the authoritarianism of Doc ("you can't bring unsealed bottles of mouthwash, you can't steal anyone's Zippo; all other lighters are fair game"), a community somehow builds. It probably would not work for most, but for those it does, there is the additional danger that it works too well. Like any other residential therapy space, the moment of truth is whether

you can return to the world outside. Many start using, and sometimes die—others use, perhaps to return to the womb of the father. Healing is the relegation of community and joy to memory, and having done so, to return to the world. Nath manages to do so, but there is no propositional wisdom—others, seeming to be no different from him, perish. These are moving pages, testament to how contingent life is. There is no final crystal yolk of wisdom but here is one of the stabs: "Sharings yes, or catharses, but no general conversation. Doc himself will sit peaceably for hours with others before he utters a single world of small talk." (p 258).

A rewarding introduction to global bioethics

VINA VASWANI

Henk ten Have, *Global bioethics - an introduction*, Routledge; 2016, Pages 272, USD 42.83 (Paperback), ISBN 9781138124103.

Professor Dr. Henk ten Have is currently the Director, Center for Healthcare Ethics at Duquesne University, Pittsburgh, USA. Formerly, he was Director, Division of Ethics of Science and Technology, UNESCO. He has more than 25 years teaching experience in bioethics. He has published several articles, written several books and encyclopedias in the various branches of bioethics. His favorite area is global bioethics.

Global boundaries are fast disappearing. Healthcare professionals travel from India to the Middle East and practice over the weekend. People from developed nations come to developing nations for cheaper alternatives to their healthcare. India has the world's largest surrogacy turnover. Europe has the largest migrant population in its recorded history, and Europeans are grappling with the rapidly changing social structure. Global bioethics is now more pertinent than ever before. This book is written as an introduction to the concept of global bioethics. The style and layout of the book are simple, making its reading a very pleasant experience. The chapters are so arranged that one flows into the other maintaining continuity, and yet one can read any chapter in isolation and still get maximum mileage. Refreshingly, this is

one book on bioethics that does not have complex sentences and complicated concepts as many publications on bioethics tend to have. The language is simple, even a person having no background or formal training in bioethics would grasp the essence of the concepts laid out. Moreover, with extensive use of real-life case scenarios, drawn from his vast and extensive experience, Dr ten Have further strengthens the bond between reader, book and author. The book is peppered with interesting, thought-provoking anecdotes and cases that make the reading even more rewarding.

The author drives home his point that the changing-world kaleidoscope requires periodic restructuring of bioethics education. Dr ten Have conveys that bioethics education should be dynamic and constantly adapting to evolving socio-technologic advancements. Medical tourism, surrogacy, humanitarian relief, trafficking across international borders and disasters involving many nations and cultures have all forced bioethics to stretch and expand its horizons and in this context such a book is a very useful addition to the armamentarium used by bioethics learners and educators worldwide. The book very effectively communicates the fact that the way forward in bioethics education is not simply continuing to push Western concepts in an inept imperialistic way, but that universal ethical principles need to be wedded to local customs and values.

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To cite: Vaswani V. A rewarding introduction to global bioethics. *Indian J Med Ethics*. 2017 Oct-Dec;2(4) NS: 299. DOI: 10.20529/IJME.2017.074

Published online on August 8, 2017.

Manuscript Editor: Sanjay A Pai

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