

have been caused, compensation should be paid by the person causing such harm has been applied.

Is such a system feasible in India?

The answer depends on the extent to which society and the medical profession are willing to bear the financial burden.

The medical and legal professions, social service agencies and the population at large would do well to ponder this alternative to the present system that sows the seeds of

distrust and antagonism between patient and doctor.

Refererice

McLean Sheila AM: A patient's right to know. Information disclosure, the doctor and the law. Medico Legal Series, Dartmouth Publishing Co., Hants, England. 1989. Chapter 8, pages 140-161.

MOTHER vs FETUS

The front page of the *Indian. Express* on Sunday, 20 June 1993 featured a story on a pregnant woman, seriously ill with tetanus, admitted to the Sir J. J. Group of Hospitals in Bombay. The patient and fetus were being monitored in the medical intensive care unit and appropriate care was being administered. Despite this, on the day before the mother died, she had cardiac and respiratory arrests. She was revived briefly. Attempts at resuscitation continued but to no avail. Once death was confirmed, an emergency Caesarian section was carried out and the fetus delivered.

The news report states that the fetus is in a precarious condition and may have suffered brain damage when the mother had cardiac and respiratory arrest. The doctors in charge of the patient were asked why the Caesarian section was not done earlier. They replied that they worked on the principle that the life of the mother gains precedence over that of the fetus. Since the mother's life was in grave danger and a Caesarian section might have resulted in her death, they felt it wiser to do all they could for her.

It has been asked why the Caesarian section was not done once it was apparent that the mother was unlikely to survive. The obstetrician has a valid argument in favour of his stand: if he had operated whilst the patient had any chance of survival whatsoever, the trauma of surgery in her critical state would certainly have tipped the balance against her survival. He could, then, have been accused of having caused her death.

The reporter points to the added tragedy of this infant surviving with severe brain damage.

Here is a real life dilemma for the practicing doctor. Was it possible to determine with precision the point of no return as far as the mother was concerned? Should the criteria for the diagnosis of brain death have been used? What would you have done under the circumstances?

We welcome your responses and will analyse them in a forthcoming issue of this newsletter.