

Letters to the Editor...

The patient with AIDS

I congratulate you on publishing a readable journal which will raise the concerns of practicing doctors about inescapable ethical mention of their activities.

The essay on *The patient with AIDS* (February-April 1994) is generally laudable. I realise that we read these things through the perspective of our own culture. To talk of homosexuals as 'deviants' (page 2) appears judgmental and contrary to the message contained in the bulk of the essay. It is also unscientific. Modern research shows that homosexuality is, in most cases, simply a genetic variation like left-handedness. For educated medical practitioners to have ignorant attitudes about it is unforgivable - and in the contest of fighting HIV/AIDS, reprehensible.

I recently attended a conference in India where I delivered an address on HIV/AIDS. I attach a copy. You may extract parts of it if you wish.

The Hon. Justice Michael Kirby
The President
Court of Appeal
Supreme Court, Sydney, Australia

(We had used the word 'deviant' as referring to aberrant or unconventional. Mr. Justice Kirby's point is, however, well taken especially when viewed in the light of the arguments in his address.

The proposals under consideration in Australia are thought provoking. Please see pages 3-6 in this issue for extracts from Mr. Kirby's address. **Editor)**

Hysterectomy in mentally handicapped

When I read about the removal of uterus from mentally handicapped women both in your newsletter (February-April 1994) and in the *British Medical Journal* (26 February 1994) I was hoping to find an outright condemnation of this practice by the *Form for Medical Ethics*. I was surprised and disappointed, to put it mildly, for instead of condemning such practice the *Forum* has allowed itself to be swayed by the opinion of well known figures in the medical and political fields (*Medical Ethics* May-July 1994).

In this latter issue of the newsletter, one of your readers, Asha Dutia, has rightly expressed an opinion with which I entirely agree. The only indication for a hysterectomy is medical as for a tumor in this organ. There are no other criteria. Failure to maintain cleanliness or protection from rape or the possibility of giving birth to children who may inherit the traits of their mother and thus be a liability on the State should not enter into consideration.

It is the duty of Society and the State to care for those who, for no fault of theirs, are either physically or mentally handicapped. Once a representative body or a government finds justification for surgical procedures in such retarded and handicapped persons, it is only a step further to other serious medical and surgical procedures and experimentation as were conducted by Nazi Germany during World War II.

The suggestion of guidelines for such procedures is only an exercise in self-deception, persuading oneself that the wrong being committed may be brought within the rules of conscience.

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(We are grateful to Dr. Aptekar for his honest opinion, stated in a forthright manner. We have grappled with doubts when formulating the guidelines. We issued our draft after being convinced that we often have to distinguish between the ideal and the practical. As was pointed out to us by a senior and much respected civil servant, we can, with justification, adopt a dogmatic stand. Realities in the field will, however, dictate what will actually come to pass. Under these circumstances we felt it advisable to indicate what is immediately applicable whilst continuing attempts at reaching the ideal.

As can be seen from accounts in our dailies, the issue is far from settled. We await the outcome of the case filed in court by Mr. Gabriel Britto of *National Addiction Research Centre* and, separately, by Dr. Anant Phadke. See Dr. Phadke's letter below and statement by PARYAY (pages 7-8).

Dr. Aptekar has also, kindly, sent us the English translation of the Oath of Asaph, reproduced on the last page of this issue. **Editor)**

Letters to the Editor...(continued)

I had promised to send you a response to the *Suggested guidelines for hysterectomy...* (*Medical Ethics* May-July, 1994). When I actually started formulating it, I found that the statement we have prepared on behalf of the group named *Paryav* appropriately conveys my message... (See page 6-7 for an abridged version of the statement. **Editor**) Please note the distinction made between the helplessness of the natural parents of the handicapped women and the resources available to the State.

If the overall perspective of the statement is accepted, your guidelines are very good as a practical compromise.

Let me add that I am not convinced that the Indian State does not have the resources to manage the menstrual hygiene of those who cannot look after it themselves.

Dr. Anant Phadke
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I have been reading *Medical Ethics* regularly. I find the issues tackled are topical. We should continue the newsletter at all cost.

I was particularly impressed by the guidelines for hysterectomy in mentally handicapped women (*Medical Ethics*, May-July, 1994). They are practical and positive with **sufficient** safeguards against misuse of the operation.

I have some suggestions for the dissemination of the issues discussed in the journal:

- a) It should be sent gratis to all Chief Justices, State Medical Councils, leading advocates and leading, conscientious practitioners for at least a year. It may be worth sending it to some groups on a long term-basis.
- b) Advocacy appears to be proving increasingly effective in development. There are a number of groups on the lookout for causes. Could we sensitise such groups to issues in medical ethics?

We shall have to raise **funds** for these purposes but that should not prove a major hurdle.

Dr. Dhruv Mankad
Nasik.



“This is all very fine, Hippocrates, but there’s nothing here about pay.”