CORRESPONDENCE

Sabnis phenomenon, bystanders and role models

The 'Sabnis phenomenon" is a glaring example of the selfishness and greed that has overtaken the medical profession. The profession has changed from being 'merciful' to being 'mercenary'. But then, nepotism and corruption have invaded all sections and all levels of our society and the medical profession is only a part of it.

Recently I came to know that these days the internee student need not attend his 'posting'. A completion certificate can be obtained by paying the medical officer (at the rate of Rs. 10 per day of absence). I know of an instance when a medical officer collected, at the end of a three-month posting of a batch, around a thousand rupees. The Dean and many others are aware that such a practice prevails but they feel that any action for changing the situation will be futile as it will be overwhelmed by the system. So all (including myself) prefer to play a 'bystander role[2].

Changing the morals of a society is a Herculean task. The change cannot be imposed from outside - it must come from within the individual. It is impossible - even for a dedicated reformist - to reverse the gear suddenly. Any attempt at doing so will cause a breakdown of the system. The reformist is then doomed to frustration. The direction has to be changed gradually and many of us can help by being ethical role models[3].

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1. Murlidhar V: The Sabnis episode - the final act in the corruption of university examinations in the medical sciences. *Medical Ethics* 1994;2(2):6-7
2. Pilgaokar A: Bystander role of professionals: ethical considerations beyond medical practice. *Medical Ethics* 1994;2(2):3-4.
3. Nagral S: Wanted: ethical role models. *Medical Ethics* 1994;2(2):8-9.

On Medical Ethics (1)

. ..I gladly fulfil your request of commenting on the copies of your newsletter. As appears from several contributions, you have to cope with pressures on standards of professional morality due to commercialisation of health care services. From a theoretical point of view, this phenomenon - certainly not unfamiliar in Western countries - raises the question to what extent certain technological developments in modern medicine tend to undermine traditional morality in that they are linked with economic power and privilege. From a practical point of view several strategies are open to conquer this unwelcome development.

Protection of patients through legislation of patients' rights is one option, but it might be a difficult one, given political inertia (although I noticed a reference to a Consumer Protection Act[1]). Another option is to build networks with health care professionals that are firmly rooted in a moral tradition and community and address the relevant issues publicly, supported by such a moral 'stronghold' (it appears that this is what you are doing presently with your group). Yet another route, one that in Western society has proven very effective, is that of hospital ethics committees as an instrument for public audit of medical practices. It would be interesting to hear about developments in your society on this matter.

Given my own field of research, ethics and mental disability, I read with particular interest 'Removing the uterus from mentally handicapped women[2] and guidelines for such procedures[3]. The questions raised in the first article seemed to me quite_ appropriate. The underlying issue is one that is very familiar in the field of institutional care for the mentally handicapped, namely the strong tendency of seeking technical solutions for what are basically attitudinal problems of giving proper care to incapacitated human beings. If you were interested, I would want to take some more time and comment on the second piece later this month... It raises the interesting philosophical point of the status of ethical principles in relation to 'real-life' situations (for example: the concession under 'practical points' 2 and 3 and the 'rationale for hysterectomy' lc, Note, might allow principle 5 to be overruled, which would provide the justification of the surgery on mentally handicapped women discussed in the first article). I would basically support the claims of the PARYAY group.

Generally the contents of your newsletter are very informative, although I would add that the style of the leading articles is somewhat 'declaratory' and could be improved by bringing in more ethical analysis. On the other hand, in many cases the malpractices that are criticised are just too obvious to require further analysis. They require changing attitudes, which is a hard and difficult task that analysis does very little to promote.

I wish you all the success you and your colleagues deserve and hope to hear from you.

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1. Jalgaonkar M: Consumer Protection Act - an introspection by a general practitioner. *Medical Ethics* 1994;2(2):12- *13.*
2. Anonymous: Removing the uterus from mentally handicapped women: some ethical considerations. *Medical Ethics* 1994;1(3): *10.*
3. Anonymous: Suggested guidelines for hysterectomy in mentally handicapped women. *Medical Ethics 1994; l(4): l-3.*

On *Medical Ethics (2)*

I have seen two issues of your journal [Medical Ethics 1994,2(1) and 1994,2(2)]. I found them so interesting that I could not stop before I had read through each from cover to cover. Though I am not a medical man myself, I had the good fortune to be asked by Mrs. Aruna Asaf Ali, Chairperson of the Dr. A. V. Baliga Trust, to write a short biography of the eminent Bombay surgeon, whom I knew at close quarters. One of the top surgeons of his time, Dr. Baliga (1903-l 964) was also a model of ethical behaviour in his profession. But then, in those days, medicine had not yet blossomed into good business!

Medical Ethics has much material of interest both to the medical profession and the general reader. The articles on AIDS, hysterectomy on mentally handicapped women, the recent so-called plague epidemic in the country and ethical role models for medical students and young doctors provide much food for thought. The book reviews section, the students' page and the Oaths given on the last page should interest doctors and their patients and others interested in problems of health and-medicine.

The journal is a reminder to all that medicine is not just another profession - it is concerned with saving human lives and healing sick human beings and is therefore as much concerned with medical competence as with professional ethics.

Serious efforts should be made to see that this excellent journal reaches a wide circle of readers.

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Gifts from abroad

The Hastings Center

I will take the liberty of putting you on the complimentary mailing list to receive our major publications, the *Hastings Center Report* and IRB. We hope you find them useful. Second, we will be sending you a collection of back issues of the Hastings Center Report which will give you access to a great many articles of interest in the field of medical ethics. Third, we are including a few other items as well. From time to time we will see if we can send you material.

We are most pleased to hear of your interest in biomedical ethics.

Daniel Callahan
President

(We are obliged to Dr. Callahan for his generous help and support. The Hastings Center is universally respected for its work on ethics. Its publications embody the views of respected ethicists and are often referred to in texts on the subject. We have already received *Hastings Center Report* vol. *24,* no. **6,** 1994 and the *Hastings Center Report Index* for vol. 23, 1993 **Editor.)**

University of Oxford

I was most interested to hear of your work and congratulate you on an informative and well presented journal.

I am sending you under separate cover a variety of materials which I hope will be of value to you:

1. A selection of reprints on ethical and conceptual issues in medicine and psychiatry.
2. A copy of my book *Moral Theory and Medical Practice.* As you will see this is concerned with the value structure of medicine and psychiatry looked at through the kind of work that has been done by analytical philosophers.
3. Some information about a programme in medical ethics, law and communication skills (practice skills) that we have set up for the medical students at Oxford. We are producing a Manual of the Practice Skills Course and I have put you on the list of people to receive a copy...

. ..I am also enclosing information about an International Conference on Philosophy and Mental Health. If you or any of your colleagues are interested in attending this, do let me know. We are particularly keen to build up an international movement concerned with the philosophy and ethics of psychiatry. This has been a rather neglected field but is actively expanding at the present time...

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(We acknowledge with gratitude the receipt of the book and reprints referred to above. Information on the conference is reproduced as a box on page 12.
Editor)

VOX POPULI

Organ transplant bill frustrated'

"Five months after parliament passed the organ transplant bill, hundreds of organ-failure victims continue to die and a nationwide kidney racket flourishes for lack of notification. The organ racket lobby has succeeded in stymying notification of the bill even after Presidential assent for an unprecedented five months", said Shahajilal Tamboli, an activist who is executive member of the Indian Society of Organ Transplantation.

The human organ transplant act has two simple but important objectives - to end a multi-crore rupee racket in kidneys and to provide a legal definition of death so that organs may be removed from 'brain-dead' cadavers for transplantation in a regulated manner.

India's first successful heart transplant at the All India Institute of Medical Sciences earlier this year came under a cloud when it turned out that the operation was illegal in the absence of notification. Until the notification is in place the definition of death remains the point at which the heart stops beating - when it becomes useless for transplantation.

Originally dated August 20,1992, the bill was passed unanimously by the Rajya Sabha on May 5, 1993 but thereafter ran into the organ lobby which sought loopholes in the shape of amendments. The lobby proposed the inclusion of in-laws as near relations and the legitimisation of rewards to a donor, both of which obviously bowed to commercial interests. But dogged counterlobbying by Tamboli and his society prevailed and the bill was finally passed unamended at the fag end of the brief special session of Parliament in June only to fall prey to red-tape at the Union Health Ministry.

When contacted, officials at the Union Health Ministry said the Act has been referred to the Rules and Methods Committee to be passed on to the Law Ministry before notification. Tamboli says the crucial notification could have been issued and the fine details included later, given that hundreds of patients with organ failure are dying every day for want of legal mechanisms.

Medical maladies [2]

"After nearly two decades in the medical profession, I have come to realise that it is afflicted by serious maladies... We are responsible for the Consumer Protection Act and even help patients take legal action against other doctors by

1. Criticising their prescriptions. For most of us, this has become a reflex. As soon as we come across any prescription, we immediately comment on it negatively and then write our own, often prescribing the same drugs under different brand names.
2. Criticising the operative procedures performed by saying that they were not necessary or inappropriate.
3. ...Directly instigating the relation or patient to sue.

"We are also responsible for all the kickbacks, cuts, commissions, favors and service charges that are now the norms. Yet when we are treated as businessmen, WC raise a hue and cry and try to take shelter behind the nobility of our profession. We cannot fool the public any longer because people have become more vigilant and educated, the media have become more informative and life has become so hard and costly that everybody wants value for money.

"Previously, doctors used to have an almost god-like status because medicine had not become commercialised. Now the incoming entrants into the profession are interested in only one aspect of the job - making money. This may be un-