

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* <sup>2</sup>

"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, we 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-