

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

RAVI M. BAKAYA

(Retired professor,
Jawaharlal Nehru University)
125 Nirmal Apartments, Mayur Vihar
Phase I, Delhi 110091

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...

K. W. M. FULFORD
Honorary Consultant Psychiatrist
Warneford Hospital, Oxford OX3 7JX
ENGLAND

(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, 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-

derstandable because their medical education may have been obtained after paying a huge donation, so what else can we expect? To survive in the rat race the young doctors follow the examples of their seniors who are no longer shining examples of virtue. Idealism is established from above downwards and construction from below upwards. Both are urgently needed."

Examinations conducted by the University of Bombay(1)³

Most of the 22 unsuccessful candidates at the Master of Surgery examinations held by Bombay University in July 1994 have sent a memorandum to Vice-Chancellor S. D. Karnik demanding revaluation of one theory paper in which they have been declared failed. Thirty-eight appeared for this examination.

Sources allege they have done this because many know a senior examiner at the M. S. (general surgery) examination held in January 1992 was urged to liberalise the result after only 35 per cent of the candidates passed at that time.

According to top academic sources, a senior examiner at the M. S. examination of January 1992 was contacted by a top bureaucrat from Mantralaya to pass a candidate (from a rich and influential family) from Seth G. S. Medical College who was declared failed. But this examiner refused to oblige.

This candidate got a memorandum signed by most of the unsuccessful medicos and approached the Vice-Chancellor. Since the results were only 35%, a confidential meeting was called on March 26, 1992 to ascertain the cause for the poor result.

Two examiners who had examined one theory paper were present including the dean of the medical faculty Dr. S. N. Deshmukh and chairman of the board of studies in surgery, Dr. N. S. Laud. Both the examiners of theory paper I were asked to revise their result. Later, in a confidential letter, one examiner suggested that all the unsuccessful candidates in the paper he examined be graded two points in all four questions asked in the paper. After doing this, the result improved marginally.

Even after this exercise of giving grace marks to all the unsuccessful candidates, the fancied candidate cleared his M.S. only at the second attempt in July 1992... Another 1992 examiner conceded that several professors seemed to be interested in this boy's welfare. After the

examination a certain professor who has been an examiner in the past, asked the boy's examiner how the student had failed.

Several post-graduate medical examiners concede that colleagues whose offspring are answering these examinations contact them regularly to see that their children do well. 'Even coding of answer booklets has not done away with these malpractices because one examiner knows who the other examiners are when they are sent a letter by the university with all the other examiners' names and addresses.'

Confidential documents include a letter sent by the convenor and senior-most examiner for the M. S. exams in January 1992, Dr. Sudhakar Sane, to the Vice-Chancellor. In this letter Dr. Sane has stated that the daughter, son-in-law and niece of the dean of the medical faculty, Dr. S. N. Deshmukh, appeared in various branches of the M.D. examination.

'Dr. S. N. Deshmukh was present in the hall where all the marksheets were opened for all the M. D. and M. S. examinations and took active part in checking all the grade-sheets especially when his own daughter, son-in-law and niece appeared for the M. D. examinations. I am sure they must have secured the highest grade.,' he has alleged in his letter. The controller of examinations at that time, Mr. V. D. Shinde, agrees that the daughter and son-in-law did indeed top in their respective branches although merit cannot be ruled out. When contacted, Dr. Deshmukh said he did not remember the results of his daughter and son-in-law but claimed they were 'good students'.

Examinations conducted by the University of Bombay(2)⁴

The article by Mr Olav Albuquerque, 'M.S. students demand revaluation⁵', has once again revealed the extent to which the rich and the influential can resort to manipulation.

The M.S. and M.D. examinations are held after three years of residency. Here factors like luck, influence, personal relationships, group rivalry and inter-institutional feuds play a big role. A system of regular grading during the three-year period could be a way to check them.

The conditions of training at the post-graduate level are also found wanting. A postgraduate student has to maintain very good relations with his guide. This

leads to a lot of exploitation. Many promising careers have been cut short or disturbed because of the personal whims and fancies of the guides and seniors.

In fact, manipulation, nepotism and favouritism starts right from the undergraduate level. Students feel that the way in which the curriculum is dealt with is so unimaginative and at times suffocating that had there been a system of voluntary attendance not more than ten per cent would have attended the classes.

The pressure exerted by the influential during examinations is evident in universities like Bombay where the allocation of subjects in the postgraduate courses is done on the basis of the marks obtained in the final MBBS, unlike other universities which have an objective multiple-choice entrance examination.

Standards in private nursing homes⁵

Maintaining that facilities and services offered by almost all the private nursing homes in New Bombay are far below the standards, the Navi Mumbai Municipal Corporation (NNMC) warned that they should either improve or close down.

Fifty three private nursing homes in the area had applied for registration. 98% of them did not qualify.

According to NNMC administrator Ramesh Kumar, 75% of the nursing homes did not have a qualified nurse or paramedical staff. Staff handling ECG and x-ray facilities have also been found to be unqualified.

In 68%, the nursing homes were situated in residential areas without proper space for beds or sanitary facilities. They were crammed and had no proper ventilation.

Residents have often complained of being overcharged by most private hospitals.

References

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3. Albuquerque O: M. S. students demand revaluation. **Times of India** 13 December 1994.
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5. Anonymous: Improve services, NNMC warns hospitals. **Times of India** 26 November 1994.