

CORRESPONDENCE

At the consultant's mercy

Charging exorbitant consultation fees and, in return, not providing satisfactory service has become quite a common practice in private hospitals. The psychological discomfort created by illness compels the patient to undergo each and every test advised by the doctor, even if it is not affordable. In return he expects to know all about his illness. In the event, the patient goes back even more mystified about his illness than before the consultation. Even after he has undergone very expensive tests he is not fully informed about his illness by the consultant.

Relatives accompanying the patient are concerned about his health and know of his doubts and fears. When they intervene and request information from the consultant, they are treated as though they are irrelevant intruders.

We took a relative, Mr. K. A., 62 years old, from Raisen, Madhya Pradesh, suffering from heart disease, to the cardiologist Dr. Satyavan Sharma at the Bombay Hospital on 18 February 1995. Dr. Sharma was paid Rs. 500.00 for the initial checkup. The patient was then advised to undergo a 'stress test', to be followed by a series of blood tests and an angiogram. The angiogram was performed by Dr. Satyavan Sharma.

The findings were not explained to the patient. Instead, he was given a prescription which gave no clues as to how and when the prescribed medicines were to be taken or what precautions the patient was supposed to take. Dr. Sharma refused to speak to me or explain the suggested treatment. 'I am not bound to repeat my instructions to relatives,' he said. When I insisted upon an explanation he asked me to bring the patient along.

This time my wife, Shamim, went with the patient. She sent a note to the doctor saying that the patient had come along but the doctor refused to see them. After half an hour or so, Shamim was able to make her way in with the patient. Dr. Satyavan Sharma was extremely harsh with them and asked them to get out of his room. The patient was extremely scared and refused to see the doctor any more. He preferred to consult his family doctor instead. The sum of Rs. 12,000.00 spent had only served to intensify his mental discomfort.

The patient was persuaded to make a last attempt to see the doctor. This resulted in heaps of insults. Dr. Satyavan Sharma agreed to clarify the patient's doubts only on condition that Shamim did not accompany him. Keeping the patient's condition in mind, Shamim agreed to wait outside the consulting room. With the patient alone in his room, the doctor started abusing Shamim. The doctor appeared to be more concerned with ventilating his anger than with showing concern for the patient's state of mind. The patient emerged from the consulting room filled with anxiety, tension and bitterness about 'Big Doctors'. His parting comment was, 'They may be specialists but they are not human beings.'

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(This letter was sent to Dr. Satyavan Sharma at the Bombay Hospital with a request for his comments and observations. To date, we have no response from him. **Editor**)

Organ transplant and the black market

The following scene is not uncommon outside any public hospital. Professional blood donors hang around blood banks. They are in search of needy persons, usually relatives of patients. These relatives often borrow money to pay the 'mediator' or donor in order to escape donating blood for their own relations. Wrong notions about donating blood are responsible for this state of affairs. Lack of knowledge coupled with the dire need for blood make a man 'buy' blood at any cost.

Organ transplantation has become quite common. Even in India kidney transplant is fairly common. This has led to unscrupulous practices. There are 1000 kidney transplants performed every year in India alone. Organs from related, living, human donors were hitherto used for transplantations as they are more easily accepted and results are good. There is great demand for human organs and supply is short. This has provided a golden opportunity for some people who have set up a trade in supplying organs at a hefty cost.

Removal of organs from the body of a live, unrelated person is banned in the USA. The percentage of success

from such transplants is as low as 30% to 40%. Such operations are therefore being carried out in Third World countries.

Organ sale is a flourishing business here. Traders in human organs establish contacts abroad and fly patients in for surgery. Rich buyers from West Asia, particularly the prosperous Arabs from the Gulf countries, come to buy kidneys in India. They usually do this through agents who hunt poor donors in need of money. The kidney is removed at a cost of a few thousand rupees and sold at a great profit to the Arab. This lucrative business is a blot on humanity. Doctors involved in this well-paying trade have turned a Nelson's eye towards all ethical and legal norms.

Govind Thakur, from Lalol in Gujarat, was a daily wage worker in Bombay. He went to a doctor for treatment of bleeding through his nose. The doctor under the guise of treating him removed one kidney, for which he paid Thakur Rs.21,000. He claims that the kidney was transplanted into an Arab woman's body. He does not have any proof except the discharge certificate issued by the hospital in Bombay.

There is a story about Ranjit Singh, the king of Punjab, who had lost an eye in battle. A healthy man once came to him for alms. Ranjit Singh asked for one eye and offered half of his kingdom as the price. But the beggar turned down the offer. This story exemplifies the importance of healthy organs to an individual. It is all the more sad that in a country that recognises such truths as part of tradition and folklore has now spawned individuals profiteering in the organs of the poor. Shouldn't such doctors be termed licensed killers?

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Doctor-patient relationship - an idealised concept? (1)

The concept enunciated in the essay entitled *Doctor-patient relationship*¹ is good but is based on an idealised assess-

ment of the behaviour of doctors and patients. It may have worked in the situation described because of the eminence of the institution.

What would be the proper behaviour in situations such as those described below? I have based my query on personal experiences.

i) A person well known to you suffers a head injury. He has been admitted to another private hospital where surgery has been recommended. The relatives approach you. Your study of the case record and the findings of tests carried out convince you that surgery is absolutely useless and recovery is unlikely. You now realise that surgery has been advised not to benefit the patient but to extract fees. What do you do?

ii) A friend suffers from an illness such as lower respiratory infection and her condition is not very serious. She shows you the prescription given to her. You find it irrational. Multiple antibiotics in non-therapeutic doses, a cortico-steroid preparation and three vitamin preparations have been ordered. Will you offer any comment to the patient?

iii) Someone you know very well has been advised a rather complex operation such as total replacement of the knee. The surgeon concerned, whom you know very well, has never undergone any training in such surgery. Will you allow the patient to undergo the operation?

iv) A specialist in a particular branch of surgery, notorious for his avarice, has advised your friend an operation not within

his province of expertise. The literature is full of opinions questioning the role of this form of surgery (say hysterectomy) in such patients. Do you interfere?

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Reference

1. Pandya S: Doctor-patient relationship. *Medical Ethics* 1995;3:23-24.

Doctor-patient relationship - an idealised concept? (2)

Pandya has described an ideal situation in an ideal society¹. Unfortunately we are a long way from this Utopia, in which age there would be no need for a journal entitled *Medical Ethics*. In society as it exists, we cannot fault any patient who wishes to have a second or even third opinion without the permission or knowledge either of his general practitioner or his private consultant.

We must respect the patient's autonomy. In order to understand a patient's behaviour, it is best to put oneself in his position. Can one blame a person who has been advised an operation for wanting confirmation from one or two other doctors as to its absolute necessity? What about a patient who is suffering from a chronic ailment and has not found relief from the treatment prescribed? Malignant cancer is another area

where the patient may feel justified in seeking another medical opinion.

No doubt, as Pandya states, 'multiple medical opinions breed confusion', but just as an individual may shop around when he is purchasing anything for himself or his household, I feel that it is the patient's right to do the same where his own health is concerned.

It certainly makes it easier for the last consultant the patient visits if he brings along with him all the reports and investigations performed on him but it is not always feasible to bring a letter of reference or permission for examination by the last doctor who examined him.

As regards the last paragraph in the same essay, Pandya does not make clear what he would do in case the previous surgeon treating the patient refuses to grant permission to him to examine the patient. Will Pandya refuse to examine and advise the patient? What about the confidence a patient reposes in his doctor? Would it not be a breach of confidence if a doctor sends all relevant notes about the patient at the request of another doctor without the patient's written consent?

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1. Pandya S: Doctor-patient relationship. *Medical Ethics* 1995;3:23-24.

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