

Doctors abetting artful dodgers

Introduction

Medical ethics require doctors to attend to their patients with sincerity, honesty, diligence and care. It does not, by any stretch of imagination, include aiding and abetting the wrongdoer. Of late we are witness to a series of examples wherein medical doctors stoop to fraud to help prominent, powerful and rich clients avoid the hardships of imprisonment ordered by the courts of law. Doctors, especially those professing to be experts on diseases of the cardiovascular system, have hastened to admit such prisoners to intensive care units where the latter have rested in air-conditioned comfort not just for a day or two but for weeks on end. All tests carried out during such prolonged stay fail to confirm the presence of any serious illness.

On occasion such prisoners have ensured that they do not spend a single clay in the prison. Once they obtain bail, the symptoms that prompted admission magically disappear and they leave the hospital to resume full activity.

The case of Mr. Adhi Rajaram^{1,2}

On 17 October 1995, Mr. Rajaram, Secretary of the South Madras unit of the All India Anna Dravida Munnetra Kazhagam, was arrested and brought before Justice C. Shivappa on charges of instigating assault on an advocate. The judge refused to grant bail as 'there was every possibility of (the accused) eliminating evidence with the free use of money and power.' On 31 August 1995, Mr. Rajaram had got himself admitted to the Government General Hospital, Madras, for 'post-operative complications' after he was interrogated by the Central Bureau of Investigation. On 27 September he got himself discharged against medical advice, met a politically powerful figure and got himself readmitted to the General Hospital a few hours later. On 17 October, after he was denied bail by Justice Shivappa, he got himself discharged from hospital against medical advice again, travelled on the pillion of a motorcycle and later surrendered to a magistrate and submitted that he needed urgent medical attention for chest pain. Mr. Rajaram was admitted to the Coronary Care Unit (CCU) of the same hospital from which he had got himself discharged against medical advice, for 'unstable angina' which disallowed him from attending court.

The case of Mr. T. T. V. Bhaskaran

Cardiologists at the General Hospital, Madras had also

helped Mr. Bhaskaran, Managing Director of J. Jay TV who was arrested on charges of violating the Foreign Exchange Regulation Act. Mr. Bhaskaran also happens to be the nephew of Ms. Sasikala, principal aide to the Chief Minister of Tamil Nadu. Mr. Bhaskaran complained of pain in the chest and was admitted to the General Hospital within a few hours of being remanded to police custody on 22 September 1995. The Enforcement Directorate found the 'alacrity with which the petitioner developed a heart ailment intriguing' and commented that his subsequent conduct raised doubts about his actual medical condition. The accused was noted to run his own office from the hospital using a cellular phone. He was in the special ward and in the intensive care unit of the hospital for almost a month.^{3,4} On 29 October, two days after he was granted bail by the court, Mr. Bhaskaran was reported to have the left the hospital with a spring in his walk.'

When Mr. Bhaskaran was advised coronary angiography, he refused permission for this test. Dr. Brahmanandam, Chief of Cardiology, General Hospital, Madras, when asked about this, said, 'If the patients refuse to undergo an investigation, what could be done? If Bhaskaran refused to undergo an angiogram, he had the right to do so.' When asked if such a patient can be kept in the CCU indefinitely, Dr. Brahmanandam replied, 'What can be done? I cannot discharge somebody who is sick either. I have to look after him.' It is of interest that this senior doctor also stated, 'As for my fellow medical professionals, what ethics is there amongst the medical community?' An un-named cardiologist in Madras who studied these cases commented, 'This is a case where both patients and doctors are cleverly using legal provisions to their advantage.'^{1,2}

Union Ministers in office

Mr. H. K. L. Bhagat was recently arrested in connection with the murders of several Sikhs in 1984 in the aftermath of the assassination of Mrs. Indira Gandhi. The manner in which he, his family and lawyers manoeuvred his immediate transfer to hospital and ensured that he spent the bare minimum of time in Tihar jail has prompted public ridicule and has been lampooned by all our major cartoonists and satirists. (See page 50 of this issue for examples.) His daughter-in-law, Ms. Rita Bhagat, is reported to have been shocked when he was briefly sent from hospital to jail. 'How could they have sent him back to Tihar Jail despite such an aggravated

prostate problem? He goes to the urinal at least 25 times a day,...' she said.⁵

Mr. Kalpnath Rai also complained of breathlessness and showed a rise in blood pressure soon after his arrest on 16 February 1996. In this instance, doctors at the G. B. Pant Hospital decided, after observing his progress over six and a half hours and carrying out several tests, to send him back to Tihar jail.⁶

The dangers of such abettment

By his act of felony, the doctor favoring a prisoner sets into operation a chain of damaging events.

The first and foremost danger - that of crying 'Wolf!' - has already been encountered. Greatly disturbed by the manner in which rich and powerful prisoners manoeuvre themselves into the comforts of plush hospitals, a judge disallowed industrialist Rajan Pillai to transfer from Tihar Jail into a hospital. His physical state worsened in the jail and by the time it was decided to shift him to hospital, he was in extremis. His death is currently under judicial investigation. Crying 'Wolf!', then, can prove disastrous to those in genuine need. The doctor helping a person not in need of medical care by admitting him to hospital is at least as guilty as the prisoner pretending to be ill.

Admitting a fraudulent public figure to a ward, especially if this be one offering intensive care, harms genuinely sick patients. The already hard-to-get bed is blocked by the VIP, depriving the patient who really needs such care. It also ensures distraction of staff at all levels. Inevitably, they tend to fuss over the awe-inspiring figure with a relative neglect of the bona fide patients. With most weighty figures now carrying around them a gang of toughs wielding potent automatic weapons, the disturbance is complete in a ward where quiet and efficiency should prevail and where the seriously ill should be the focus of all attention.

The medical doctor is also to blame as admission of such prisoners to hospital is made on grounds that only another member of the profession can investigate and challenge. Where suspicion of malpractice is raised, another senior consultant in the field must spend time and energy to investigate and report on the findings. This, in turn, means that the treatment of his own patients must suffer for this duration. In the case of film star Mr. Sanjay Dutt, admitted to the intensive cardiac care unit at the Sir J.J. Group of Hospitals whilst in prison, the judge ordered three senior consultants to investigate the matter.

Fraudulently admitting a powerful but healthy prisoner to an intensive care ward when so many other genuinely ill prisoners in that and other prisons are deprived of all but the most elementary care is yet another kind of travesty of justice. The last, but not the least, danger is the abasement of the medical profession. What is one to make of the fact

that when a three-member team of the Enforcement Directorate, armed with an order from the court, went to the General Hospital, Madras to interrogate Mr. Bhaskaran, they were told by the Dean and Dr. Brahmanandam, Chief of Cardiology, that they could not interrogate the prisoner for more than ten minutes. After a few monosyllabic replies were offered in response to their questions, the officers were made to leave.

Such instances are evidence of the growing tendency in doctors who attend to those in power to crawl as they pander to their base whims and desires. When, as often happens, such doctors happen to form the politically powerful segment of the profession, the danger is heightened as they serve as role models for highly impressionable and sometimes unthinking youngsters.

The extent of degradation that has already taken place is evident-from the fact that when the Central Bureau of Investigation attempted to put together an independent panel of specialists to ascertain the real health condition of Mr. Adhi Rajaram in Madras, they ran into a wall of polite refusals from some of the premier medical institutions of Tamil Nadu. Similar refusals in Mr. Bhaskaran's case led Dr. S. Ramadoss, founder of the PMK to exclaim against the lack of medical ethics that permitted the 'staging of such a drama' and demand a Central Government medical team to examine Mr. Bhaskaran.³

An obvious solution, overlooked on purpose?

Why don't the rich and famous - and doctors who are quick to rush to their help - work for the creation of facilities for medical services of the highest quality in our major prisons? Such facilities would ensure that there is never a repetition of the Rajan Pillai episode.

It would also ensure that the genuinely ill in prisons, unfortunate in that they lack monetary or political clout, will also get the medical attention they deserve. Since the prisoner, deprived of most of his rights by a court of law, is not allowed to choose his doctor and hospital, it is all the more important that he is provided medical care of the highest quality.

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References

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