

Prescriptions ¹

Members of Voluntary Consumer Action Network (VCAN) and Consumer Unity Trust Activity (CUTS) claimed that a nation-wide survey conducted by them showed that 'doctors prescribe medicines irrationally and advocate high-priced brands or drugs manufactured by multinationals either out of ignorance of the generic names or due to commercial interests... The survey highlighted the tendency in doctors to prescribe useless medicines like tonics, restoratives, vitalisers and vitamin formulations... Government doctors were comparatively more rational than private doctors and used generic names.'

According to information compiled by the Voluntary Health Association of India (VHAI) on behalf of VCAN, 'the promotion budget of many pharmaceutical companies is spent on information, publicity and gifts and awards to doctors who prescribe their drugs. Gifts can range from simple items such as pens to expensive items such as TV, refrigerators and cars or sponsorships to medical conferences or pleasure trips. On an average drug companies spend Rs. 7,000 per year per doctor in India. The cost of these unethical practices is borne by the poor consumers while buying medicines.'

While West Bengal showed the highest number of irrational and incomplete prescriptions, Gujarat showed the most alarming prescriptions (10%) followed by Tamil Nadu (9%) and Maharashtra (8%).

Citing an instance, members said, 'In November 1993, a shop in Calcutta sold Ibucon 200 Plus for a sick five-month-old infant instead of Ibucon Kid (Junior) tablets which resulted in the death of the infant. Ibucon 200 Plus contains 200 mg of the active ingredient ibuprofen IP and 500 mg paracetamol while the preparation for infants contains 100 mg ibuprofen IP and 125 mg paracetamol.'

A medico-legal protection centre ²

A centre, headed by Dr. Usha Thakur Kothari with Dr. Pratap Reddy, chairman, Apollo Hospitals as medical advisor and the former chief justice of India, P. N. Bhagwati as patron has been set up in Delhi to help patients and doctors understand negligence. The centre has been set up following the Supreme Court's decision to put doctors under the purview of the Consumer Protection Act with plans for branches all over India.

Dr. Kothari said that there was negli-

gence at times yet the relatives do not know how to get justice. At other times, a case of negligence is made out when there is none. The centre wants to address both issues.

The centre will advise doctors only if there is a false case of negligence filed against them. If the medical team finds that the doctor has been negligent, it will refuse to take up the case.

The centre has yet to decide its structure of fees. In the United States, said Dr. Kothari, such centres take a percentage from the compensation awarded. The charges levied by her centre will depend on the patient's economic background. 'We're going to help everyone who comes to us in getting justice.'

Eye camps ³

With many patients operated upon at eye camps suffering from serious post-operative infections, government doctors here are demanding an official crack-down on such camps.

According to records available with the Guwahati Medical College Hospital, one such camp was organised at Nityananda in Barpeta district on October 7. At least 75 cataract operations were performed in a day by four senior and three junior doctors. The complications started from October 19. 9 of the 13 patients were admitted to the Regional Institute of Ophthalmology with advanced infection.

Doctors say these camps often do not even have arrangements for clean, boiled water and surgeons use muddy water to wash their hands. In one case the operations were carried out in a school building where the ceiling was covered with soot and the wind was blowing through the hall.

The Centre has clear guidelines for such camps - clean environment, good water supply, arrangement for stand-by power supply besides other necessary arrangements for the conduct of these operations. In many cases, these guidelines are ignored.

Znsensitive, uncaring doctors ⁴

'...Thou shalt behave and act without arrogance and with undistracted mind, humility and constant reflection, thou shalt pray for the welfare of all creatures...' (Caraka Samhita)

A patient who had a history of abdominal pain was taken to a hospital to have his appendix removed. The hospital lacked the basic facilities for the administration of anaesthesia and blood

transfusion. At operation, when the appendix was found to be normal, the gall bladder was removed. The patient died.

In the present context, Hippocrates' oath has turned into a hypocritical oath as an increasing number of cases of medical negligence, callousness and rude behaviour come to light. With rapid commercialisation of medical care, doctors have become no better than traders. The recent case of a doctor at the Ram Manohar Lohia Hospital in the Capital, caught red-handed whilst taking a bribe, confirms that doctors are literally holding the patients to ransom.

Professor P. K. Dave, Medical Superintendent at the All India Institute of Medical Sciences (AIIMS), blames this attitude of doctors on the general deterioration in the work culture in universities. The earlier attitude of 'I don't mind telephone calls at night as it is my duty to attend to my patients', has been replaced by impatient responses such as 'Call tomorrow. I'm very busy.'

The temptation to make more money is worsening day by day. Doctors are seen running from one clinic to another, seeing a host of patients all over the city and, in the process, making huge sums as consultancy fees. According to sources at AIIMS, there are certain heads of departments who come in only around 11 a.m. while the outpatients department opens at 8.30 a.m. It is because of this devil-may-care attitude that patients are forced to go to private clinics and nursing homes where they are charged large sums even for minor problems.

Accidents - duties and responsibilities'

The Bombay High Court has ruled that it is not the responsibility of the doctor who is treating a patient injured in an accident to find out the cause of the accident and report it to the police.

The judgement issued recently by Mr. R. G. Vaidyanath stated that the duty of the doctor is to treat the patient and it is the responsibility of the patient to furnish the police with details of the incident. The judge pointed out that there is no statutory obligation on any citizen to inform the police about an accident of which he is not a part. There is no law that makes it compulsory for the public or a doctor to inform the police about a motor vehicle accident.

The judge also referred to an amendment in the Motor Vehicle Act which makes it obligatory on the doctor to treat a patient involved in a vehicle accident.

Consumer Protection Act (continued)⁶

The decision of the Supreme Court to place the medical profession under the jurisprudence of the Consumer Court has evoked mixed feelings in my mind. It is a decision which could have a varied outcome, though the general public seems to be very happy, judging by news items and personal conversations with several people.

The Consumer Court could affect medical practice in one of two ways. Errant medical practitioners may, out of fear, desist from medical malpractice. This would be welcome indeed. On the other hand, the same concern for litigation may make all physicians and surgeons more wary and this may lead to a lot of unnecessary investigation, medication and, at times, hospitalisation. In India this can prove to be a massive financial burden on an individual paying his own health bills.

A lesson has to be learnt by the medical profession. Without doubt, the medical profession has greeted this verdict with profound trepidation and anxiety. Where hitherto a physician or surgeon would treat a disease with impunity - at times being casual and even callous - now he will have to think. And this, one hopes, will improve medical care.

It is time that physicians learnt that in India the people are very tolerant and generally still respect and love doctors. Fears and apprehensions of being brought to book by the Consumer Court should not make a physician hostile to his patient. We must not forget that unless there is a bond of love, trust and friendship between the patient and physician, healing would be extremely difficult.

We, the members of the medical profession must not forget that compassion, personal interest and communication are more than just refined and essential skills. They are probably the best insurance policy a doctor can obtain against lawsuits. They also help to create an environment where a physician's special abilities can be shown to greatest advantage.

If physicians develop these skills again and restore nobility to this profession, there would be no fears of litigation or prosecution.

Consumer Protection Act (continued)⁷

Every coin has two sides. The medicos are seeing their side whilst the public sees the other face. Let the medicos introspect. Let them sit down and discuss among themselves as to what went wrong, when, why and where. How is a

doctor who was looked upon with respect, faith and confidence now looked down upon? Why has he been made to stand in the queue of traders?

Some of the reasons are not far to seek. Doctors quarrel among themselves. Members of elected bodies fight like school children. This lack of unity among the doctors is enough to give the other side an edge.

Doctors, though highly qualified and trained, remain human and will err. If someone has inadvertently made a mistake by an act of omission or commission, one should own it up as soon as the error comes to light. He should make amends for the lapse and discuss the matter frankly with the patient. It is unbecoming of the doctor to pass the blame for the unfortunate incident on to a junior colleague. The doctor is leader of the team, an officer, a gentleman and should behave like one. He alone is responsible for total management of his case; others are just helping hands. He should not blame his tools like a bad workman.

With liberalisation and globalisation, the medical profession too will come under great pressure. Now is the time to set things right. It is no use clamouring for other elitist professions also to be brought under the Consumer Protection Act. That is a negative approach. Unite, give your best to the sick and lead the other elite. (The author is a medical doctor practising in New Delhi.)

Patient's case record^{8,9}

The Bombay High Court has upheld the right of the patient to gain access to medical case records. In a writ petition filed by Raghunath Raheja against the Maharashtra Medical Council and some doctors, the division bench presided over by Chief Justice M. B. Shah and Justice A. V. Savant observed that hospitals and doctors cannot claim any secrecy or confidentiality in the matter of copies of case papers relating to the patient. These must be made available to the relatives of the patient on demand, subject to the payment of the usual charges.

The High Court has also directed the Maharashtra Medical Council to issue the necessary circular in this regard to all hospitals and doctors in the state calling upon them to furnish copies of case papers and all relevant documents pertaining to the patient concerned on demand. Hospitals can no longer offer a mere 'inspection' of case papers. Actual copies will have to be handed over. Failure to do so will amount to contempt of court.

Deshpande refers to the vexing issue of

making the complainant at a Consumer Court obtain expert opinions to back a complaint of medical negligence. He suggests that instead of penalising the complainant thus, the Court itself seek the opinion of experts at a government or municipal hospital to avoid bias. Copies of such opinions can be provided to both parties.

Doctors and the victim of rape¹⁰

Rape victims are supposed to be accompanied by a police woman for medical examination. This does not happen. The success or failure of these cases often hinges on the medical report. The study (by MARG - Multiple Action Research Group - in Uttar Pradesh between 1991 and 1994) shows that there is not much difference in the reports of the minor unmarried victims and the adult married victims. Routinely the medical reports state that there is no mark of external or internal injury, vagina admits two fingers, hymen tear old and healed, vaginal smear taken for analysis and no opinion on rape can be given as the person has had sexual intercourse. In one case bite marks visible to the researchers a month after the rape was not mentioned in the medical report. Such careless reports are responsible for acquittals.

A humorist's view of the medical profession¹¹

A physician is a man who still has his tonsils and appendix at the age of 30. A doctor is a guy who treats what you have and a specialist is a doctor who thinks you have what he treats. But the best kind of doctor is the one you run for and can't find!

Today, living is so much doctored by the doctors that pregnancy has become child's play. Between sonography and pornography a mother-to-be knows for certain whether she will need a teddy bear or a Barbie doll before delivery. With the fantastic advancement in medicine and in surgery with the aid of scientific gadgetry, the medical faculty as a whole has been able to save lives only in retail, while the politicians, all over the world, destroy lives whole-sale for their personal and selfish ambitions.

Decades ago, a family doctor was not only a good physician but a friendly man who cared for his patients' well-being. There was none of this consultation-charges thing. He examined you and gave you some mixture and a few tablets from his own little dispensary to set you right for fever or cold, for less than five bucks.

In time he would come to know the financial status of his patients and recommend them to surgeons who would

do a genuine job without the present day lure of money.

Today's doctors treat their patients as customers. If you have a minor headache or ear-ache and enter the clinic of a specialist, he charges you for just looking at you. When he touches your wrist for taking count of the pulse-beat and uses the stethoscope to examine your chest the charges are doubled. At the end of this examination he tells you that you will have to get your urine and blood tested as also undergo a HIV test. He may also tell you to have an ECG and brain scan before he can pinpoint the reasons for your headache or earache,

There is a nexus between these specialists and the laboratories and clinics having scanning and other special equipment. At the drop of a hat you are asked to undergo so many tests that most

ordinary persons prefer to go in search of just a wee bit of cyanide. I am sure the family doctors of yesteryears would have given a couple of aspirin tablets or ordinary ear drops and helped you overcome your headache or earache,

References

1. Staff Reporter: Docs' prescription not need-based: survey. *The Pioneer on Sunday*, New Delhi 17 December 1995 p 1.
2. Anonymous: Centre to aid doctors, patients. *The Times of India*, New Delhi, 18 December 1995 p 7.
3. Banerjee Nirmalya: Assam doctors seek curbs on eye camps. *The Times of India*, New Delhi, 8 December 1995 p 9.
4. Prakash Shruti: Hypocrites' oath? *The Pioneer on Sunday*, New Delhi, 17 December 1995 p 5.

5. Sukhu Haima: Landmark judgement on accident treatment. *The Asian Age* 17 December 1995 p 10.
6. Gokani, Anand: Doctors & patients. *Indian Express* 25 December 1995 p 8.
7. Yadava SS: CPA and medicos. *The Hindustan Times* 26 February 1996 p 13.
8. Deshpande Shir'ish V: No more cases of missing papers. *Bombay Times* 24 January 1996 p 5.
9. Anonymous: HC upholds patients' right to case papers. *Indian Express* 20 January 1996 p 3.
10. Rai Usha: Rape victims rarely get justice: study. *Indian Express* 24 January 1996 p 9.
11. Irani J: Docs, then and now, *Indian Express* 24 January 1996 p 8.

BOOK REVIEW

Making sense of illness. The social psychology of health and disease

Alan Radley, Sage Publications, New Delhi 1994, 232 pages, Hardback 35 pounds sterling

Alan Radley is Senior Lecturer in Social Psychology at Loughborough University and has several books to his credit. He has provided a comprehensive introduction to the important topic of health and illness. The book describes how people think about health, the part played by family, friends and strangers, relationships between doctors and nurses and the place of the sick in the social world. Bradley's critical commentary on various explanations of health and illness in social life makes the book necessary reading for students of psychology, sociology and health studies.

In the introductory chapter the book distinguishes between the three terms disease, illness and sickness. It gives us three different perspectives; behavioural, societal and cultural for the study of health and illness. The chapter also focuses on the latest and the worst menace to our society - AIDS. It makes the reader pause for a while and think on the strong prejudice against patients suffering from AIDS.

Chapter two provides historical references to make us understand why modern medicine make it appear that words like 'doctor', 'patient' and 'the body' have a fixed meaning, when they do not. It also explains the perspective of 'social construction' where it is con-

sidered that cultures are relative and society undergoes historical changes. Medicine - a product of social life - too experiences change.

The next chapter explains what 'being healthy' means. It takes the help of various studies, reports and works of people like Baumann, Blaxter and Herlick, It provides a 'Health Belief Model'. It also discusses the background of signs and symptoms and how they are to be recognised. The healing relationships between doctor, patient and nurse is described.

Chapter 5 focuses on patients. Individuals 'are not patients except in relation to members of the medical professions. One becomes a patient the moment one consults a doctor or a nurse. Bradley explains what is involved in the procedures of diagnosis and treatment. An example in relation to consultation is given where the order to be followed is explained. For instance the claim to sickness does not arise from the specification of symptoms alone but, as one doctor has put it 'it is the act of asking', or 'in the case of those who can't ask for themselves, of being presented to the doctor that constitutes the relationship of which we call one half doctor and the other half patient'.

Fig. 5.1 illustrates the manner in which the doctor proceeds during the interview with the physician listening to and reflecting on the patient's narrative without interruption at the start, then clarifying and interpreting events; ana-

lysing and probing; and finally using his skill and knowledge on the information gathered. There are sections on physician and the placebo effect, physical examination and body care, good patients and bad patients.

The reader will notice a parallel shift in the author's concern from society (beliefs) via the individual (symptom experience) to the body (the physical examination)

The next chapter deals with illness and gender. Advocates of male superiority have often used biologic thinking to point to the inherent weakness and unpredictability of female body, a condition purported to make women unreliable and irresponsible. The feminist movement in health studies has rejected the stereotypical passive-feminine role supporting the behavioural-authoritarian medical professional model. The topic has been discussed from two different perspectives. One concerns the discussion of women's health as being different from that of men. The other perspective explains the health of men and women as viewed by society. There are sections explaining men-women, mortality, morbidity,

The book also discusses such topics of general interest as chronic illness, stress and social support for illness, the promotion of health and prevention of disease,

APARNA WAGLE

B-12, Rosary House, Gunpowder Road, Mazagaon, Bombay 400 010.