

mushrooming private hospitals and clinics which are run at substandard levels by any standard, and basic ethics are thrown to the wind. Now the IMA and Dental Associations are up against this legislation. I wish someone makes a study of it and writes an **article** in the journal.

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Issues in Medical Ethics (5)

Your editing of the special issue of *Humanscape* was very nice! It will definitely help to carry the message of medical ethics to a wider section - an enlightened one - of our society. We can expect more activity in this field in future. It will be interesting to know the feed-back from the non-medical readers of that magazine,

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(Dr. Amar Jesani of our journal had served as guest editor of the issue of *Humanscape* dated March 1997. A free copy of this issue was kindly sent to all subscribers of our journal by the editor of *Humanscape* - Editor)

Modern medical practice

Abusive modern medical practice,
Creates scares about allergies,
osteoporosis,
Cancer, high cholesterol and diabetes;
And blows diseases out of all proportion.

People are stampeded into check-ups and monthly tests,
Boosted by sales personnel and advertisers,
Who promote hospitals and 'services',
So that well or ill, people are subjected to tests.

Tests often reveal 'disorders' that cause no dis-ease,
Causing anxiety on the need for 'intervention',
Converting asymptomatic persons into patients
To whom the doctor now prescribes expensive treatment.

Care providers get commissions and bonus,
Good for specialists, laboratories
Pharmacies and lawyers.
Gut not for the patient whose woes worsen.

Doctors' ineptitude arises,
as they treat trivial complaints by complex means,
Producing doctor-made diseases
cryptically termed iatrogenic.

As superfluous tests disturb health and peace of mind,
Superstitions, phobias and socio-cultural influences
Lead to change of physicians,
Pushing many to alternative medical systems.

Is there a cure?
Mushrooming nursing homes and diagnostic laboratories
Must be subject to quality control and national norms.
Health care delivery must be delinked from profiteering.

Professionals must be made to apply medical ethics,
The public must acquire health awareness,
Seek education for healthy living,
And modify life-style to prevent and promote health.

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Prescription by remote control

I reproduce below two examples of medical advice prescribed by a surgeon through the columns of a newspaper without having obtained a detailed history, examined the patient and arrived at a scientific diagnosis.

Both items are from the column entitled 'Bodywatch' by Dr. Vithal Kamat published in *Navhind Times*. The first extract is dated 19 April 1997:

"Q.: I am a 14-year-old boy having some facial problems. They are: (1) My face is full of pimples and blackheads...

(2) There are very small black clots in my nose...

A.: Keep your face clean... Take cap. tetracycline 250 mg. twice daily for one month, then once a day for one more month. Take vitamin A and vitamin B complex for two months..."

The second item is from the issue dated 17 May 1997:

"Q.: I am a 28-year-old unmarried girl. Since some years ago, I used some external objects to arouse sexual pleasure. Now I have a foul-smelling discharge...

A.: ...Take a course of antibiotics - tablet ciprofloxacin, 500 mg. twice a day for 8

days..."

Is this ethical'? If not, is there a remedy through the Medical Council of India?

ACONCERNEDSURGEON

Panaji, Goa 403001

(We posed this question to a senior consultant experienced in writing for the media. This is his response:

"It is unscientific and unethical to treat patients through correspondence. Prescribing drugs, especially those with side effects - and there are precious few without these unwelcome attendant effects - 'by long distance' is also hazardous and may land the patient into a sorry mess.

"The best that a medical columnist can do is to make general observations and guide the person requesting help to her family physician or a relevant specialist. When recommending a specialist it is important not to favour any specific individual. It is best to direct the patient to 'a reputed surgeon' or 'a reputed endocrinologist' rather than Dr. A.B.C. If a teaching hospital is available nearby - as it is in Panaji - the patient can be guided to the appropriate department there so that treatment is made available to her at minimal cost.

"As regards the Medical Council of India, Dr. Mani's experience, published earlier in your journal', does not permit optimism. Even so, there is nothing to be lost by 'A Concerned Surgeon' bringing this matter to their notice." Editor)

Reference

IManiMK: Our watchdog sleeps and will not be awakened. issues in *Medical Ethics* 1997;4:105-107.

Medical ethics: patients and relatives

Medical ethics merits continued debate throughout the lifetimes of doctors, patients and their relatives. Sometimes this results in acrimony, throwing more heat than light on the subject.

As of today, ethics are practised more in their breach than in their observance. Just as it is with sincerity, ethics cannot really be taught. Both must come from within.

Life is constantly changing and so do medical ethics. After all, medical ethics and the medical profession as a whole are mere reflections of society at large. In India, we are not permitted to advertise ourselves. Even so, we continue to do so on the sly and, in some cases, through whispers and whimpers.

I would like to quote a personally experienced ethical dilemma.

Two decades or so ago, a senior gynaecologist, approximately of my age and standing, had discussed one of her indoor patients with me. We happened to be attached to the same institution. Subsequently, she went on leave, deputing me as her *locum tenens*. The next day, I first saw my own patients and then those being attended to by her. Her patient then asked me, "Does a patient have the right to change her doctor?" It was obvious that she

was referring to her own specific case and implied that she wished me to look after her care for good. How was I to resolve the dilemma ethically? After some thought, I told her, "The patient has an absolute right to change your doctor. But then the patient must consider the fact that her current doctor, who has treated her for years, knows all about her illnesses and understands her system. A new doctor would be ignorant of several details.

Hence, if the patient has faith in her original doctor, it would be wise for her to continue to seek her help." She got the point and continued with her original consultant.

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Conference Announcements

Public Responsibility in Medicine and Research has announced its schedule of meetings.

6 November 1997: Conference entitled *Reviewing and revising the expedited categories of research*. Among the topics for discussion are:

- a) expedited review of routine m-approval applications' b) disposition of growing number of adverse experience reports;
- c) expedited review of compassionate or treatment USC of FDA-regulated 'test articles'.

7 December 1997: Applied Research Ethics National Association holds its annual human subject research conference on *TUSKEGEE: Can past lessons guide researchers in the future?* Among the topics for discussion are:

- a) the impending challenges for institutional review boards; b) the Tuskegee syphilis study legacy; c) managing continuing review and adverse event reports; d) IRB liability issues; c) regulatory updates from FDA and OPRR.

8-9 December 1997: Annual human subject research conference on *Ethical research in an ethical society*. Among the topics for discussion are:

- a) update on NIH/FDA guidelines for the inclusion of women and minorities and the new guidelines on the inclusion of children in clinical trials; b) a review of the 'headlines' in human subject research and an analysis of what constitutes a research 'scandal'; c) the model informed consent form designed for use in obtaining tissue for research; d) creative informed consent procedures.

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International Conference on Human rights, Bioethics and Health

11-13 September 1997, Paris, France.

Although broadly considered to be a fundamental human right, access to health care still raises many issues, notably as regards its implementation in practice. On the one hand the number of persons deprived of social protection is increasing, even in the industrialised countries. On the other hand, the emerging new biomedical technologies are influencing the control of vital human functions (notably in the fields of procreation, genetics and neurosciences). This has resulted in a challenge to human rights, encapsulated in the formula - 'Towards greater freedom, OR, towards the acceptance of greater risks'.

Sessions: (1) Achieving solidarity in the light of economic constraints, (2) Health and medicine in situations of crisis: Medicine in wartime, disaster medicine, (3) The history of the right to health as a human right, (4) Human rights and bioethics: Some innovative developments, (5) The protection of the vulnerable and the risks of the betrayal of medicine, (6) Conceptual, legal and ethical aspects of health as a human right, (7) Role and limits of ethical committees and (8) Concluding session: Ethics and law in the development of public health policy in conformity with human rights.

This conference is directed to persons involved in the practice of medicine, ethics, health law, policy making in the public health sector, human rights and international cooperation. The official languages of the conference are English and French, and simultaneous interpretation will be assured.

Organised by: Council of International Organisations of Medical Sciences (CIOMS) and International Association of Law, Ethics and Science (IALES). For more information, write to: BYK Christian, Secretary General, CIOMS, 62 Rd. Port Royal, 75005, Paris, France. Fax: (+33)(1) 43 37 47 10