

Our July issue carried a series of responses from students and practicing doctors to a questionnaire on medical education and medical ethics. Some more comments:

Medical education and medical ethics

In school, ethics was taught as part of Moral Science. I then believed that ethics was a way of living, a matter of right and wrong, where everything was black and white.

In medical school, my first contact with ethics as a topic of discussion, was a student-staff debate in the 1st year: "The only culture left in medical colleges is in the microbiology department." It showed me that ethics was more a matter of shades of grey.

In the second year, we had a series of sessions called 'Shidori' discussing 'medical etiquette'. Medical ethics was also a part of forensic medicine in the second year. There was also a debate on euthanasia. In all my years of medical school, a total of 15-20 hours must have been spent on the topic of medical ethics.

Amongst ourselves we have many discussions on topics like the kidney racket, IVF vs adoption, surrogate motherhood, HIV, HIV infected pregnant women and mothers, etc.

I was once very disturbed by the actions of one intern during my

medicine posting. The intern had to collect blood to be sent for investigations from a chronically-ill patient some of whose peripheral veins were thrombosed. So he directly cannulated the femoral artery and sent the blood. It may be justified in some instances but here I felt that it was not only unnecessary but also done in a disgusting manner.

I have also heard stories that some interns pressed for time collect a large amount of blood from a single patient and send it under the names of the various other patients for investigations.

In today's world, the entire weight of the situation has shifted towards financial gain. It's obvious that doctors who have already spent much time and money on their education want to make up for their losses as soon as possible, whatever their methods. While this is undoubtedly their fault, I also consider the government and other such bodies accessory to such crimes for putting them in such situations in the first place. There is no place for capitation fees in medical education today. The government and medical colleges here are also trying to make a fast buck by taking undue advantage of the situation and should be blamed as well.

Being doctors our first concern should be that of the patient. A doctor may be pardoned for being unethical only outside the purview of medical

practice. Doctors yet hold a respectable position in our society and should be grateful. Other than teachers, I don't feel any other profession commands such respect. It is extremely unethical to take undue advantage of the patient's gullibility and desperation.

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"Oh, he's still alive!"

We were taught medical ethics in the second year of medical school, as part of forensic medicine. Not more than three or four hours was spent on the issue in my years at medical school.

The discussion consisted of ethics in medical practice, with no reference to patient care. Besides the classroom sessions, senior doctors would give instances of unethical practice, and contemporaries would share 'hospital gossip' on their seniors' behaviour.

Often senior doctors disregard the discomfort of patients or ignore relatives' complaints. Moreover, even in an emergency, they tend to act rather slowly, often at the cost of the patient's life. For example a patient once walked in with a head injury and though he survived the first CT scan the houseman exclaimed, "Oh! he's still alive," and instead of taking him to the emergency operation theatre sent him for a repeat CT where the patient died on the table. Of course, we are not at liberty to discuss these issues with the seniors.

Ethics has to be at the centre of all our work. For this, the subject should be discussed from the very beginning of our medical education so that it is ingrained into our later work.

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Readers are invited to send their comments by e-mail at medical-ethics@hotmail.com

