

al locations would solve the problem of drug shortages in PHCs (estimated to be about Rs. 40,000 per PHC per year).

The implication is that ill-health is affected not only by the inability to spend (at least part of the community spends on allopathic medical services and drugs) but also because of the irrational prescription and use of allopathic drugs.

The study explains the methodology, and choices of specific modes of research in detail, allowing the discerning reader to agree or disagree, on a more informed basis. Those needing more details are invited to go through the original report.

Both this book and the original report must be made compulsory reading in all medical, pharmacy and nursing colleges. The Indian drug tragedy continues; who will reprimand the doctors who despite training and honoured status abandon science for convenience, intellectual laziness and money? Will the Medical Council of India rein in the trained quacks among its tribe?

Drug misuse is only the tip of the iceberg. We need another study on the diagnostic abilities of doctors (in this study correct diagnosis was presumed, which is, of course, questionable), the practices of surgeons, the use of laboratory and other tests, and so on. Again, the medical profession's apathy is just part of the uninformed indifference of middle-class professionals and well-off Indians to the life-and-death issues affecting the majority of our one billion population.

Finally, there is the question of human rights violations. Aided and abetted by the drug industry, the medical profession prescribes dangerous and unnecessary drugs to people made all the more vulnerable by their need for relief, their ignorance and their trust.

Chinu Srinivasan

Two questions, and a prescription

While researching a project on the Indian woman's experience of menopause, I chanced upon a clinic in a north Mumbai suburb with a freshly-painted board advertising a 'Clinic for Elderly Women.

The doctor (who turned out to be a general practitioner) saying I could sit in on consultations if the patient did not mind.

The patient was a 49-year-old woman (S) whose complaint was a constant body ache, head aches, depression and a general feeling of being useless. She said she often felt suicidal but "even that seemed like too much work." Her children had grown up and left the house. Her husband travels frequently, leaving her alone. "When my husband is away I am very lonely. I have nice neighbours but I miss my family. I can't do without the TV and eat all the time. My husband tells me I look too fat." She believes he no longer finds her attractive.

After listening to S's litany of complaints the doctor asked her her age and her menstrual pattern. She had not menstruated for over a year. With this two brief queries the doctor wrote out a prescription for Estriol, a lower dose (and currently the cheapest) Hormone Replacement Therapy drug, told S to take it twice a day and asked for a fee of Rs 175. The entire visit took barely 15 minutes.

The doctor did not ask S about her family medical history: he did not tell her what she was taking, the possible side effects, the need for monitoring. He simply told her that she would get complete 'shanti' with the drug, and that she could take it for the rest of her life, though Estriol is normally prescribed for a three-month period with the possibility of another three

months if there has been no relief. Estriol is normally recommended to menopausal patients complaining of common physiological symptoms of menopause.

Speaking with S outside the clinic. I asked her if there was a family history of breast cancer or diabetes, and if she herself had gall stones (all contraindications for HRT use). She said no, but, if someone had cancer or diabetes we would not have known."

The doctor said it was S's first visit to him. Why did he suggest that she go on HRT? "Didn't you hear"! She said she no longer menstruated. Estriol is very good for women of this age." Further questions about contraindications for HRT use were dismissed with a wave of his hand. I asked him whether, in his capacity as a GP, he felt confident about prescribing hormonal treatment. He said, "All the medical reps say it is the best thing for ageing women. They say that every doctor buys it." I asked him when he had first heard of HRT. He said a medical representative had introduced him to it about two years ago but he had started prescribing it only recently.

"All the medical reps say it is the best thing for ageing women. They say that every doctor buys it."

Such incidents highlight the frightening lack of knowledge amongst some sections of the medical profession about the contraindications of HRT. It also points to the desperate need for counselling services. There is a growing belief that most women would benefit more from counselling than clinical interventions like HRT.

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