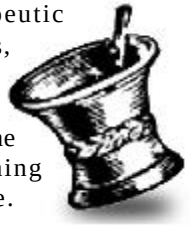
'Evidence-biased therapy'

Regarding our article (1), and Meenal Mamdani's critique of it (2), our article ought to have been titled 'Evidence-biased therapy' just to drive home the simple fact that modern medicine with all its diagnostic/ therapeutic wizardry, treats, according to its knowledge of cancer, merely some evidence and nothing save the evidence.



From the pre-Christian times to Charaka (3) through the Scottish physicians (4), Cheatle (5), Kiricuta and Bucur (6), down to Logan (7) as recently as 1975, there is enough and clear evidence that breast cancer by itself is mere evidence, the removal of which does not in any way alter the basic process, and often worsening it. The therapeutic restraint that the authorities quoted here emphasised was more than vindicated by the candour of Nobel laureate Pauling (8): "Everyone should know that the war on cancer is largely a fraud, and that the National Cancer Institute and the American Cancer Society are derelict in their duties to the people who support them."

All cancer therapy is glorified palliation (9-14), the chief *raison d'etre* of which is to ease if there is dis-ease. Our Mrs Kothari had a large lump but no dis-ease so she was profitably left alone. The other patient was sailing in the same boat, but her well-intentioned doctors chose to "attack" her dis-ease-less tumour and forthwith dispatched her to her maker. Dr Mamdani should see the evidence that this small controlled trial provides.

Leslie Foulds (15), the noted oncologist and author who died of undiagnosed, advanced colonic cancer, classified cancers into 'good' and 'bad', but on a retrospective basis, depending on how they behaved post-treatment. The many parameters that cancer doctors are searching for to help them predict the behaviour of a particular tumour are just not there. That being so, it is good to follow a general rule: "When in doubt, **don't**."

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Uninformed consent, but ethical anyway?

(In response to the report regarding a mentally disabled man, Prakash, whose kidney was transplanted into his brother, Subramanyam, we asked readers to send in their responses 1. Did Prakash give his informed consent for his kidney to be removed and transplanted into his brother?)

Actually, Prakash did not 'donate' his kidney. His mother did it presumably for the greater good of the greatest number. The patient's family, which included Prakash himself, wanted to save the life of their sole breadwinner.

As Dr Arun Bal points out (2), informed consent has both legal and ethical aspects. Legallly speaking, Prakash's autonomy was restricted because of his mental disability. It was also the ethical obligation of the family to save Subramanyam's life.

The mother, in her discretion, presumed her mentally challenged son's consent, a 1:1 possibility if he were mentally sound. The 'donation' might be interpreted as amounting to 'battery and assault'. It could also eventually protect the quality of life for the family of five.

In the circumstances, it was a family obligation fulfilled by Prakash without his being capable of understanding his 'humane' act.

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Reference : 1. What do you think? *Issues in Medical Ethics*, 1999; VII (2): 38. 2. Bal Arun: 'Informed consent: legal and ethical aspects. *Issues in Medical Ethics*, 1999. VII (2): 56-7

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