

without advertisement. Doctors can use the electronic media to place a mega directory on a website. Software allowing people to help locate the doctor they need would make information accessible without fancy personal advertisements to lure patients. This scheme would take care of Dr Malpani's (3) major objection that word of mouth does not favour younger doctors. The 'grey beards' who unfairly use their weight against freshers as contended by Mamdani and Mamdani (4) will lose their grip.

Those who support doctors' advertising quote Western codes which permit the practice (2,3). Jesani has pointed out that the call for advertising in the US stems from the insecurity of corporate-controlled health care with its own serious problems (4). Besides, should we equate the Indian and American situations just because globalisation has forced us into a free market economy? The American system offers some consumer protection; we are not able to do this.

Dr Malpani refers to 'the demands of changing times', to advocate advertisements by doctors. Our health care system is not effective beyond urban limits because doctors have ignored the demands of the changing times for several decades. Now, globalisation seems to apply a much needed balm to our pricked conscience.

I would like to cite the example of Baba Amte, a lawyer by profession. He attended a six-month course in tropical medicine and then established a home for leprosy patients at Warora, called Anandwan. Cured leprosy patients earn their living and run the village with a self-confidence that has to be seen to be believed. Baba Amte's sons and their wives have acquired medical degrees and devoted their lives to rural and tribal health care, at times against the government's serious antipathy towards the cause.

One son, Dr Prakash Amte, along with his wife Dr Mandakini, has worked since 1973 amongst the inaccessible Madia Gonds at Hemalkasa, promoted education and even produced two Madia doctors who have decided to go back to work for the tribals in the jungles instead of starting clinics in a

city or abandoning the country. Dr Vikas, the elder of the two sons, looks after the growing activities of Anandwan and several other major projects. The next generation of Amtes has also committed itself to this development programme.

Unfortunately, Dr Vikas and his wife Dr Bharati are hard pressed to find permanent doctors to help run the hospital even at Anandwan, though this beautiful village is close to the Warora railway station between Nagpur to Delhi. Unlike the Amtes and their dedicated teams, scores of urban doctors don't seem to sense that 'the demands of the changing times' are to serve the rural and tribal populations. They seem to be eagerly looking forward to the patriotic feat of earning foreign exchange to eradicate the nation's poverty.

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Change is inevitable

The practice of medicine has undergone many changes over the years and will continue to undergo many more changes - in concepts and in practice - in future. It is, therefore, unrealistic and unfair to expect the medical profession to accept and adopt all of the ethical principles that were laid down years ago (1). Modifications must be made by the governing bodies and physicians must accept the changes.

I propose that — as is the practice in the United States — doctors in India should be allowed to advertise their services. Before I proceed further, let me make it clear that I would

personally not advertise: either because I find it difficult to totally shake off old, established beliefs or because my own field (pathology) does not require advertising. However, I would defend the right of other physicians to advertise.

Dr Pandya argues that medical professionals have peer-reviewed journals to produce their research papers in and thus "advertise" themselves to their peers. However, as he himself has pointed out some years ago (2), Indian doctors rarely publish. Moreover, Sahni et al (3) showed some years ago that only five per cent of Indian doctors read medical journals. This avenue of spreading information about oneself is thus blocked for most physicians.

The argument has been made that allowing advertising will permit doctors to make tall claims. The cure, then is to make our medical councils, advertising agencies, and the Advertising Standards Council of India more accountable. Preventing advertising because of the existence of misleading advertising is like banning cricket because of some matches are fixed. The solution is to prevent the fixing, not the game.

Finally, the change in medicine is exemplified by the fact that many hospitals, especially the private or corporate ones, have marketing departments. There have even been suggestions that the word "patient" be replaced by "client" or "customer" (4).

But this much is clear: change is inevitable. In an age when patients are considered to be consumers and when doctors can be sued for poor services, surely it is incorrect not to allow doctors to advertise. The same rules have to apply to all the players of the game.

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