Don't single out private colleges

I take strong exception to your statement in the editorial (1). You have written, "As medical education became commercialised, the alliance between corrupt medical council members and politician owners of capitation fee-based private medical colleges destroyed the profession's ethical fabric."

This sort of generalisation and lumping of all private medical colleges under one wide umbrella is distasteful. While I accept that many private colleges have a lot of scope for improvement and leave a lot to be desired, there are other private colleges who are making genuine efforts to maintain standards, and it is not fair to tar them with the same brush. And what about government colleges? Are they above corrupt practices?

To me, the decline of self-regulation started a long time ago, in the fair city of Mumbai, where the cut-practice racket started, spreading to other cities and towns. The decline started when specialists began treating patients according to the dictates of the referring general practitioner. It continued when unnecessary admissions and operations began to be done because "If I don't do it someone else will." With so much turmoil within us it is not fair to single out private colleges for censure.

Having been a surgeon, a teacher and having spent some time on the State Medical Council as a university representative, I have seen how ineffective our internal policing is.

The practice of medicine is no longer a profession but a commercial venture, with most practitioners, either singly or in groups, investing in costly diagnostic/therapeutic equipment and trying to recoup the investment by fair means or foul.

The 'because it is there' syndrome is a major ailment affecting our profession. Remove the appendix because it is there. The USG shows a simple ovarian cyst, take it out. CT/MRI facilities are available, use them to impress the patient. Who is bothered about medical justification and patient safety?

There are many more problems which have to be faced and rooted out. Unless like-minded people get together and form a strong and effective lobby the trend will not change. It is encouraging to see some new entrants into the profession, who want to practise ethically. Maybe it is up to them to cleanse the profession and bring back the dignity and prestige that was once associated with the words 'medical doctor'.

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Reference:

1. Bal Arun: A doctor's murder *Issues in Medical Ethics* 2001 (9): 39.

Political economy of human organ selling

The debate on trade in kidneys for economic gain (1, 2, 3, 4) has become polarised between those who do not view this as different from any other economic gain (those not attaching any moral value to any economic transaction), and those who view this in the context of human realities, like poverty, that drive people to make a forced 'choice' of selling an organ for an economic consideration.

In this globalised and market-oriented world, there is a tendency to commodify everything and this includes human organs. Everything must be viewed in a detached and 'objective' manner and should not be adulterated with any values.

Unfortunately human life and living does not work that way, and more so in our part of the world. In the real world things are not black and white but there are many shades of grey. One example with which we have had experience for a number of years is blood donation. Professional blood donation was permitted and had become quite messy but it took the HIV/AIDS scare to put a stop to it, at least officially. Voluntary blood donation is encouraged and whenever a patient needs blood, relatives and friends must contribute without any monetary compensation.

Why can't we follow the same principle for kidney donation? Encourage people to donate their kidneys on death to a public 'kidney bank'. Anyone needing a transplant must get a relative or friend to pledge their kidneys on death. The option of a live donation from a compatible relative may also be kept open as an exception, but this should be subject to an ethical review to assure that no undue advantage is taken, or any payment made. And of course this should be only in the public domain. (By public domain I do not necessarily mean the government, it could also be an association of the concerned profession.)

This is not very different from the question of the misuse of amniocentesis. Just because the technology is misused, we cannot ban it since it also serves a useful purpose. There has to be control over the use of the technology by the profession. We know that legislation in the case of amniocentesis has not worked effectively. It can only work if the medical profession becomes ethical in its use and any misuse is dealt with severely by professional bodies. For example, the Federation of Obstetric and Gynaecological Societies of India (FOGSI) should take a lead and pressurise its fraternity to stop sex-determination tests. The fact that FOGSI has not done this shows the lack of ethical concern within the association. On the positive side, there has been a report from Bhuj that prescriptions and other stationery used by obstetricians and gynaecologists in that region carries a slogan that sex-determination is a crime. FOGSI must use such examples to advantage and get its members and other related specialists to become concerned about and bring about a change in practice.

Coming back to the kidney trade, this is also the concern of inadequate access to dialysis facilities for affected patients. With increasing privatisation the situation is becoming worse. Access to such care for the poor, who are the majority in this country, is becoming increasingly out of reach. If we are concerned about equity — and we ought to be given that we are a society with an exceptionally large population with insufficient access to basic needs including health care — then we ought to be concerned