

'Foeticide' is problematic terminology

This has reference to the article 'Female foeticide: Where do we go?' by Mohan Rao (1).

Dr Rao has drawn much needed attention to the controversial issue of 'choice' and the 'right' of the woman to access technology for pre-natal sex-determination and subsequent abortion of the female foetus. Women's groups campaigning against sex-determination have been, for the past decade and a half, in the peculiar position of spearheading a campaign in which the 'masses', including women, are seemingly against us. In fact, unlike in movements against other forms of violence against women, such as rape, domestic violence and dowry harassment, this campaign has the unique distinction of having no discernible victim. For, we are led to believe, scientists want to develop this technology, medical practitioners want to implement it, and women want to use it. So, where is the problem, and who is being harmed?

Here we come to the uncomfortable question. Is our 'victim' the female foetus? Does a foetus have rights? And this is where the terminology currently in vogue, and also used by Mohan Rao in his article, is problematic. Female 'foeticide', undoubtedly a catchy phrase, implies the murder of the female foetus and imbues the foetus with a life, a soul, and rights, including the right to life.

For the past decade and a half, the campaign against sex determination and selective abortion has had to tread a very thin line, and negotiate grey areas in issues of women's 'reproductive rights'. We have attempted to highlight the fact that pre-natal sex-determination and sex-selective abortion is a grave form of violence against women. Ironically, our campaign has also drawn support from right-wing fundamentalists of all religions. 'Right-to-lifers', who deny women the basic right to control their fertility and the right to abortion, have also used the arguments put forward by women's groups and condemned 'female foeticide'.

'Caravan', a campaign in Delhi initiated in October 2001 by several community-based organisations, women's groups and the Delhi Commission for Women, has posters and publicity material carrying the picture of a foetus in a womb, with messages like "Kokh mein beti ki hatya roko" (Stop the murder of daughters in the womb), "Mujhe jeene do" (Let me live), "Meri hatya mat karo" (Don't murder me), etc. While these slogans are no doubt extremely emotive, they are dangerously close to a right-wing line against abortion itself.

That this anti-abortion line was pushed at the IMA-NCW-UNICEF meeting of religious heads mentioned by Dr Rao is hardly surprising. The masses were exhorted not to 'indulge' in sex-determination and aborting female foetuses because every female is a potential mother, and therefore a 'devi'. Women's rights in and of themselves were hardly on the agenda, as could be expected in this forum. It is no wonder that many women's groups are viewing with suspicion these unholy alliances between religious heads, medical professionals and bodies like the National Commission for Women. As Mohan Rao rightly says, we cannot sup with the Devil. However hungry we may be.

The growth of sex-pre-selection techniques further complicates the issue, since the question is no longer one of abortion. Here, we have a crime with an even more invisible victim.

We need to articulate a nuanced understanding of women's rights, so that seeming contradictions do not make our stands untenable.

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Reference:

1. Rao Mohan. 'Female foeticide: where do we go?' *Issues in Medical Ethics* 2001; 9: 123-124.

Am I a bogus doctor?

I am moved to write this letter to your journal after reading an essay in the *Journal of Association of Physicians of India* by Dr B M Hegde, who I consider one of the living legends of medicine. (1) I have often discussed the issue of sponsorship, to which Dr Hegde refers, but rarely have my colleagues listened to me. This is a subject of much interest to *Issues in Medical Ethics*.

In 1998, I was invited to APICON, to present my life's research on the scorpion sting, within 20 minutes. A company selling anti-hypertensive and anti-diabetic drugs sent me an air ticket and informed me they would be putting me up at a big hotel in Bangalore. The PRO indicated that I should be writing about his product. I immediately returned the ticket and sent a message to the organisers that I would be happy to spend the night at a bus-stand or railway platform, rather than have my stay sponsored. I went to the conference by road. When I reached there, my sponsored colleagues were surprised to see me there.

I notice at these conferences that few attendees go to the academic section; the long queues are reserved for the dinner and cocktails. Sometimes companies organise a single lecture for which they provide a two-day stay for doctors and their families. At Mahad, many pharmaceutical companies arrange CMEs with cocktails and dinner, but have to borrow a projector from me. They pay for the (air) travel and stay of guest speakers and even attendees.

I have refused travel and staying allowance even as a guest speaker, something which has kept me away from sponsored programmes; I am no longer invited for these programmes even when all my colleagues are. For example, a conference on non-insulin diabetes (NIDUS 2001) was held at the Hotel Subbean, at Pattaya, Thailand, from August 10 to 12, 2001. This was aimed at the general practitioner, and indeed my colleagues in my city were invited, but I was not.

I am swimming against the stream, and I am being treated as an outcast by my colleagues, as if I am a bogus doctor.

Doctors need to think about principles and ethics if they are to maintain the dignity of this noble profession.

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Reference

1. Hegde BM. Is academic medicine for sale? *JAPI* 2001; 49: 831-832.