

More transplant stories

The kidney transplant controversy continues. The licences of most of the hospitals in Karnataka have expired recently and the state is doing a re-think on its policy. What this means is that, at the moment, renal transplants cannot be performed in the state. Even those who have been given permission by the authorisation committees are in limbo as the hospitals do not currently have the permission to perform the surgery.

While I do not know much about the intricacies of the formation of such committees and changes of policy, surely the state should have woken up much earlier if at all they wished to address the issue of ethics and transplantation.

Some years ago, when I was on the verge of leaving for the USA, I was warned by a friend, "I know someone who knows someone who knows someone (ad infinitum) who was invited for a drink by a stranger in a bar in [the city that I was going to visit]. He accepted the generous offer. The next thing he knew was waking up in a bathtub of ice in a strange hotel. A note taped to his body informed him to contact a doctor immediately as his kidney [or was it kidneys?] had just been removed surgically for purposes of transplant. The episode had too many holes in it for me to believe it and subsequently, it was shown to be a fraudulent story [too many cities involved, too many people who knew people,...but no one with first hand knowledge]. This story however can be transplanted [sic!] to India with considerably better success.

The local newspapers report that in January 1999, a young man called Shiva who donated his kidney to an unrelated donor in a private hospital for 'altruistic' reasons was murdered a week later. The tout involved persuaded Shiva to 'donate' his kidney for Rs 45,000, which would go towards buying an autorickshaw. A week after surgery, on his discharge from hospital, Shiva was murdered by a contract killer, hired by the tout, Gangadharaiah – for Rs 5,000. So we now have it on record. A kidney is more precious than human life in India.

While investigating this incident, police have stumbled across another similar episode. Doubtless, there will be many more. This is exactly the slippery slope that opponents of euthanasia warn about. In a nation where it is easy to break laws and get away with it, it is easy to imagine what can happen with slippery slopes. Remember, no-one has even mentioned **this** slippery slope of renal transplantation.

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Karnataka's minister for higher education and medical education, G Parameshwara, states that the government plans to introduce a comprehensive medical syllabus to include the ayurvedic system of medicine. Apparently, "the merits of including ayurveda in allopathy course and allopathy in ayurveda courses will be discussed".

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Doubtless, committee after committee will be set up to look into the feasibility of this brainwave. I trust someone will inform the minister about cross-practice not being allowed as per the highest court in the land. And exactly how much ayurveda will the allopath learn, and vice versa? Wasn't Alexander Pope referring to just this when he wrote "A little learning is a dangerous thing"?

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As I write this letter, I learn about the latest controversy to hit the medical world. The *New England Journal of Medicine*, which is perhaps the most influential medical journal in the USA, and therefore in the world, has changed its editorial policy with respect to conflict-of-interest statements. Because apparently, the editors find it practically impossible to find physicians [to write or review articles on drugs] with no financial contacts with the pharmaceutical industry, they have changed the statement from "Because the essence of reviews and editorials is selection and interpretation of the literature, the *Journal* expects that authors of such articles will not have any financial interest in a company (or its competitor) that makes a product discussed in the article" to one which says "...will not have any *significant* financial interest...." [italics mine]. It is good, in the interest of transparency, to have a conflict of interest statement and policy along with the published article. But how many of us, at least in India, seriously study such statements, or question their importance?

How this will affect medical practice is to be seen. However, it is difficult to think of any positive benefit from such a move.

No such fears for Indian medical editors, though. Some time ago, I received an e-mail from a respected journalist asking for my views and comments on certain aspects of medical journalism. Her project was centred around an episode that she had learnt of: a prominent Indian physician had sent a paper for publication to a well-known Indian medical journal with a large circulation. He soon received a letter from the journal, requesting him to place an advertisement for an organisation that he was also involved with. The doctor wrote back asking if it meant that placing an advertisement would result in his article getting accepted for publication. "Yes" came back the reply! I do not know what happened next, but presumably, the journalist knows and will write it up in her article.

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