

Encompassing medical ethics within the medical humanities?

Published online first on November 17, 2022. DOI: 10.20529/IJME.2022.085

As medicine becomes ever more technologically advanced, “human skills” are becoming increasingly important. Medical ethics or bioethics and medical humanities may have been formally introduced into the curriculum about the same time around the 1970s in certain developed nations. However, in many developing nations, medical/health humanities is much more recent and only came into prominence during the first two decades of the twenty-first century. The term “bioethics” was coined by Potter in 1970 [1]. During the ensuing five decades, however, medical ethics has become the dominant discipline of the two, globally. Medical ethics is more well-known and has greater resources allotted. Medical ethics may be a less radical and more comfortable concept and the study of ethical issues in medical practice may not challenge the traditional knowledge and power structures inherent in medicine. While we have a Centre for Bioethics and Humanities at my present university, I feel a more logical and correct name would be Centre for Humanities and Bioethics, emphasising the greater scope of the humanities.

In the year 2000, in an editorial in *Medical Humanities*, the authors mentioned that the first issue of the journal was launched as a special edition of the *Journal of Medical Ethics*, conveying the impression that the humanities are a subject of or a component of medical ethics [2]. Medical ethics may only be one of a variety of disciplines that constitute the medical/health humanities. Medical humanities deals with different interactions between humans including that between the patient and the healthcare practitioner, and ethical issues may be explicit in some interactions. Ethical values are a part of but do not exhaustively cover the value system in medicine. A wider understanding of life and of values and concerns is important to approach ethical issues and concerns properly.

The humanities are an integral part of medicine along with the sciences. For thousands of years, the doctor’s armamentarium was noted to consist of the herb, the knife, and the word [3]. The word has, however, received less attention than the other two. Chronic lifestyle diseases are becoming common and the ability to respond to the emotional needs of patients is becoming important for practitioners. Doctors should be able to respond to a variety of emotions and offer support to patients. Health humanities is expected to help practitioners engage with the different perspectives available within the discipline and improve the quality of relationships between patients and health practitioners [4]. Increasingly students and practitioners may have to interact with artificial intelligence (AI) and work together with AI systems to provide patient care. Ethical issues may also arise from these interactions. Medical humanities

should be deeply integrated within the medical consultation and form and transform it.

Recently attempts have been made to use some of the methods from the humanities to explore biomedical ethics and aspects of the patient-practitioner relationship. While this may be a useful first step, it may not be enough. Students and practitioners should be familiar with different aspects of the human condition, respond to the emotional correlates of being sick, and not merely treat biological illnesses. Medical ethics is important but should be approached through the medical/health humanities lens. Otherwise, a narrow mechanistic view of an ethical problem being correctable through specific narrowly focused measures may be created. The problem and the solution may not be linked to the richness of human experience and the multiple perspectives involved may not be sufficiently explored.

Considering medical ethics in isolation without examining the human condition and the health humanities; and considering ethical problems as merely a problem to be addressed may not provide a holistic perspective nor a comprehensive solution. Encompassing medical ethics within the medical humanities may be a logical way forward.

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Do Ayurveda students need a course in Medical Astrology?

Published online first on January 4, 2023. DOI: 10.20529/IJME.2023.001

Ayurveda is based largely upon two classics — *Charaka-Samhita*, representing the school of medicine, and *Sushruta-Samhita* representing that of surgery. These two texts mark the historic switch in the Indian medical tradition, from faith-based therapeutics to its reason-based variant [1]. The *Charaka-Samhita*, which acquired its present form in circa 1st century CE, uses two remarkable terms to designate the distinctness of these approaches: *daiva-vyapashraya* (literally, dependence on the unobservable) and *yukti-vyapashraya* (dependence on reason) [2].

The switch from faith to reason, however, did not happen as a sudden disruptive event. It was a gradual transition spread over several centuries starting circa 8th century BCE [3]. It achieved a marked finality by 1st century CE. Such a gradual transition, though not unremarkable for the paradigm-shift it takes towards rationality, must be expected to retain certain vestiges of an earlier world view. Despite being overwhelmingly reason-based in their orientation, the works of Charaka and Sushruta thus contain isolated references to faith-based practices. Alongside lengthy descriptions of drugs, diets, and lifestyle measures to counter diseases, passing references to religious rituals also find a place in these texts.

The progress towards evidence-based reasoning that the Ayurveda pioneers achieved was sustained for about a millennium. Thereafter, starting roughly around the 10th century CE, this medical system suffered a long phase of intellectual and experimental stagnation. At the dawn of the 20th century, the spirit of Swadeshi coupled with the influence of modern science was expected to revitalise Ayurveda's rational mores. But that was not to be. A wrong understanding of Indian philosophy by thought-leaders in the field led to an unwitting replacement of the rational with the mystical [4]. *Shabda-vyapashraya* (dependence on authority) replaced *Yukti-vyapashraya* (dependence on reason).

The tyranny of *Shabda-vyapashraya* seems to continue unabated. The recent move by the National Commission for Indian System of Medicine (NCISM) to introduce "Medical Astrology" as an elective for Ayurveda students is a case in point [5]. NCISM, the apex body with an explicit mandate to "encourage medical professionals to adopt the latest medical research in their work," has ironically enrolled over 700 students for its online course on medical astrology. The course description on its official website (<https://ncismelectives.org/>) reads:

"It's believed that during olden days Astrology was a flourishing branch of studies. In history there are many recorded incidents of accurate prediction of future events. Medical Astrology is subject which discusses one's likely diseases based on birth charts and planetary positions. In the subject some real life case studies have been included to re-emphasize the topics covered... (sic).

By studying this subject interested students will be able to correlate patient's sickness with Astrological conditions and also prescribe parallel alternate treatment. Interested students can also pursue the subject on their own."[5]

Sporadic references to the usefulness of astrology in prognosticating and managing illnesses are indeed found in the Ayurveda classics. But, as M S Valiathan notes, "the use of mantras was infrequent, and astrology played a minimal, if not nil, role" in Ayurveda's approach to the practice of medicine [6].

Thanks to the biased perspectives of politically powerful lobbies, truth and scholarship have little bargaining power.

Vestiges of faith-based practices are now again seeking to take centre stage in Ayurveda. Lobbyists for such practices do not realise that they are only insulting the epistemological strengths of this ancient science.

That astrology does not work has been repeatedly shown in numerous studies — both theoretical and experimental [7]. Years ago, when the University Grants Commission issued a missive that "there is an urgent need to rejuvenate the science of Vedic astrology," there was a long debate on the issue in *Current Science*. Contributing to the debate, Yash Pal sarcastically wrote: "It is suggested that doctors will gain through the study of Vedic astrology. Some of them might not be able to spare the time to get a PhD in this field, but uncertainties about diagnosis and treatment of disease would be removed even after a certificate course because we would know what Time has in store for the patient." [8]

With charlatany deciding what university students must learn, one wonders what Time has in store for Ayurveda.

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Health Insurance: Drawing inspiration from chit funds to pool health risks efficiently

Published online first on January 20, 2023. DOI: 10.20529/IJME.2023.009

Keywords: out-of-pocket expenses, catastrophic health expenditure, Rashtriya Swastha Bhima Yojana, ROSCA, adverse selection, co-payments

The provision of government-funded public health services in India is grossly inadequate and 48.2% of "total health expenditure" for India is paid "out of pocket" [1]. When the total health expenditure in a household exceeds 10% of the