EDITORIAL

The bioethics movement in India and the legacy of Sunil Pandya

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The passing of Sunil K Pandya (SKP) on December 17, 2024, evoked memories of his remarkable life both as an individual and a medical professional in many physicians, patients and colleagues. In her tribute, Lopa Mehta has described him as "Medical Ethics personified, an astute clinician, a dexterous neurosurgeon, an ardent historian, a philosopher who stood high above worldly gains and fame" [1]. Early in January 2025, we published an anthology of SKP's select articles in *IJME* as a tribute to his contribution to bioethics and to the journal. The reminiscences of his friends and colleagues in that tribute issue are vivid reflections of his genuine, multifaceted and virtuous personality [2].

For me, as I wrote in our felicitation for him in 2010, three attributes make him stand out among other great physicians of the time: his professional commitment to ethical medical practice wherein he preached only what he practised; his constant effort to look beyond the narrow discipline of clinical medicine into medical history and bioethics; and his fearlessness in saying what he considered was right, never afraid of how he would be perceived by the audience [3].

I mention these as I prepare to reflect on the significance of his contribution. This is in line with what SKP as a historian would have liked us to do: to locate him in history and try to understand his impact in India. Such an endeavour is difficult. The relationship between individuals and the making of history is complex. Often, the individuals who contribute to the making of history do not do it consciously. Besides, the impact an individual with certain professional and personal attributes makes, is largely shaped by the specific context of the prevailing social sub-system.

I make a small attempt here to understand his impact and hope that, someday, others will do a systematic and nuanced study. My narrative will be experiential, that of a person who has witnessed the history of the 1980s and 1990s in Mumbai, a time when the mainstream medical profession regarded medical ethics as empty idealism, impractical and utopian, or viewed it with outright contempt.

Mumbai in the 1980s: the launch of healthcare ethics activism

I arrived in Mumbai from Baroda, Gujarat, in January 1979. At that time, Mumbai and its surrounding areas were the leading manufacturing centres of the country, with workers organised in strong militant trade unions, which declined in the early 1980s with the defeat of a year-long textile strike and the subsequent shifting of manufacturing out of the city. The healthcare sector was in transition. The public healthcare system, with its tertiary and peripheral hospitals and clinics, was still leading, but increasingly inaccessible, inefficient, and corrupt, resulting in regular public scandals. Rupa Chinai has captured this in graphic detail in her chapter "The Justice Lentin Commission of Enquiry: A Case Study Laying Bare Malaise and Corruption in Our Health System" on the deaths of 14 patients from adulterated glycerol in a government hospital, in the book *Healers or Predators: Healthcare Corruption in India* [4].

In the unregulated private sector, general practitioners and non-profit tertiary hospitals were fast getting supplanted by specialists who were fuelling the expansion of small and medium hospitals ("nursing homes"). Senior colleagues told me that, since the 1960s, private practice had imbibed the commercial ethos for which the city was well-known and innovated various corrupt trading practices (eg "cut practice"), even attracting doctors from the public healthcare sector to partake in them.

This post-Emergency period had also witnessed the rise of groups investigating custodial deaths and campaigning for human rights. Alongside the second wave of the international women's movement, Mumbai became a focal point in the campaign against rape and domestic violence, resulting in legal reforms and enactment of new laws at the national level. Its campaigns also included issues in the health field, such as unethical contraceptive research, and the use of sex selection technologies which stimulated the enactment of the Maharashtra Regulation of the Use of Pre-natal Diagnostic Techniques Act, 1988, and subsequently, the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act, 1994, enacted by Parliament [5].

I started my career as a researcher in the Foundation for Research in Community Health (FRCH) in the areas of health policy and the health system. Many of us involved in health research and practice linked up with the Medico Friend Circle (MFC), a group of socially conscious activists (https://mfcindia.org/). They changed the approach to healthcare from being the mere provision of welfare to a basic human right. Its local members formed the MFC-Bombay group which documented medical malpractices, demanded regulation of the private health sector, and examined the role of doctors and services in human rights violations [6].

There was also turmoil among doctors, who were coming forward to take up various social campaigns. In 1984, the Maharashtra Association of Resident Doctors (MARD), which had in the past resorted to strikes for better payment and working conditions for themselves, went on a state–level strike for 28 days against the state government's decision to permit the establishment of capitation fee-based private medical colleges [7]. Such a long strike, not for their own demands, but on a policy issue with the potential to adversely affect the healthcare system, was made possible by MARD's socially conscious leadership at that time. Similarly, in the early 1980s, a group of paediatricians, started campaigns to promote breast feeding, to bring in regulation of the promotion of breast milk substitutes and on the manufacture and prescription of irrational drugs, all of which pitted them against the big pharmaceutical companies. In 1986, these activists formed the Association for Consumer Action for Safety and Health (ACASH), which also campaigned against medical malpractice and for patients' rights.

The debate on the accountability of medical professionals for unethical treatment and malpractice reached a crescendo following the enactment of the Consumer Protection Act (1986) which brought medical practice under its ambit. There was a sharp conflict between leaders of the mainstream profession, who aggressively opposed accountability, and a minority which welcomed the Act and wanted patients' rights protected, along with speedy disposal of cases, as promised by the law.

SKP as an organising force in the medical ethics campaign

I met SKP for the first time in 1989, at a meeting in the neurosurgery department of King Edward Memorial (KEM) Hospital, Mumbai. I do not remember seeing him at any of those public campaigns, but in the very first meeting, I discovered that he already knew about the MFC and had close connections with doctors in these campaigns in Mumbai and outside. I was told about his extraordinary commitment to excellence in clinical practice and heard many tales of his idealistic and disciplined ways of integrating ethics into it. He impressed me as unconventional and a maverick. At this first meeting, I heard him talking enthusiastically about the findings of the Lentin Commission and the need to do something about them. Clearly, he had agonised over the crisis in the profession, and he seemed to be transiting from being a role model for ethical practice to viewing ethics as a movement for effecting change in the profession.

It was evident that people both senior and junior to him held him in the highest regard. Most young doctors who were there were involved in the MARD strike and SKP was, in principle, opposed to doctors going on strike. Yet, he loved them, respected them, and was happy to see them joining the struggle for reforms in the profession. He always tried to focus on the positives of each one joining in this endeavour. His knack of navigating sharp differences and conflicts within the group with a smile made him the natural leader, though he always refused to call himself a leader. In the late 1980s and 1990s, he brought together these people from varied backgrounds within healthcare into a dynamic force for change. Under his stewardship this group emerged as the Forum for Medical Ethics (FME) that contested the Maharashtra Medical Council (MMC) elections. The panel received a good number of votes but still lost. Through that effort, it exposed the corruption in the elections, leading some years later to the dissolution of the MMC and the introduction of a secret ballot system in place of postal ballots. The documentation of this struggle became the focus of the first issue of *IJME* under the title *Medical Ethics*, in August 1993 (https://ijme.in/issues/august-october-1993/).

Upholding SKP's legacy and taking it forward

The activism that led to the publication of *Medical Ethics* in 1993 initially focused on reforms in the medical profession and practice. But it could not remain confined to that alone, as the group publishing it included not only doctors but people from the disciplines of social sciences, law, the humanities, literature, and journalism, who were deeply committed to human rights. Thus, over the years, the journal has brought in concerns of public health, socio-economic and health systems issues within which the profession and healthcare institutions are located. This has created a strong impetus for the ethics movement in India to be multi-disciplinary and rooted in people's human rights. Thus, in addition to professional, clinical and research ethics, it actively embraced work in public health ethics. It also strengthened the networking and development of the discipline of bioethics by organising the biennial National Bioethics Conferences. The journal and its publisher, the Forum for Medical Ethics Society (FMES) have striven to make ethics a concern of all those involved in healthcare — not only doctors — and to make the ethics movement inclusive of all strata of society, particularly of the underprivileged. The introduction of health humanities within its fold has helped in giving a voice to the experiences and reflections of patients and healthcare practitioners, which was, in fact, very much an initial focus of the journal started by SKP in 1993.

Organisations and journals initially established with moral commitment often flounder in the first decade of their existence if their foundations are not strong. SKP was the first and founding editor of *IJME* from 1993 to 1999 and inculcated certain values into the publication of the journal. I list here only seven of many. *First*, work hard to publish within the periodicity you promised, never drop an issue or combine two to mask your inefficiency. *Second,* pay attention to detail so that readers are not distracted by bad editing, proofing mistakes and sentence construction. *Third,* the editors are not just gatekeepers to publishing methodologically sound scientific research, but also enablers for those who want to interact in communicating reasonably

argued viewpoints, commentaries, reports and reflections as they help in making authors engage in debate, and in the process, get sensitised. Over the last few years, SKP kept telling us that we were publishing too much scientific research and pushed us to free up space for such communication. *Fourth,* he always nudged us to prioritise the publishing of viewpoints at variance with our own, provided they were reasonably argued. In fact, he would go out of his way, and urge us to do the same, to solicit content with such contrarian views and encourage debate. *Fifth,* he inculcated in us the boldness not to bend to pressure to avoid publishing content criticising powerful people and institutions. He took the lead in publishing sharply worded criticism of medical councils, Indian Council of Medical Research (ICMR), the health bureaucracy, and so on. *Sixth*, despite the extreme financial stress the journal has gone through frequently, he stood firm in keeping the FMES/*IJME* away from conflicts of interest linked to accepting funds from the drug and device companies. And *seventh,* he taught us never to expect others to do something for the journal if we are not doing it ourselves. This was the code he practised in clinical work, which he extended to running the journal. If you make an appeal to others to donate to the journal, first donate funds yourself or provide free voluntary labour to run the journal. Only a few months ago, *IJME f*aced a mortal financial crisis, and we went to him to sign an appeal for donations. He first drew up a cheque for fifty thousand rupees for *IJME* then redrafted the appeal in his own words, printed it on his letterhead, signed and handed it over to us.

IJME has made efforts to adhere to these and other values for the last 32 years, and the best way the editors can honour him would be to continue doing so.

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