

NATIONAL BIOETHICS CONFERENCE FELICITATIONS

FMES-IJME Ethics Award 2025 acceptance speech: Lopa Mehta

LOPA MEHTA

Greetings to all our dear friends gathered today on this innovative platform of communication. Thanks to the corona epidemic, virtual meetings across the globe have become a reality.

I was stunned to receive a mail from Dr Sanjay Nagral saying, it had been decided to felicitate me on my “immense contribution to the fields of health, justice and ethics in the spaces of research and scholarship, both in English and Gujarati, and in medical education.”

I wondered, why me?

I promptly questioned Dr Nagral, “How do I fit your criteria? I have never practised medicine and I have never been on any Ethics committee.” His answer was, “your involvement in Medical Humanities is a good, befitting criterion.” I reflected on this. I realise that imparting the experiences of Medical Humanities is the crying need of today’s technology-based medical practice. I had just come across an article by Kinshuk Gupta, where he comments, “*A recent report by the WHO highlights the positive impact of compassion on the overall health and well-being of patients. But, as the report also finds, compassion can't be reduced to just behavioural change by doctors.*”

This activity of teaching medical students Medical Humanities is not carried out in medical colleges across India, barring a couple of exceptions. Our institution has carried out this work on a sound footing under the stewardship of Dr Sunil Pandya and now, Dr Avinash Supe. I decided that this event is a recognition of the sincere work carried out by every member of the team — staff and innumerable students. I conveyed this to the board members.

Let us have a glimpse of the basis of this activity.

I have found that young students between 17 and 23 years of age look at me with a blank stare, as they are unable to understand what Medical Humanities is.

Over the years, having interacted with a number of students I find that this topic when discussed in its very basic form, conveys meaning, and they come back to tell me that they have seen a change in their own approach not only towards their patients but towards themselves. They see growth in their own personality, feel their priorities are getting streamlined and are comfortable in interacting with patients. They are happy with the work they do.

The basic structure of our usual discussion with students is established. It is always in the form of a dialogue, and never

one-sided preaching. It generally extends to a number of sessions, beginning with: “Why have you chosen Medicine?”

The most common answer is — to serve people, especially those who are ill; and to cure their diseases. Some would say — to earn money and respect in society, so we can live happily.

One may then say it is a universally accepted fact that everyone seeks happiness in life, a form of self-satisfaction or a sense of fulfilment — of a meaningful life. The means can differ. The medical profession is a means which allows one to reach that goal, if practised properly.

What is meant by “practised properly”?

The medical profession is unique because the patient comes to the doctor filled with the fear of disease and death. The interaction of patient and physician is on the physical, emotional, intellectual, and spiritual levels. Each one needs to be satisfied at all levels. Doctors want to become competent, to cure their patients, achieve good social standing and earnings, and want their patients to feel satisfied with their services.

If the patient feels that the doctor treated him well, interacted with him as a good person and meant well towards him, he feels comfortable. In other words, he wants to interact with a humane doctor.

“Who is a humane doctor?”

The dictionary meaning of “humane” is, “marked by sympathy, compassion for other human beings and animals.” That is why the word “inhuman” or “inhumane” mean “lacking the qualities of a humane being”.

A humane doctor is one who interacts as a human with others — with the patient and his relatives, with other healthcare team members, with colleagues, with juniors, seniors and students. The humane doctor is one who understands patients as persons first, thereby interacting with them as individuals, and in the same way that the doctor would like to be treated by others — with respect.

In the art and science of medical practice, the art is missing.

To become a humane doctor, the basic values of life need to be cultivated. In the words of Swami Vivekananda, character building education is required. “*Vivek*” has to be kindled to know what is right and what is wrong. Do unto others as you would like them to do to you.

What is it to be human? As humans, we have five senses for perception, five organs of action and comprehension guided by rationality, emotion, ingenuity, will power, attitude. We need to link various activities to cultivate these faculties, to understand what is success vs fulfilment, need vs want, I vs we.

To understand these values, exposure to the arts, history, philosophy, is required. To sharpen perception, observation powers, critical thinking and communication, and expression, and to hone these skills, music, art, photography, cinema, theatre, painting, handicrafts, writing and reading, are required.

Let us get an overview of the activities of the Dr Manu V L Kothari Chair and Division of Medical Humanities.

The Dr Manu V L Kothari Chair of Medical Humanities was established at the Seth GS Medical College and KEM Hospital on January 23, 2016, to honour Dr Kothari's work and to bring in the missing component in the training of students — to enable students to explore themselves and cultivate and nurture their humanness; to learn to practise the art of medicine; and to become aware of the need to humanise their approach to medical practice.

Dr Sunil K Pandya, a renowned neurosurgeon and acclaimed as the father of Medical Ethics in India was its first Chairperson, and was ably followed by Dr Avinash Supe, the current Chair, who took charge in 2024.

The Division is looked after by the core committee of Dr Padmaja Samant, Coordinator; Dr Swarupa Bhagwat, in charge of the archives Janus, and publications; two student secretaries elected every year; and two secretaries for the archives — all working in harmony. Dr Ravi Ramakantan and I are the advisors, who provide guidance and encouragement.

The Division has regularly been organising orations, multiple lectures, lecture series, workshops, orientation programmes, interactive sessions, book reviews and short online certificate programmes to cover all facets of Medical Humanities. It is conducting and recording interviews of all available and willing retired faculty members.

To herald the institute's centenary, the Division, in collaboration with GOSUMEC Alumni Association, organised more than 60 virtual reunions, *Gosunions*, of present and former undergraduate batches. The student secretaries organise *Ascension — a step above*, the annual conference for students of all medical colleges, along with cultural events so necessary for medical humanities. These proceedings are live-streamed or uploaded on the Division's YouTube channel. The Division also publishes *Reflections*, annually, on aspects of Medical Humanities, along with an annual report of its activities and financial transactions.

Coming to the future of Medical Humanities in medical education, I see multiple hurdles. The step taken by the

National Medical Commission to incorporate an Attitude, Ethics and Communication module in a competence-based medical education curriculum will not adequately serve its purpose. Cultivating an awareness of humanities requires direct human interaction and cannot be imparted through didactic lectures or evaluation of a question/answer format. The current scenario in medical practice and medical education is drawing every medical person to engage in the commercial aspects of medical practice.

Non-medical CEO's run 7-star corporate hospitals and set targets for every consultant, who ultimately succumb to the unfair practice. Cut practice, insurance malpractice, have all been normalised. This is truly eroding the bond of trust between doctor and patient.

With exorbitant tuition fees in private medical colleges, and stiff charges even in government-run hospitals, how can one expect a fresh graduate not to focus on earning the money back as quickly as possible?

This system is drawing students away from bedside learning and clinics to coaching classes. The information overload together with the "MCQ pattern" of examination, reduce all perspectives of diseases to a yes/no format. How can students develop an attitude of inquiry and understanding in depth? No scope remains for appreciating the uniqueness of every individual, or the scope and limitations of medical practice. That aging is a biological process, that death is an integral part of living is not conveyed, and age-related changes are labelled as diseases. Sometimes, not actively doing anything can be the best alternative. The human body is created wisely, sustained wisely, and breaks down wisely.

I am extremely grateful to Dr Sanjay Nagral, the FMES Managing Committee, working editors of *IJME*, and the core organising team of the 10th National Bioethics Conference for giving me this opportunity to emphasise that the medical world needs to reflect on the direction in which it is going. Artificial Intelligence is not conscious, there is no voice within it. It is a stack of data organised in algorithms, which will only generate more confusion, uncertainty, fear, and dissatisfaction in life. Ultimately, for AI to be effective, it needs to be set up by, worked on and supervised by humane doctors.

Thank you.

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