

Of course, it takes all kinds to make this world. There are patients, who, for various reasons, do not like taking injections at all. They would rather wait for the 'No injections' doctor than go to another who will give injections. And then there are the 'converts' who wish rapid relief or recovery to normalcy. They form the vast majority. Many of them have been converted by doctors proclaiming the potency of the contents of injection ampoules. These patients, are, thus, brought up on a diet of injections and demand them. It is my experience that re-converting them is not difficult. If we show them equally satisfactory results after oral therapy and emphasise that the latter is less expensive and less painful, they soon learn the limitations of injections. This leaves the few 'die-hard' believers in 'no injections-no cure'. It may be difficult to change their conception and we may be forced to leave them to doctors fond of giving injections.

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Reference

Wyatt HV: Health warning: injections can endanger health. *Issues in Medical Ethics* 1996;4:14-15.

Ethics of authorship

We were pleased to see Dr. Ganatra's essay on the ethics of writing and publishing scientific papers. Some organisations have already instituted rules on authorship. We reproduce below an adaptation of the brief guidelines laid down by Centre for Enquiry into Health and Allied Themes (CEHAT) for its staff:

'Who can be an author of a publication?

These guidelines provide only the **minimum** requirement for authorship.

(1) **Credit:** All researchers who have worked on the project being reported are entitled to authorship. Individual(s) may be excluded if (a) they have worked only for a short duration and only for a specific fraction of the task, (b) they left the project and/or institution before the preparation of the first draft of the report and without contributing to any section of the writing.

(2) **Ranking of authors:** The position in the research hierarchy will not be the criterion for ranking. Importance will be given to the extent of contribution made

in conceiving the project, work done on it and in writing the report.

(3) The contribution of all those who have helped substantially in the project and the preparation of the publication must be appropriately acknowledged.'

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Issues in Medical Ethics

I write to make certain points about this journal.

1. Are enough journalists aware of the presence of this journal? The younger scribes, particularly, should be made aware of its contents and the issues raised in it.
2. Why are two rupees spent in posting this issue when printed matter can be officially mailed at the rate of 50 paise per 100 gm?
3. You could effect savings through the use of a franking machine instead of stamps.
4. Contributions such as that by Anant Phadke in his letter are a classic example of what speaking from the heart is and does.
5. It is heartening to see the full addresses of each correspondent provided in each issue so that the reader has the option of a one-to-one communication.
6. Why was ASLME's address¹ provided in a manner so that only a small minority can use it? How many have access to e-mail?

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Reference

Announcement: The Journal of Law, Medicine & Ethics. *Issues in Medical Ethics* 1996;4:80.

(We are not entitled to concessional postal rates. ASLME had requested insertion of the announcement exactly as it was printed. We erred in not adding the full address. Editor)

Expert opinion in legal cases

The dilemma faced by Dr. Yash Lokhandwala¹ can be equated to that articulated by Hamlet - 'To be or not to be, that is the question.'

The answer to the question posed in the last line of his editorial is: 'Do what

your conscience dictates.'. If the doctor wants to 'just make excuses', as most are doing, that doctor is merely part of the herd and lacks conscientiousness.

The doctor should study the merits of the case and then extend wholehearted support at all levels and in all courts.

The Maharashtra Medical Council (MMC) with its battalion of so-called executive committee members formed by the so-called experts can easily shield the doctors. They misuse their status and easily manipulate the outcome in favour of the doctor, howsoever negligent he may be. The complainant should think a hundred times before ever going to the medical council.

What is worse, the manipulated decisions and judgements passed by MMC are quoted in Consumer and Criminal Courts to create a bias in the minds of judges. Judges equate MMC with the Bar Council! This is, of course, far from the truth.

Doctors take full advantage of the above facts. Various medical associations have formed medico-legal cells for the protection of senior consultants and others attached to hospitals and nursing homes. The public is left high and dry, bereft of support from any one.

The need of the hour is a panel of sincere, honest, knowledgeable doctors with unchallengeable integrity who will provide patients and their relatives unbiased medical opinions in writing. Why do you not form such a panel?

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Reference:

Lokhandwala Yash: Giving opinions in medicolegal cases - a dilemma. *Issues in Medical Ethics* 1996;4:69.

(ACASH -- Association for Consumer Action on Safety and Health -- together with Forum for Medical Ethics Society has already started work on setting up such a panel. Those willing to help are requested to contact Dr. Arun Bal at ACASH, Servants of India Society Building, Second Floor, 417 Sardar Vallabhai Patel Road, Girgaum, Bombay 400 004. Telephone: 388 6556. Editor)