

mushrooming private hospitals and clinics which are run at substandard levels by any standard, and basic ethics are thrown to the wind. Now the IMA and Dental Associations are up against this legislation. I wish someone makes a study of it and writes an **article** in the journal.

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### Issues in Medical Ethics (5)

Your editing of the special issue of *Humanscape* was very nice! It will definitely help to carry the message of medical ethics to a wider section - an enlightened one - of our society. We can expect more activity in this field in future. It will be interesting to know the feed-back from the non-medical readers of that magazine,

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(Dr. Amar Jesani of our journal had served as guest editor of the issue of *Humanscape* dated March 1997. A free copy of this issue was kindly sent to all subscribers of our journal by the editor of *Humanscape* - Editor)

### Modern medical practice

Abusive modern medical practice,  
Creates scares about allergies,  
osteoporosis,  
Cancer, high cholesterol and diabetes;  
And blows diseases out of all proportion.

People are stampeded into check-ups and monthly tests,  
Boosted by sales personnel and advertisers,  
Who promote hospitals and 'services',  
So that well or ill, people are subjected to tests.

Tests often reveal 'disorders' that cause no dis-ease,  
Causing anxiety on the need for 'intervention',  
Converting asymptomatic persons into patients  
To whom the doctor now prescribes expensive treatment.

Care providers get commissions and bonus,  
Good for specialists, laboratories  
Pharmacies and lawyers.  
Gut not for the patient whose woes worsen.

Doctors' ineptitude arises,  
as they treat trivial complaints by complex means,  
Producing doctor-made diseases  
cryptically termed iatrogenic.

As superfluous tests disturb health and peace of mind,  
Superstitions, phobias and socio-cultural influences  
Lead to change of physicians,  
Pushing many to alternative medical systems.

Is there a cure?  
Mushrooming nursing homes and diagnostic laboratories  
Must be subject to quality control and national norms.  
Health care delivery must be delinked from profiteering.

Professionals must be made to apply medical ethics,  
The public must acquire health awareness,  
Seek education for healthy living,  
And modify life-style to prevent and promote health.

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### Prescription by remote control

I reproduce below two examples of medical advice prescribed by a surgeon through the columns of a newspaper without having obtained a detailed history, examined the patient and arrived at a scientific diagnosis.

Both items are from the column entitled 'Bodywatch' by Dr. Vithal Kamat published in *Navhind Times*. The first extract is dated 19 April 1997:

"Q.: I am a 14-year-old boy having some facial problems. They are: (1) My face is full of pimples and blackheads...

(2) There are very small black clots in my nose...

A.: Keep your face clean... Take cap. tetracycline 250 mg. twice daily for one month, then once a day for one more month. Take vitamin A and vitamin B complex for two months..."

The second item is from the issue dated 17 May 1997:

"Q.: I am a 28-year-old unmarried girl. Since some years ago, I used some external objects to arouse sexual pleasure. Now I have a foul-smelling discharge...

A.: ...Take a course of antibiotics - tablet ciprofloxacin, 500 mg. twice a day for 8

days..."

Is this ethical'? If not, is there a remedy through the Medical Council of India?

ACONCERNEDSURGEON

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(We posed this question to a senior consultant experienced in writing for the media. This is his response:

"It is unscientific and unethical to treat patients through correspondence. Prescribing drugs, especially those with side effects - and there are precious few without these unwelcome attendant effects - 'by long distance' is also hazardous and may land the patient into a sorry mess.

"The best that a medical columnist can do is to make general observations and guide the person requesting help to her family physician or a relevant specialist. When recommending a specialist it is important not to favour any specific individual. It is best to direct the patient to 'a reputed surgeon' or 'a reputed endocrinologist' rather than Dr. A.B.C. If a teaching hospital is available nearby - as it is in Panaji - the patient can be guided to the appropriate department there so that treatment is made available to her at minimal cost.

"As regards the Medical Council of India, Dr. Mani's experience, published earlier in your journal', does not permit optimism. Even so, there is nothing to be lost by 'A Concerned Surgeon' bringing this matter to their notice." Editor)

### Reference

IManiMK: Our watchdog sleeps and will not be awakened. issues in *Medical Ethics* 1997;4:105-107.

### Medical ethics: patients and relatives

Medical ethics merits continued debate throughout the lifetimes of doctors, patients and their relatives. Sometimes this results in acrimony, throwing more heat than light on the subject.

As of today, ethics are practised more in their breach than in their observance. Just as it is with sincerity, ethics cannot really be taught. Both must come from within.

Life is constantly changing and so do medical ethics. After all, medical ethics and the medical profession as a whole are mere reflections of society at large. In India, we are not permitted to advertise ourselves. Even so, we continue to do so on the sly and, in some cases, through whispers and whimpers.

I would like to quote a personally experienced ethical dilemma.