

General practice

I enjoyed reading the articles on changing trends in general practice (1, 2, 3, 4, 5, 6).

I was disappointed that no one bothered to discuss the important role patients can play in improving the ethical standards of medical practice. Why do doctors assume that they are the center of the medical universe, and that patients cannot be trusted to make their own decisions? If good doctors spend time and energy in educating their patients, standards of medical practice would improve, as patients would then have tools they could use to evaluate the quality of their medical care - and the quality of their doctor-patient education can help to weed out quacks and unethical doctors who make unrealistic promises.

Dr Aniruddha Malpani, Health Education Library for People, Mumbai.

References:

1. Pednekar A. Changing trends in general practice. *Issues in Medical Ethics* 2002; 10: 7-8.
2. Rao BC. Unholy alliances in general medical practice. *Issues in Medical Ethics* 2002; 10: 9-10.
3. Ali Mushtaque. D is for doctor... *Issues in Medical Ethics* 2002; 10: 11.
4. Merchant A B. Improving the ethics of medical practice *Issues in Medical Ethics* 2002; 10: 12-13.
5. Bawaskar HS. General practice in rural areas. *Issues in Medical Ethics* 2002; 10: 14.
6. Nagral Sanjay. General practice: some thoughts. *Issues in Medical Ethics* 2002; 10: 15-16

In a minority, but not alone

Dr. Bawaskar, in his two pieces in the last two issues of the journal, has briefly shared with us his principled, ethical conduct in his clinical professional work (1, 2). I am writing this to say that he is not alone. There is a small but significant section of doctors who have been keeping away from the lures of drug companies and other medical companies, and trying to do justice to their patients. What is needed is that such doctors should keep in touch with each other, share their experiences, and act together, whenever there is such a chance, to oppose unethical practices.

One blatantly unethical practice is being promoted currently by the NORMA company, which sells compression stockings for varicose veins etc. A flier by this company offers doctors one Parker pen for every 'client' brought by the doctor to the company. This flier announces

"Write a NORMA prescription worth Rs. 500/- get a parker pen worth Rs. 50/- free. Send us the prescribed patient's order form along with a D.D. of the appropriate amount."

What can we do collectively to stop this practice? The first step is to appeal doctors through various professional journals not to be party to this 'trade-off'. Second, some of us can jointly write to the concerned company that it should stop this unethical marketing. If we can get some well-known doctors to sign this letter, it will have more impact.

The address of the company is Norma DND Products, Norma Complex, DDA Market J-Block, Vikas Puri, New Delhi 110 018 Fax : 91-11-552 1239, E-mail : normadnd@vsnl.com

Anant Phadke, Centre for Enquiry into Health and Allied Themes, Pune.

References:

1. Bawaskar HS. Am I a bogus doctor? *Issues in Medical Ethics* 2002; 10: 138.
2. Bawaskar HS. General practice in rural areas. *Issues in Medical Ethics* 2002; 10: 14.

Doctors' duties

We in Montreal are very touched by the editorial in the journal (1). Keep up the good work

Shree Mulay, PhD, Director, McGill Centre for Research and Teaching on Women 3487 Peel Street, Montreal, QC, H3A 1W7 Canada.

Reference:

1. Editorial board. Communal violence in Gujarat. *Issues in Medical Ethics* 2002; 10: 3

Correction

In Dr BC Rao's essay on general practice, the line 'A well informed patient will demand treatment after being informed, and explaining a problem spending lot of time,' (Page 10, second column, second paragraph, fourth line) should read, 'A well informed patient will demand treatment based on knowledge and explaining [meaning making him knowledgeable] a problem will mean spending lot more time.'

Reference:

1. Rao BC. Unholy alliances in general medical practice. *Issues in Medical Ethics* 2002; 10: 9-10.

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Sense of service?

Below is a copy of a letter sent to Dr K A Dinshaw, director of the Tata Memorial Centre, Mumbai.

Dear Dr Dinshaw,

My wife, a senior citizen over 67 years old took advantage of the free cancer check-up organised by your Preventive Oncology in March this year.

The experience she had at the TMC was, to say the least, horrifying. She was pushed from pillar to post, **sent** up and down floors, between buildings and traversing long corridors. All this could have been obviated if there was even a semblance of planning on the part of the organisers.

Today, she went because she had been asked to 'collect' the reports. It was the same story of being pushed around interminably. And after collecting the reports and the signatures of the doctors, the counter clerk took the entire file and said she could leave. She asked for the reports for her records, for which she had been specifically called there. She was told that the file remained with the TMC; she doesn't get any report from the file.

First, what was the propriety in calling her there at all if she was not to be given the reports or the copies thereof? Surely, **they** could have themselves made arrangements by which all reports are sent to one central record section for filing and records? Second, what is the point of getting the examination done if patients can't have the reports or copies thereof for their records?

There was no element of courtesy at any stage, leave aside any sense of service, in any of the staff or the doctors she had the misfortune to be pitted against.

Admittedly, this was a free camp. But, does it mean that the patients should be treated as beggars? Better not to have such free camps at all, in that case. And, it is not only in cases of free camps but even in cases of paying patients, the treatment meted out to them is no better.

You, Dr Dinshaw, and most of your senior colleagues must have travelled far and wide. Why can't you train up your staff and doctors to come up to the level of service and dedication you find in, say, the UK and the US?

I sincerely hope that you will be able to bring in substantial improvement in the outlook of all your staff.

Yours truly,

Hemendra A.Mehta. 34, Vikram Apartments, Gokhale Road (S), Mumbai 400 028. May 03, 2002

Did you have an unpleasant experience with your doctor -- or your patient?

Did your local paper carry a report that you think *IME* readers should know of? Did you read an interesting book on health? *Issues in Medical Ethics* welcomes original papers, research findings, experiences in the field, debates, case studies, book reviews, news and views on medical ethics. Please see the inside front cover for details on the format.

Rights violations in population policies

We reproduce, below, extracts from a letter written to Justice JS Varma Chair, National Human Rights Commission New Delhi. The complete letter, with annexures, can be read on www.medicalethicsindia.org.

...One undoubtedly positive feature of the [National Population Policy 2000] is that it resolutely affirms the "commitment of the government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services".

It is thus profoundly disturbing that several State governments have announced population policies, which, in very significant ways, violate the letter and the spirit of the NPP.

Press reports (*Outlook*, April 29, 2002, *Hindustan Times*, April 23, 2002) indicate that, instead of preventing these distortions, the Union cabinet is considering a "Strategy Paper" to review the national family welfare programme and policy, which also violates the spirit of the NPP.

We would also like to bring to your notice...the Uttar Pradesh Population Control Bill, 2002 [which] codifies all the anti-human rights features of the State Population Policies that we have referred to...

You would notice that the State population policies contain a series of disincentives and incentives that are anti-women, anti-advasis, anti-dalit and anti-poor in general...

1. The disincentives proposed, such as denying ration cards and education in government schools for the third child, withdrawal of a range of welfare programmes for the Scheduled Castes and Scheduled Tribes with more than two children, debarring such people from government jobs, etc, are questionable on various grounds... Imposition of the two-child norm, and the disincentives proposed, would thus mean that significant sections among those already deprived populations would bear the brunt of the state's withdrawal of ameliorative measures, as pitifully inadequate as they are.

2. The two-child norm bars large sections of dalits, advasis and the poor in general from contesting elections to the PRIs and thus deprives them of their democratic rights. Further, in the States where they have been imposed... we are aware of substantial numbers of women who have been deserted, or forced to undergo sex-selective abortions...

3. ... Reflecting deprivation, the dalits, advasis and Other Backward Castes bear a significantly higher proportion of the mortality load in the country ... Instead of dealing with the causes for these differentials, what the state population policies seek to do is to punish victims for their poverty and deprivation.

4. The proposals violate several fundamental rights, the Directive Principles of the Constitution of India, as well as several international Covenants to which India is signatory...

We are astonished to learn that the Union Cabinet could

consider discussing the so-called strategy paper which does not have the imprimatur of ... any statutory, advisory or decision-making body...

The "Strategy Paper"...is drafted in the a-historical and unscientific language of Malthusian scare-mongering. While it recognises that infrastructure is weak, and that the quality and coverage of health services are poor, it absurdly attributes these failures of the State primarily to population growth. While it recognises that there is an adverse sex ratio, it is not averse to calling for a two-child national norm when it is absolutely clear that such norms have indeed contributed to the adverse sex ratio. While it recognises that there is an unmet need for health and family welfare services, it contradictorily calls for a range of incentives and disincentives, holding up Andhra Pradesh as an example. Further, it argues, incorrectly, that China continues to have a one-child norm. In any case, comparisons between India and China are inapposite for a large number of reasons, including per-capita incomes, achievements in health, equity and education that India can unfortunately not boast of. Finally, the so-called strategy paper invidiously suggests that concern for rights and equity are current only in NGOs financially supported by UNFPA...

Depriving children of their rights to survival and development is violative not only of the International Convention on the Rights of the Child, but also of successive directives of the Supreme Court to enhance their right to education. We request the NHRC to direct States to comply with these directives and not use population policies to deny these rights.

The 73rd and 74th Constitutional Amendments sought to strengthen and expand the base for India's democratic governance by providing Constitutional recognition to local self-government bodies. The States' legislations on Panchayati Raj providing disqualifications on the basis of the two-child norm invariably cite the National Population Policy as the rationale for such restrictive and punitive measure for elected representatives of the Panchayats, when the National Population Policy does not provide such a norm. Moreover, similar disqualifications are absent for representatives elected to State Assemblies and Parliament. We request the NHRC to take cognisance of this violation of Constitutional rights, and direct States to strike down these provisions.

And finally we urge you to take necessary measures to ensure that steps proposed in the so-called "Strategy Paper" and the UP Population Control Bill that violate human rights are not now included in the population policy.

All India Democratic Women's Association, Centre of Social Medicine and Community Health (Jawaharlal Nehru University), Centre for Women's Development Studies, Centre for Enquiry into Health and Allied Themes, Delhi Science Forum, Forum for Creches and Child Care Services, Jagori, Jan Swasthya Abhiyan, Joint Women's Programme, Karnataka State Women's Information Resource Centre, Mahila Sarvangeen Utkarsh Mandal, Medico Friends Circle, National Federation of Indian Women, Nirantar, Saheli, Sama, Young Women's Christian

Doctors in Pakistan and India against war

As a million soldiers face each other across the volatile line of control and the border between India and Pakistan, the arguments have shifted from no use of nuclear weapons to their potential use in the event of conventional war, to the current state of actual deployment...a nuclear first strike becomes a frighteningly real possibility...

In contrast to the nuclear disarmament appeals from a few years ago, most of the medical associations on both sides of the border have maintained an ominous silence... (One) explanation is that few among the health professionals are even remotely aware of the true meaning and consequences of a nuclear conflict...

The current nuclear imbroglio in India and Pakistan is a direct consequence of a lack of human and social development in the region. Malnutrition rates in the region are among the highest in the world, and successive generations have been fed a daily gruel of intolerance, jingoism, and religious fervour by political and military governments. The current military standoff must also be viewed in the context of the growth of religious intolerance and lack of social development in both countries. A conservative estimate of the costs of nuclear weaponisation in India placed it at well over \$10bn and although modest by comparison, it is sobering to note that Pakistan's recent ballistic missile tests alone could have funded the entire health budget of several districts...

With Hindu extremists tugging at its sleeves and Islamic militants attempting to trigger an all out conflict, neither India nor Pakistan possesses stable command and control systems ensuring that an accidental conflict will not be triggered ... The only prudent way ahead for the leadership of the two countries is to step back from the brink and start substantive discussions and political dialogue. The large cadre of health professionals and societies in both countries, as indeed globally, must assume responsibility for the promotion of peace, and eventual nuclear disarmament.

Extracted from: Zulfiqar Ahmed Bhutta, Karachi, Samiran Nundy, New Delhi, Editorial Thinking the unthinkable! Preparing for Armageddon in South Asia BMJ June 15, 2002