

CORRESPONDENCE

The negative aspect of 'hi-tech' medicine

Technological advances have outpaced medicine. Let me take the example of my specialty - neurosurgery. When we speak of 'State of the art', for example, do we have true neurosurgery or 'hi-tech' advances in mind? Whether it is the present day sophisticated neuro-imaging techniques or computerised multi-dimensional surgical planning and guidance systems, the current climate seems to be favouring a shift away from patients and their diseases. Nowhere is this better seen than at national and international conferences and workshops where modern investigations and treatments receive more prominence than traditional clinical or epidemiological methods. Yet it is true that 'hi-tech' advances, with all their dazzle just do not constitute all or even a sizeable part of medicine.

It is becoming generally evident in the West that the practice of 'hi-tech' medicine (mechanised medicine?) does not substantially improve the cure rate and may, instead, be detrimental to the very progress of medicine for a number of reasons:

- Sophisticated and multiple diagnostic procedures are performed without proper clinical workup or even an X-ray of the skull or spine. We are only too familiar with the patient who unloads a bag full of MR scans on us without a word on his disease or symptoms.
- Patients, having learned from their physicians the importance of 'tests' in contrast to symptoms, insist on getting a 'scan' done for minor complaints.
- Vested or special interest groups, including physicians with whole or part ownership in a diagnostic facility propagate such tests.
- Wastage of health care resources from over treatment of a few at the expense of the many is now increasingly evident.
- Unethical medical practices are flourishing.
- Trainees in neurosurgery are increasingly identifying it with technology instead of clinical skills and the 'art of medicine'.

Developing nations such as India should exercise great caution in acquiring high-cost, 'hi-tech' gadgetry under the influence of hawkers and peddlers in a misdirected effort at appearing to be at the front line of neurosurgery, especially

since such technology has a high rate of obsolescence. Today, even more than in the past, we need 'hi-touch' rather than 'hi-tech' medicine.

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Patients' access to information

This is in no sense a complaint. I simply seek advice from you and your readers on patients' access to information about their treatment. Where a patient is incapacitated by age, hearing impairment or their handicap, his relatives - specially one medically qualified - would exercise the right of access, if one exists.

The question arises out of my 89-year-old brother's stay at the Holy Family Hospital, Bandra, where he was operated by Dr. Ian D'Souza for colon cancer. He then spent a few days in the ICU, supervised by Drs. D'Souza and Robin Pinto, cardiologist. My brother is hard of hearing and communication with him is difficult at the best of times, even with a hearing aid. In the hospital he did not have his hearing aid.

The patient's nephew is a doctor with an MD from Christian Medical College, Vellore. So we rely on him to verify and interpret in lay language the line of treatment the supervising doctors adopt. As no doctor was present at the time of his visit, he asked the nurses to show him the case papers. When they refused to do so he asked them at least to read the papers to him. This too was refused. (The nurses later invented a story that he had insisted on grabbing the papers himself. This, of course, was false.)

Dr. Pinto later ruled that the patient's nephew had no right to demand the papers (which he had not done) or to ask the nurses for information (which he had). Dr. D'Souza justified the refusal by explaining that in the past patients' private doctors had taken the papers and even changed the line of treatment.

An article, 'A patient's right to know' in the issue of *Medical Ethics* (1994;1(3):5-8) contains this passage: 'When specific questions are asked by the patient or his near relatives, a full and fair disclosure must be made in response to them.' The Supreme Court has had something similar to say

about this.

I repeat, this is not a complaint. The two doctors I name have been most attentive and competent. I write because I hope that when I eventually have to enter a hospital for treatment the doctors who treat me will be less secretive about the magic they try to work. On this I seek reassurance.

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(A cardinal principle in medical ethics is that of the autonomy of the patient. The patient cannot make decisions on - tests to be carried out on him or treatment to be undertaken - without detailed explanation of the pros and cons in each instance. When the patient, handicapped by deafness, finds it difficult to understand what is said to him, it is especially necessary to ensure that all such information is conveyed to him accurately, often through his near and dear ones.

This apart, through a ruling by the Bombay High Court, the patient has a right to access his medical case records (see *Issues in Medical Ethics* 1996;4:66). Hospitals can no longer refuse access to case records or even permit mere inspection of them. Actual copies must be handed over on request.

Mr. D'Souza has not clarified whether the patient stated to the nurses and doctors that the physician-nephew had his permission to access the case papers. Hospital authorities cannot and will not hand over case papers containing confidential information on the patient to any one who asks for them without due authorisation from the patient. Editor)

'Injections can endanger health'

In his essay, Dr. H. V. Wyatt expressed a doubt voiced by some Indian doctors. 'A doctor trying to educate the patient might well lose patients, a sizeable portion of income and, in addition, provoke the hostility of other doctors.' At first sight this appears valid, given the Indian milieu.

There is hardly any need for a doctor to substitute injections by some equally lucrative alternative. Consistent demonstrations of relief and cure by therapy that avoids painful and expensive injections are bound to make one's practice show a progressively upward trend. Almost each one of us will cheerfully plump for a quality product which is also economical - whether it be consumer goods or health care.