*https://www.livelaw.in/ethics-medical-practice/*

*EVOLUTION OF MEDICAL ETHICS*

*&*

*CURRENT INDIAN SCENARIO*

Dr. A. Raina

“Maithree karunyam artheshu, sakye preethirupekshanam Prakrithistheshu bhootheshu, vaidyavrithi chathurvidham”- charaka samhitha...

**(The essential qualities of a doctor are love and compassion towards the patients, confidence in diagnosis and treatment, at the same time honoring the rules of nature).**

Doctors from the high pedestal of God apparent today have degenerated into a commission agent. He obtains commission from all the ancillary medical services and facilities such as clinical laboratories, CT/MRI/PET scan centers, pharama companies, laboratory etc. and doctors label it as a change of evolution, circumstantial compulsions and social incompatibility due to financial constraints and affordability for pursuing a life of an ordinary decent “Human being”.   
It seems that doctors from the inception have had the same fate of existential crisis and accused of not being compatible with the social streams existing in that point of time. May not be a complete truth but because “Medicine” as such is a form of religion and thus has universal connotation hence contradictions with other social systems do suggest a contradiction of symbiotic compatibility and hence the accusation.

[Philip Lieberman](https://en.wikipedia.org/wiki/Philip_Lieberman) states "human religious thought and moral sense clearly rest on a cognitive-linguistic base". [Nicholas Wade](https://en.wikipedia.org/wiki/Nicholas_Wade) states: "Like most behaviors that are found in societies throughout the world, religion must have been present in the ancestral human population before the dispersal from Africa 50,000 years ago. Although religious rituals usually involve dance and music, they are also very verbal, since the sacred truths have to be stated. If religion had to await the evolution of modern, articulate language, then it too would have emerged shortly before 50,000 years ago."

The two main schools of thought hold that either religion evolved due to [natural selection](https://en.wikipedia.org/wiki/Natural_selection) and has selective advantage, or that religion is an evolutionary byproduct of other mental adaptations. [Stephen Jay Gould](https://en.wikipedia.org/wiki/Stephen_Jay_Gould), for example, believed that religion was an [exaptation](https://en.wikipedia.org/wiki/Exaptation) or a [spandrel](https://en.wikipedia.org/wiki/Spandrel_(biology)), in other words that religion evolved as byproduct of psychological mechanisms that evolved for other reasons.

Such mechanisms may include the ability to infer the presence of organisms that might do harm (agent detection), the ability to come up with causal narratives for natural events ([etiology](https://en.wikipedia.org/wiki/Etiology)), and the ability to recognize that other people have minds of their own with their own beliefs, desires and intentions ([theory of mind](https://en.wikipedia.org/wiki/Theory_of_mind)). These three adaptations (among others) allow human beings to imagine purposeful agents behind many observations that could not readily be explained otherwise, e.g. thunder, lightning, movement of planets, complexity of life. The emergence of collective religious belief identified the agents as deities that standardized the explanation. Our system may not be so old but one thing is undeniable fact that, the day modern Man was born, the system of taking care of human life became one of the priorities of the mankind and it was there when the cognitive abilities came into existence that our profession too took its roots.

Hence we are the torch bears of this tradition which perhaps is as old as the Man itself. There are quite a few gaps in our evolution but the oldest charter of “Medical Ethics” which can be easily labeled as the bible of our religion:”THE MEDICINE” is the ancient medical jurisprudence laid in by an Indian physician “Charkha”.

Historically, ethics and legal principles concerning medical practice were based on Hindu jurisprudence which was embedded in Dharma as advocated in Vedas, and Smritis. Dharma means righteous conduct covering all aspects of life essential for the sustenance and welfare of the individual and society. Every act contrary to dharma was termed a crime or sin. The ethical principles stipulated in the ancient Ayurvedic treatises like Charaka samhitha, Ashtangahridaya, Sushruthasamhitha are based on the principles of dharma, the virtuous conduct. These principles enunciated 4000 years ago still holds good. Charaka was the first physician to declare the ethical principles in the practice of medicine. He has stated that ‘chikitsitham punythamam nah kinchith’- nothing is holier than medical treatment.

The earliest modern code of medical ethics is the Hippocratic Oath. Hippocrates (460-377 BC) is the famous Greek Physician who is also considered to be the father of modern medicine. He was the most celebrated physician who practiced medicine in the island of Cos in Greece.  Hippocratic Oath is a code of moral principles, and evolved to regulate the standard of conduct and care by the medical profession at that time. The oath is still considered as the citadel of fair practices by virtue of which every physician stands bound and supposed to abide by, though through ages it has been modified to meet the changing needs.

The basic ethos of the oath can be summarized as: “The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Who so ever chooses his profession, assumes the obligation to conduct himself in accordance with its ideals. A physician should be an upright man, instructed in the art of healings. He shall keep himself pure in character and be diligent in caring for the sick; he should be modest, sober, patient, prompt in discharging his duty without anxiety; conducting himself with propriety in his profession and in all the actions of his life. Though very extensive and comprehensively codifying the ethics and legality of medical practice, it never was enforceable by law and hence it has often been used very casually.



A fragment of the Hippocratic Oath on papyrus (verso showing oath), circa 3rd century Source Wellcome Library, London.

Ethics and Law

The word “Ethics”, is derived from the Greek *ethos*, or “behaviour”, is concerned with questions about right versus wrong con­duct and what constitutes a good or bad life,

Both ethics and law are normative frameworks, i.e. they define how people ought to act. Ethics and law are often complementary; for example, a legal decree might require a person to do what is ethically required (such as refrain from harming others). However, something can be legal and yet conflict with ethical standards.

This was proved during the Second World War; Nazi doctors had conducted medical experiments on the prisoners in the notorious German concentration camps (1939-1945).  Apart from murdering hundreds of thousands of aged, incurably ill and disabled persons, these doctors had performed many inhuman experiments on the victims.  The prisoners were exposed to freezing temperature, highly toxic mustard gas, malaria parasites and various types of poisons. They had even conducted anatomical and anthropological studies after killing the defenceless persons.

After the war, many of those doctors were tried and convicted in the Nuremberg trials.  The war tribunal condemned those crimes against humanity committed in the name of medical research.  The Nuremberg proceedings led to the genesis of the famous **Nuremberg Code** (1947) (Table-I) emanating moral, ethical and legal principles to regulate medical research.

Even after half a century the ten principles of Nuremberg code hold good today as well. During the trial it was argued as per the ethical philosophy, the doctors had not committed any crime because the law of the land at that point of time wanted them to act so. How so ever it was further argued that a doctor was never licensed to kill even though that act would be meant for the welfare of mankind in general but in principle it violates the law as well as the ethics which states that a Human life shall be never put at risk knowingly or deliberately even while trying to achieve benefits for mankind in general.

Table-I

**THE NUREMBERG CODE**

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| 1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity. |
| 2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature. |
| 3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment |
| 4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury. |
| 5. No experiment should be conducted, where there is an a prior reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects |
| 6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment. |
| 7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death. |
| 8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment |
| 9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible |
| 10.During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject |

**This very philosophy has not allowed many nations even today to legalize Euthanasia.**

The Tuskegee trial

Nazi medical crimes have been condemned as crimes against humanity globally. There was yet another notorious violation of human rights in the United States. The United States Public Health Service had initiated a long term study in a group of 400 black men with syphilis in the Tuskegee Institute (Tuskegee trial), the famous black University founded by Booker T Washington.  The study was initiated in 1930 as an examination of the natural progress of initiated syphilis.  These men were recruited for the study without informed consent.

The researchers did not disclose the nature of the study to the participants.  They were not given any specific treatment for syphilis.  They were deceived by giving aspirin tablets as the drug of choice.   This study lasted for forty years.  Even the Surgeon general of United States was involved in these inhuman activities. All the participants developed complications of syphilis in due course and majority died. .  For more than twenty years, the law allowed the U.S Defence Department to conduct unethical biomedical research.

During the cold war years from 1944 to 1974, many unethical and inhuman radiation experiments had been conducted. Scientists were secretly using human beings as guinea pigs.  Plutonium, an ingredient of atomic bomb, a highly toxic substance was injected into several persons.  Cancer patients and prisoners were subjected to whole body radiation. Pregnant women were given radioactive iron to study the effects on the foetus.  The list includes many more inhuman activities. There are still innumerable ethical, moral as well as legal violations which even the best of the social systems adopted in order to either gain superiority over other races or out live other races and ethnicities which were considered expendable or even for monetary gains. Perhaps this era of Medicine can be labeled as the darkest part of its existence. **Justice Edward Greenfield in 1995 in the trial of T.D. v. NYSOMH**, said: The mere mention of experimental medical research on incapacitated human beings - the mentally ill, the profoundly retarded, and minor children - summons up visceral reactions, with recollections of the brutal Nazi experimentation...Even without the planned brutality, we have had deplorable instances of over-reaching medical research in this country.”   
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The brutality and selfishness of world powers was recognized by the world at large and medical bodies in particular and due to their conscious and consistent efforts to revive the lost ethical equilibrium of Medical Practice after a long struggle thus, lead to the formation the World Medical Association under the aegis of United Nation in Geneva and finally the **“Declaration of the modern version of the “International Code of Medical Ethics”,(Table-II)** was first formulated by the World Medical Association in 1949 with subsequent amendments by the World Medical Assembly in 1968 and 1983 in Sydney and Venice respectively. Indeed along with Nuremberg (Table-I) code declaration of 1948, it was the first step that integrated ethics with morality and law and created the foundation of modern ethical practices. Though even after all these efforts it has often been seen that twisting of these laws of ethics being modified for personnel gains or even using people of weaker nations as guinea pigs in order to promote their own fortunes has been practiced by the rich & famous and indeed the powerful created a lobby which gradually started eroding some of the founding principles of our profession. It was argued that financial viability alone will allow the progress and innovation of the profession thus leading to the mushrooming of pharmaceutical giants and cut throat competition of using underhand means to be the richest to such an extent that even the world’s best monitoring agencies like FDA were corrupted and many drugs flooded the market which were not fit for human consumption.

Table-II

**“International Code of Medical Ethics”**

**The Physician’s Pledge**

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| AS A MEMBER OF THE MEDICAL PROFESSION: |
| I SOLEMNLY PLEDGE to dedicate my life to the service of humanity; |
| THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration; |
| I WILL RESPECT the autonomy and dignity of my patient; |
| I WILL MAINTAIN the utmost respect for human life; |
| I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient; |
| I WILL RESPECT the secrets that are confided in me, even after the patient has died; |
| I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice; |
| I WILL FOSTER the honor and noble traditions of the medical profession; |
| I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due; |
| I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare; |
| I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard; |
| I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat; |
| I MAKE THESE PROMISES solemnly, freely, and upon my honor. |

Western world and similarly richer countries have already woken up to these modern day plagues of the profession are working constantly ad trying to monitor under rigid standards of moral & ethical practices of health care deliverance to thus improve upon the profession holistically.

The organizational independence, professionalism without any political, financial, nonprofessional interferences and bias, these state bodies as well as the medical fraternity are working only to enhance the quality of healthcare deliverance keeping in view their own citizen’s welfare as only criteria of health care. By strengthening not only the implementation of international ethical codes and laws but also evolving stringent mechanisms in terms of law and moral practices of medical practice in their respective countries, these counties have achieved global improvement in various indices of the health care parameters and thus resulted in improved quality and longevity of their citizen’s life. This does include the quality of life of their Medical practitioners as well

World wide it is constantly being stressed upon that in today’s world patient satisfaction is becoming the key phrase in healthcare. That is not to say that patient outcomes are no longer important. However, it is now obvious that there is a direct correlation between how patients are treated personally and how they are treated clinically. The increase awareness of rights, availability of legal aids, consumer militancy and improved awareness, all are lethal ammunition against our profession and thus it has become quite important to change our outlook, our attitudes but at the same time not to forget our roots.

Using good manners and following the rules of proper etiquette can make an incredible difference in how physicians and their staff are viewed by their patients. This is now a day’s important part of the curriculum of Medical studies and if patients feel valued by their physicians and have positive interactions with the staff, they are most likely to become longtime loyal customers. Yes, patients are customers, too. In terms of modern day classification though it does contradict the principle that financial gains are secondary to pt’s wellbeing but unfortunately realistically, it is the harsh reality of today’s Mankind. Howsoever let us not forget, respect for life, competence, compassion, politeness, and non-discrimination are among the most important elements of our tradition even today

The BMC keeping in view, the changing trends set up guidance for all professionals being registered to work under their aegis. This guidance came into effect 22 April 2013. It was updated on 29 April 2014 to include paragraph 14.1 on doctors' knowledge of the English language. Likewise almost all the responsible nations have laid the foundation for implementing the age-old ethos of medical practice and keeping it alive with the changing demands of health care deliverance.. Today it is not only a legal sword which keeps on dangling over our heads but the moral & ethical aspects too have been incorporated in much expanded manner.

Etiquette Tips for Physicians and Medical Staff by [Lydia Ramsey](http://lydiaramsey.com/author/manners/" \o "Lydia Ramsey) are summed up below:

Table-III

***Ethical code for practice—Duties of a Doctor.***

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| 1. Stop, look and listen. |
| 1. Make eye contact with patients while talking with them. |
| 1. When you ask the critical questions, pay attention to the answers. |
| 1. Practice professional meeting and greeting.. |
| 1. Smile when you make eye contact |
| 1. Use the patient’s name as soon as you can while adhering to patient privacy laws. Introduce yourself |
| 1. Let the patient know what is going to happen next. |
| 1. Someone should keep track of how long the patient has been waiting in the exam room and check back from time to time. |
| 1. Dress like a professional. |
| 1. Dress policies should be put in place and enforced by the officer manager |
| 1. Keep office differences under wraps. |

Current status of medical ethics in India

In India, we still seem to be far away from realistic evaluation of the maladies eating in to our healthcare system as a whole. Our government has woken up to the fact that healthcare deliverance is an important index of human development and even if today that awareness has stirred the sleeping minds yet very little is being done on the ground. If we compare our Human development Index with rest of the world we stand at abysmally low level.

***September 2018* –**India climbed one spot to 130 out of 189 countries in the latest human development rankings released today by the United Nations Development Program (UNDP). India’s HDI value for 2017 is 0.640, which put the country in the medium human development category,alongside countries such as Congo, Namibia and Pakistan Between 1990 and 2017, India’s HDI value incased from 0.427 to 0.640, an increase of nearly 50 percent – and an indicator of the country’s remarkable achievement in lifting millions of people out of poverty.

Question arises, the foundation which was laid 4000 years back, why was it lost to the extent that brought us as a nation to such a low HDI values and does it directly or indirectly have any relationship with Medical Ethics, morals and the law. Indeed the answer should be an emphatic “Yes”!

To enumerate the causes of degeneration of our system of healthcare in to anarchy that resulted in mutilation of the ethos, we the Indians are the founders of a sad story of the “Prodigal Son”, arrogance, selfishness, and degrading of morality was the only achievement thru history and we proved beyond doubt that: “The Nation that does not value its trained intelligence is Doomed”.

We as a nation never valued our golden treatises which not only enlightened the whole world but also has contributed a lot to the world of Modern Medicine: The era which was a golden period descended into total anarchy leading to mutilation of the various healthcare deliverance systems. Corrupt practices, megalomaniac attitudes of the healthcare givers, wrong policies of execution and planning, laxity of adherence to the basic principles of health care, monitoring, controlling and delivering of adequate health care at the grass root levels can be enumerated as the core causes of poor health care infrastructure of our Nation. Associated as well are being noncommittal to the core values of medical ethics in our country just a few major reasons for the current status. It is very relevant to mention that though 4000 yrs back we were born with a scientific bent of mind and would dwell in to realms of rationale, ethical and moral thinking, but suddenly we descended into fanatic mindset for reasons unknown, losing the grip on reasoning rationale and thus ending up as one of the poorest healthcare system of the world.

In Post Independent India, besides allowing non medicos or creating half baked health care givers are also responsible for the degradation of our system. It is pertinent to mention that the well defined demarcation of traditional Medicine and the Modern medicine was deliberately obliterated by vested interests who were either politically motivated or financial gains were the sole priority. The rot of the last seventy years resulted in a cumulative effect of, loss of ethical values due to laxity of controls and administrative impotence and political lack of will to deliver and strength an effective healthcare system at grass root levels further worsening was enhanced by unusual mad rush of corporatization of the health care system, converting healthcare in to an industry and handing it over to the hawks who in the evening ask their doctors, they employ, regarding the numbers they have generated rather than the kind of contribution a doctor should be making to the nation. Today the value of a doctor (Exceptions are no rules) is gauged by the kind of wealth he can generate by the power he or she wields in the society or by the kind of political affiliation and clout the doctor has rather than by the yard stick of adherence to Hippocratic Oath one has been or the kind of quality health care deliverance the doctor has been responsible.

The subject is beyond the scope of this article but yes our governance seems to have woken up it was in the year 2002, Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 (Published in Part III, Section 4 of the Gazette of India, dated 6th April, 2002) By MEDICAL COUNCIL OF INDIA NOTIFICATION New Delhi, dated 11th March, 2002 was the first step taken to stem the rot which had already crept in to our services, It is perhaps the first comprehensive measure taken by the Government of India to streamline the practice of medical profession. As a part of the same document (at annexure A) a declaration was made mandatory for all professionals to sign while being registered as “Medical practitioners” (table-IV)

Table-IV

**DECLARATION**

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| 1. I solemnly pledge myself to consecrate my life to service of humanity. |
| 1. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity. |
| 1. I will maintain the utmost respect for human life from the time of conception. |
| 1. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient. |
| 1. I will practice my profession with conscience and dignity. |
| 1. The health of my patient will be my first consideration. |
| 1. I will respect the secrets which are confined in me. |
| 1. I will give to my teachers the respect and gratitude which is their due. |
| 1. I will maintain by all means in my power, the honour and noble traditions of medical profession. |
| 1. I will treat my colleagues with all respect and dignity. |
| 1. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002. |
| I make these promises solemnly, freely and upon my honour. |
| Signature ……………………………………………… |
| Name……………………………..,Place…………………………………Add….……Date….. |

Besides this, we currently see a lot of things in transition, MCI has been dissolve a bill in the parliament is already pending for reorganize the health care sector; measures like Ashuman Baarath to enhance the affordability and penetration of health care deliverance at the grass root levels etc are being put in place. Indian Medical association is being asked to revise and revitalize its organisational core concept so that it is in tune with the right kind of ethical moral and legal practices. Drug Controlling agencies are being reorganised in order to create a uniform code of conduct and create an equality and affordability of lifesaving drugs for one and all, irrespective of economic or any other disparity or bias indeed this forms the core basis of ethical practice.

Legal system of the country has woken up to the fact of harsh realities leading to abolishing acts which had criminalized suicide, homo sexuality and even the lunacy act where in it was compulsory for the court to order sending or discharging of a pt. to lunatic asylum instead of a doctor. Discussion on euthanasia, organ transplant from cadavers etc are becoming the subject of discussion of our highest judicial system, the Supreme Court of India and it is heartening to see a favorable attitude towards our professional rationale.

But with all this said and done even today, mismanagement of healthcare sector continues to be rampant, poor budget layouts for the sector and being run by ill trained administrators who happen to be far away from reality results even today in loss of quality of life to the maladies of under developed, under nourished or even malnourished children, high maternal mortality, low life span, poor healthcare affordability, poor hygiene and are some of the harsh agonising realities of our health care deliverance system.

With all this we find a majority of doctors living with a general sense of dissatisfaction, under constant stress of hunting job satisfaction and even at times feeling frustrated when forced to compete quackery for survival. I find it very surprising to see most of the doctors still trying to abide by the code of ethical conduct. Today government is not the main employer of doctors as is elsewhere in the world, most often doctors lookout for immigrating and unfortunately we have become net exporters of well trained man power globally and are being responsible and proud to be running the best of health care systems globally but for our own country in spite of all this we do boast of an abysmally poor health care system, that of quackery and a “lost doctor”.

There are a few well known centers for advance health care in our country which are mainly private with exception of a few premier Government run institutes. We have no statistical data available as to what percentage of the population can either be entertained by such governmental institutions (due to lot of constraints) or how affordable are the private premier institutes and what percentage of the population can really afford them.

Rest most of the private health care sector which have mushroomed, are here only for the buck, they create targets and every patient for them becomes a source to generate financial gains. For them doctors are the laborers and the value each doctor has is on the basses of how much money doctor is capable of generating for them. They are least bothered for improving upon or nourishing the well being of doctors I am witness to a lot many institution which employ freshly qualified doctor and pay them so poorly that survival becomes a struggle or even employ other non medicos esp. (Tradional medicine Graduates). They are more interested in to churning out numbers without being responsible for the overall improvements in health care deliverance to masses in general or the wellbeing of doctors.

A class which venture out prematurely to practice solo medicine in order to survive due to non availability of proper placements, either have to compete quackery or are themselves ill trained to compete as solo physicians due to the lack of clinical exposure and very little training post graduation in an academic environment and thus often fall prey to the vicious circle of abuse of ethical practices.

All this leads to first of all compromising of ethical, moral and legal bindings to which we all are supposed to be bound. Secondly doctors start feeling depressed, unwanted and frustrated resulting in some not being able to cope up with the stress and take extreme steps of committing suicides, hence the highest suicidal rates amongst our profession and some even switch over to other lucrative trades wasting the medical seat which they occupied to graduate.

Indeed all this boils down to the fact that how can we find ethics, morality and legal framework functioning in our country positively? How can we like other nations make our doctors abide by the code of honor and revive the age old tradition of service before self, how do we full fill the void which has made us the back benchers from the pinnacle of success. Today why can’t we compete in creating the infra structure for a world class medical research development and advancement so that we once again regain the seat of being the leading pioneers of full filling the purpose of preserving humanity from sickness and catastrophes’ of life not only for Indians but for the man kind in general as done by our fore-fathers?

A basic frame work for revival and re-structuring of our system has to be thought in context with the present day realities. We not only have to regain the lost glory of our profession but also to seek that no citizen of our nation is deprived of basic health care. We have to see that like right to live as is enshrined in our constitution so should be right to live healthy and receive healthcare as and when required, without any basis and discrimination. Outlined below are suggestions that could become the bases for an ideal health care deliverance system I have thought and presumed. (Table-V)

Table-V

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| 1. National health policy should be based on Principle of ethical, moral & legal healthcare deliverance universally in the nation. |
| 1. Reservations of all sorts should totally be abolished and genuine candidates who are academically, morally ethically committed to practice the art of Medicine should be encouraged to join the profession through a national fair play practices. |
| 1. People who wish to or deserve to be part of the profession should be encouraged without any bias of colour caste creed and financial constraints. The governance should be committed to support and supplement such students financially in case of financial impediments. |
| 1. Doctors graduating should compulsorily work for national health for at least first five to ten years of their carrier. |
| 1. No commercialization of the profession should be allowed at the expense of national primary health care. Corporate and other financial giants, if so decide they should only donate and not run the institutions as commercial units. Viability of such units can be managed by models like “Singapore Health care System” which continues to be the one of the best in the world. |
| 1. Grass root level primary health care to be strengthened, improved and qualitatively upgraded so that the people who work do not feel handicapped or crippled. |
| 1. Connectivity between primary health care and medical schools to be strength and students as a part of training made to rotate thru these centers so that every medical student while in school only realizes the harsh realities of health care deliverance and learns to be a responsible person to shoulder the burden. |
| 1. Private medical training schools should not be allowed to mushroom and if an institution is opened, it must be run and managed on the same principles as that of any other institution of the country. The financial aspect of each medical school will have to be based on a partnership model without any single individual gaining financially from the same, all gains what so ever should be that of Institution. |
| 1. Very stringent controls and demarcations to be applied in practice of different medical systems and none should be allowed to encroach upon each other’s system. |
| 1. There should be a federal drug controller , and maintain a stringent controls on manufacturing standards, quality of drug combinations matching universal standards, fair pricing controls and deliverance of universally standard pharmacopeia and prevent mushrooming of spurious drugs and companies. |
| 1. Ruminations of the medical profession have to be the best in a social system as a reward to their dedicated selfless lifelong service to humanity and nation. As is well known; the teacher and the doctor are two pillars who carry almost 80% of the nation building burden and unfortunately in our country they are the worse paid. Unless a proper, healthy and respectable packages are not devised for doctors instead of cuts & commissions just the way IAS etc are paid doctors too have to be given the same kind of packages to certainly stem the corruption of ethical practices. |
| 1. All medical practices whether private or governmental have to be made answerable without bias, harassment and discrimination. As an equal opportunity marshalling of social consumerisms for the sake of bring disrepute to the profession should strictly be avoided by creating mechanisms within organizations those are responsible for control & monitoring should have the powers to prevent, penalize any moral ethical or legal violation. |
| 1. Health Ministry, Medical education, allied Health services, Pharmaceutical Industry should all be incorporated in to unified governing & monitoring control as all of them have to function symbiotically. |
| 1. Traditional Medicine & its branches should never be allowed to encroach the boundaries of allopathic medicine. They should be prevented from making or promoting any false claim or any claim which has not been scientifically tested and proved. Yes traditional medicines can be allowed to be researched scientifically and molecules or substances identified which may have a use for medical management. Integration of traditional medicine at research level can potentially lead to a lot of pioneering work which perhaps can convert us in to a global leader in molecule identifying. |

This can only be achieved by having the will to change the mindset of bias and take a holistic and comprehensive review of our health care deliverance model. Well planed, cohesive and[conscientious](https://www.dictionary.com/browse/conscientious) efforts have to be put in, not only by the governance but also by the executing staff which indeed includes physicians and ancillary staff as well. I am sure it will be a hard task but certainly not an impossible task to create and nourish an ethical healthcare which penetrates the nook & corner of this country and becomes a role model globally the way we had been during the reign of Charkha” or Surshashtra.

**Ethics is in origin the art of recommending to others the sacrifices required for cooperation with one self. (Bertrand Russell)** Indeed we all are capable of it so come on let us pledge to execute it in a way four thousand years back our ancestors did and exalted their own existence.

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