

country in the world with a quota system in medical education, but it is the only country with a caste-based quota system and such a high percentage of reservations. Reservations in medical education should be on the basis of economic criteria so that the really deserving poor students benefit.

A reservation system based on caste, repeated strikes and incidents of assaults on physicians act as "push" factors for Indian physicians to go abroad. This migration further compromises the poor physician-patient ratio in India. It was recently reported that one Indian doctor is available in the US for every 1325 Americans in contrast with one Indian doctor in India for more than 2400 Indians (3). The Indian government should come up with better solutions to provide better patient care and avoid this loss of medical personnel.

**Sagar Nigwekar**, Rochester General Hospital, Affiliate of University of Rochester School of Medicine and Dentistry, 1425 Portland Avenue, Rochester, NY 14621 USA e-mail: Sagar.Nigwekar@viahealth.org

#### References

1. Thomas George. Junior doctors, strikes and patient care in public hospitals. *Ind J Med Ethics* 2006; 3:44-5.
2. Madhiwalla Neha, Roy Nobhojit. Assaults on public hospital staff by patients and their relatives: an inquiry. *Ind J Med Ethics* 2006; 3: 51-3.
3. Adkoli BV. Migration of health workers: perspectives from Bangladesh, India, Nepal, Pakistan and Sri Lanka. *Regional Health Forum* 2006; 10 (1): 49-58.

#### Increasing awareness about bioethics

As new dilemmas emerge in the field of bioethics, it becomes

imperative to look at how to increase awareness about bioethics in the medical profession. As a first step, bioethics can be made a part of the MBBS curriculum. This will provide a framework that can be built upon later. An obstacle in the spread of bioethics education is the lack of a chair in medical colleges. If such a post is instituted, it will help in establishing a foundational curriculum as well as create teachers who are well versed in the issues.

Programmes such as the recent First National Bioethics Conference in Mumbai contribute to making professionals aware about the field, helps them discuss the dilemmas faced by other physicians and the strategies used to solve the issues. Brainstorming sessions in such seminars as well as the use of online message boards for dissemination of information about bioethics information are important avenues.

Bioethics should be extended to become a truly inter-sectoral issue. Physicians must evolve clear-cut bioethics guidelines, which are in consonance with the cultural context of India. In the absence of a self-evolved code, legislation may step in and this might affect the sanctity of the doctor-patient relationship. The code of bioethics must be prominently displayed in every clinic, hospital and laboratory. This will help to remind physicians of their duties and it will also inform patients.

**Santosh Kumar Awasthi**, B 160 Shivam Duplex, Opposite Ambe School, Makarpura, Vadodara 390 101 INDIA e-mail: santoshawasthi@yahoo.com

#### Apology: duplicate publication

We regret to state that we have been informed that the article by Priti Elhence on ethical issues in transfusion medicine, published in the July 2006 issue of the journal (3: 87-89) had already been published in the April 2006 issue of *ISBT's Transfusion Bulletin* (14: 5-8).

Our instructions to authors clearly indicate that duplicate submission is unacceptable, but we were not informed by the author that her article was simultaneously being considered by another publication.

We regret any inconvenience caused to *Transfusion Bulletin* as a result of the author's error.

Editors