

ups and downs of life. He had his mission of life completed by being a living example of a dutiful husband and a responsible father. It is his single-minded devotion that made a man out of me and what I am today, as a humble teacher in a medical school (1).

The story of my life is testimony to the fact that a mentally retarded woman may have the right to bear or rear a child provided that she gets emotional and physical support from her husband or a close family member.

The recent ruling of the Supreme Court asserting the right of the mentally retarded woman to decide whether to medically terminate a pregnancy or continue with it, may be a bone of contention (2). In a world full of emotional limitations, society needs to support such women who need our real care and empathy. I am proud of my mentally retarded mother for she gave me a biological belonging and social identity. There are many such women in our society who are given physical shelter. They need physical as well as emotional shelter. When institutions are commissioned to house such women, the concerned authorities must look into whether the place in which these women are housed is safe for them physically and emotionally.

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References

1. Sheriff DS. Lessons from my father. *Am J Med.* 1992 Oct; 93(4): 441-2.
2. Mhatre U. Right to human dignity. *Indian J Med Ethics.* 2010 Jan-Mar; 7(1): 36-7.

Do we need two systems for postgraduate medical education in one country?

The articles on the National Board of Examination (NBE) were informative (1,2). We would like to draw attention to the farcical manner in which the entry to the Diplomate of the National Board (DNB) is conducted. Admissions to MD/MS programmes are based on the candidate's performance and rank in the entrance exam. However, admissions to DNB programmes are on the basis of a system that is open to misuse. After a common entrance test, candidates are selected by institutes usually on the basis of an interview. As we are all aware, interviews are extremely subjective and members of the interview board are likely to be influenced by external pressures. The system of entry should be similar to that practised for MD/MS entrances - an all-India entrance test followed by a rank-based counselling.

Suptendra Nath Sarbadhikari's article comments on the low pass percentage of candidates (1). The low pass percentage is a reflection of the unsatisfactory state of affairs at the NBE and their causes need to be examined. This might be related to the type of student who enters these courses - as the entry to DNB courses is not purely merit based. Second, these courses are usually run by institutes that do not conduct undergraduate courses, and the lack of proper teaching might be a reason for

poor results. The affiliation of institutes which are not running proper teaching programmes should be cancelled.

Regarding the conduct of examinations, MD/MS students are subjected to similar treatment, with no emphasis on regular assessment during the training period of three years. Our own theory examination consisted of essay questions, some of them worth 30 marks. The examination should be objective and there should be a system of continuous assessment during the training period. These changes should also be introduced for MD/MS candidates.

Murali Poduval's article notes that the NBE is an alternate, parallel medical education system (2). It is not clear why one country should have two systems of postgraduate medical education. When the government does not distinguish between the DNB degree and the MD/MS degrees, where is the need to have a parallel system? The solution would be to abolish the DNB and strengthen MD/MS programmes so that the country has a single, transparent system of postgraduate medical education that produces good results.

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References

1. Sarbadhikari SN. A farce called the National Board of Examinations. *Indian J Med Ethics.* 2010 Jan-Mar; 7(1):20-2.
2. Poduval M. Diplomate of the National Board: inefficient parallel education. *Indian J Med Ethics.* 2010 Jan-Mar; 7(1):22-5.

Why raise questions on the "ethics" of the Gadchiroli trial?

I congratulate your team on publishing the article: "Was the Gadchiroli trial ethical? Response from the principal investigator". Abhay Bang raised some practical questions for discussion with the international community (1). The following are my views in response to this article:

I wonder how researchers from these reputed institutions can raise questions on the ethics of a study which has clearly provided a ray of hope not only for the poor and vulnerable children in India but also for children in other developing countries. Such debates make me feel that the international community fails to understand the importance of this trial to the lives of innocent children; they do not realise the realities of socioeconomic conditions and the health system in remote areas of India. How much could one expect from a man, with limited resources, who really wanted to help deprived children and give life to theoretical concepts like "the right to life"? Even if he had provided "state-of-the-art" health services in the control area of the study, what difference would it have made in the remaining villages across India? I could also not understand the rationale for calling the standard of care provided in Gadchiroli "unethical".