

and a young man, Dr K S Sanjivi was physician to me and all the family, and he became a dear friend to all of us. I have never met anyone I regarded as a more ethical person, and he was and still is my role model. Perhaps the idea of a doctor as a friend is old fashioned. In that respect, I would rather not be modern, if that means being cold and professional.

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Reference

1. Kurpad SS, Machado T, Galgali RB. Is there an elephant in the room? Boundary violations in the doctor-patient relationship in India. *Indian J Med Ethics* 2010 Apr-Jun;7(2):76-81.

White coated corruption

Vijay Mahajan has succinctly put into words the decrepit and deplorable state of medical education and practice in India (1). One need not even scrutinise the references for most of the facts that he states: they are common perceptions to all concerned.

He also gives a list of remedies to all the ills affecting medicine in India today. His remedies are not new; they have been acknowledged by change makers over centuries. Yet, we do need to remind ourselves of the need to "refuse bribes," "follow medical ethics" and "treat poor patients same as the rich."

The crucial point, however, is, do we -- as a medical community and indeed, as a nation -- have the capacitance in spirit to execute these "good" changes? Do we have the integrity, honesty and purity to acknowledge and then resist endemic corruption? I sometimes feel that as a people, we Indians have a genetic trait of being corrupt, lazy, sloppy, dirty and generally inefficient, at least in our own country.

I remember a conversation that took place many years ago over lunch in a resident doctor's mess in a public teaching hospital in Mumbai. The talk was on alcohol, or, rather enjoying alcohol. One female resident doctor remarked on how everyone in her family enjoyed alcohol and that on their recent visit to Gujarat they had carried bottles of premium scotch in their car. Gujarat being a dry state, their smuggling was discovered at the border patrol. She gleefully added that they bribed the patrol police with a bottle of the same stuff and were allowed to carry the remainder of the cache ahead.

On this, another doctor remarked on how she and her family (all educated, well to do, city dwellers) could indulge in such illegality, bribery and corruption.

I can still remember her answer, even after 20 years. She said, "What is wrong in being dishonest and corrupt?"

She, in essence, represents the corrupt blood that seems to flow within every "second" Indian. It does not matter whether he or she is a doctor, a policeman, a judge, a banker or a bureaucrat, nor whether he is rich or poor, a rural peasant or an urban sophisticate. The streak of pettiness, one-upmanship, dishonesty and selfishness seems to run in all.

Given this state of affairs, who is going to "refuse favours from pharmaceutical companies" or "make a commitment to rational drug use"?

Vijay Mahajan also lists steps to be taken by the government to improve the scenario. Steps such as "transparency in the allocation of funds" or "enquiries by people of integrity into medical corruption" are good on paper.

The problem, once again, is that our government is by our own corrupt people, for our own dishonest people and of our own valueless people shorn of grit or integrity.

There is a vernacular saying which translates as: "When the fence itself swallows the farm, where should the farm complain?"

How can such a government effect all the laudable, grand reforms which our profession needs desperately?

To give only a few examples of corruption in government offices: several private medical colleges are founded and run by politicians, where the emphasis is on money making using education as an instrument; the government gives subsidies to distilleries to produce alcohol while common people die of thirst, hunger and debts; the former director general of police of Haryana is convicted of molesting a minor; a murder convict is chief minister of Jharkhand, etc.

There are millions of untold slips between the cup and the lip in India and reforms will likely remain on paper.

The only durable way out is strengthening the spirit through the values of honesty, truth, integrity and love. It will take a revolution of the heart to change the scenario. No amount of recommendations or paper reforms will salvage the situation.

While stringent laws are made to, and do deter, many a defaulter, many wannabe culprits are unabashedly immune to the intimidating powers of the law. They know that they can pay their way out of their punishments.

The roots of this disease are deep, and therefore the solution will have to be deeper. I would think that time-tested, age-old golden practices in spirituality like yoga, vipassana and religion without the rituals would go a long way in building the character of our society.

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Reference

1. Mahajan V. White coated corruption. *Indian J Med Ethics*. 2010 Jan-Mar; 7(1): 18-20.

Surgical training in India

The letter on surgical training in India (1) ought to open the eyes of surgical teachers in myriad departments in the country. In the absence of a structured theory and practical curriculum, it is left to the devices of teachers and their goodwill, the enthusiasm of students and their willingness to learn, and