had never felt attracted towards any girl. He reported that he had fantasies and dreams about sexual encounters with only males. He had once had a brief affair with a girl, but it ended because he did not feel physically attracted to her. He also revealed that he had had anal intercourse with his room-mate and said he had thoroughly enjoyed it. He was distressed when his room-mate refused to continue with the relationship.

He felt comfortable about his sexuality, but was finding it difficult to gain peer acceptance. He was ridiculed for not being straight, and was at times mocked about being feminine. He had started feeling distressed due to this social ostracism and had started contemplating changing his sexual orientation.

This index case mirrors the unmet needs of homosexual people in India. The mounting societal pressure makes the sexual orientation extremely distressing as society views homosexuals as sinners/criminals. The verbal and physical abuse often results in a deep sense of internalised stigma, which has adverse consequences on mental health. Further compounding the pressure is the repeated pestering by parents and relatives to undergo conversion/reparative/re-orientation therapy. The American Psychological Association has proscribed against conversion therapy, stating that its harms far outweigh its benefits (2). Nonetheless, psychiatrists continue practising it in some form or the other. These forms range from counselling, psychotherapy, conditioning, hormone replacement to electroconvulsive therapy (3).

Homosexuality is currently understood as a variant of normal human sexual orientation (4). The sexual orientation of a person is currently understood to be determined by a complex interplay of biological, psychological, cultural and social factors, and to a great extent, is innate and immutable. India has yet to formulate guidelines for the management of people with a homosexual orientation. The basic principles of biomedical ethics cannot be ignored while providing any form of psychiatric treatment. Conversion therapy violates all four basic principles of biomedical ethics. Trying to change the sexual orientation of people against their wishes is a serious breach of their autonomy as homosexuality per se does not cause any life-threatening risk to justify overriding the principle of autonomy.

Coming to the issue of non-maleficence, conversion therapy is known to adversely affect mental health in terms of generating feelings of shame, which can further aggravate negative affective states such as depression and anxiety (2). Since conversion therapy is not an evidence-based therapy and does not provide any benefit to the person, either in terms of providing success in change in sexual orientation or any other psychological benefit, it does not fulfil the principle of beneficence (2).

The use of conversion therapy further enhances stigma in people with a homosexual orientation and compounds their perception of discrimination. Hence, the forceful application of therapies for change in sexual orientation violates the principle of justice.

While the law in India is still taking time to provide this marginalised section of the population with its due rights, it is the duty of psychiatrists to provide homosexuals with support and care with a view to enhance their acceptance of their sexual identity and engender positive coping skills. If the treating psychiatrist adopts an approach of unconditional acceptance rather than setting the goal of changing sexual orientation, it can go a long way towards enhancing the self-determination and adaptive coping and strengthen the self-identity of the hapless person (2).

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The choices we make as teachers

"She wasn't like you...wasn't like any politician I've ever known."

Ethan Kanin, Secretary of State about US president Allison Taylor in the US serial, *24*

When an ethical dilemma arises, the choices we make decide our ethical concerns and moral position in a given situation. In the TV serial, *24*, the US president faces such an ethical dilemma when she has to either cover up for her daughter's crime or get her arrested. She is torn between the role of a mother and that of a President. She chooses her sworn duty to protect the country and has her daughter arrested. She gives precedence to her duty as the President of a country over her mother's role.

We encounter such ethical dilemmas in our lives. I was working as a professor in one of the medical schools in the Caribbean region. The medical school in the Caribbean offers courses in pre- and para-clinical subjects and after the completion of these courses, the students are sent for clinical rotation to a medical school in the USA. After successfully completing the clinical rotation, they undergo internship and then they are awarded their degree in medicine.

When I taught at the medical school, I enjoyed the confidence of the students. I found that the contract between the Caribbean medical school and the medical school in the USA had been cancelled and, therefore, the students could not complete their clinical rotation. To gain the confidence of the students and to circumvent the situation, the management asked me to bring my son to the School as a pre-medical student. They said they would waive the fees and he could graduate from the school. I informed my son in India about the possibility of being a medical student in the Caribbean island. My son was very happy and informed all his friends and family about joining the pre-medical school in the West Indies.

I realised that they were using my son as a ploy to gain confidence and to cover up for their broken contract with the US medical school. I had to face the dilemma of whether to be a father to my son or a teacher to my students. The medical school had waived the fees of approximately US$ 75000. I told my son not to travel and chose to remain a loyal teacher to my students. In the process, I lost the confidence of my son and the support of the management. I did not care about the management for they were cheating students who are like my own children. Yet from that day onwards, my son carried a grudge so strong that it left a big dent in our relationship. I have to live with his grudge lifelong, but I did save those students from falling prey to such a situation. Those students work in their leisure time and save money to pay their tuition fees semester-wise.

I thought I would save the sons and daughters (my students) as well as my own son from joining a medical school wherein he/she may or may not graduate. Remember, as a teacher I was very successful but as a father, my image fell in the eyes of my son. From that day onwards, he thinks I am not a good father but a great teacher.

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Dealing with requests for pharmacological cognitive enhancement from healthy students

The use of drugs to enhance cognitive function and academic performance is clearly a global phenomenon, with the reported prevalence of stimulant use among medical students ranging from 15-20% (1–3). A multi-institution study from the USA reported a 6.9% lifetime prevalence of non-prescription use of cognitive enhancers among college students. A comprehensive systematic review indicates a 16–29% use of non-prescribed stimulants among all students for reasons that include increasing concentration and alertness. While mental health professionals and guidance counsellors anecdotally recall requests for pharmacological cognitive enhancement from otherwise healthy students, the exact magnitude of this problem in the Indian context is not clear.

The most frequently requested cognition-enhancing medications commercially available in India include methylphenidate, modafinil and caffeine. The pharmacological effectiveness of these agents is modest but notable in the domains of vigilance, concentration, working and episodic memory. However, the magnitude of benefit varies from individual to individual, with some studies reporting a deterioration in performance (4).

The long-term hazards, including the addiction potential of these agents, have not been well studied (5,6). It is, therefore, challenging to parse the risks and benefits of these agents while having an informed discussion with one's patients. While a physician and patient would be willing to risk adverse effects with medications provided with therapeutic intent, both parties would be more risk-averse in the domain of performance-enhancing medications (5). Further, a lack of awareness and knowledge of the use of these agents may also hamper us.

Prescribers face multiple ethical issues while prescribing cognitive enhancers (7). In an intensely competitive academic milieu, the use of these agents may be viewed as analogous to the use of performance-enhancing agents by elite athletes (4,8). Is it fair that a student who has the information about these drugs and who has the ability to purchase them should have an advantage? If a student performs in a certain way while using cognitive enhancers, is the performance truly reflective of his/her capacity and who he/she is? Is it not analogous to the use of cosmetic surgery to win a beauty competition? However, it can be argued that the agents cannot create talent when none is present; they merely enhance that which is.

Increased awareness of the potential of these agents to improve performance in competitive examinations might expose vulnerable students to coercion. Vulnerable students might encounter pressure to use these agents from external parties with vested interests in their performance.

In summary, the answer to the original question of whether we should prescribe cognition-enhancing agents to healthy adults is a nebulous one, and can be heavily influenced by individual attitudes, awareness and ethics. More research and guidelines on the prescription of these agents is required, and is conspicuously lacking in the Indian context.

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