CORRESPONDENCE

Sabnis phenomenon, bystanders and role models

The 'Sabnis phenomenon" is a glaring example of the selfishness and greed that has overtaken the medical profession. The profession has changed from being 'merciful' to being 'mercenary'. But then, nepotism and corruption have invaded all sections and all levels of our society and the medical profession is only a part of it.

Recently I came to know that these days the internee student need not attend his 'posting'. A completion certificate can be obtained by paying the medical officer (at the rate of Rs. 10 per day of absence). I know of an instance when a medical officer collected, at the end of a three-month posting of a batch, around a thousand rupees. The Dean and many others are aware that such a practice prevails but they feel that any action for changing the situation will be futile as it will be overwhelmed by the system. So all (including myself) prefer to play a 'bystander role[2].

Changing the morals of a society is a Herculean task. The change cannot be imposed from outside - it must come from within the individual. It is impossible - even for a dedicated reformist - to reverse the gear suddenly. Any attempt at doing so will cause a breakdown of the system. The reformist is then doomed to frustration. The direction has to be changed gradually and many of us can help by being ethical role models[3].

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References

1. Murlidhar V: The Sabnis episode - the final act in the corruption of university examinations in the medical sciences. *Medical Ethics* 1994;2(2):6-7
2. Pilgaokar A: Bystander role of professionals: ethical considerations beyond medical practice. *Medical Ethics* 1994;2(2):3-4.
3. Nagral S: Wanted: ethical role models. *Medical Ethics* 1994;2(2):8-9.

On Medical Ethics (1)

. ..I gladly fulfil your request of commenting on the copies of your newsletter. As appears from several contributions, you have to cope with pressures on standards of professional morality due to commercialisation of health care services. From a theoretical point of view, this phenomenon - certainly not unfamiliar in Western countries - raises the question to what extent certain technological developments in modern medicine tend to undermine traditional morality in that they are linked with economic power and privilege. From a practical point of view several strategies are open to conquer this unwelcome development.

Protection of patients through legislation of patients' rights is one option, but it might be a difficult one, given political inertia (although I noticed a reference to a Consumer Protection Act[1]). Another option is to build networks with health care professionals that are firmly rooted in a moral tradition and community and address the relevant issues publicly, supported by such a moral 'stronghold' (it appears that this is what you are doing presently with your group). Yet another route, one that in Western society has proven very effective, is that of hospital ethics committees as an instrument for public audit of medical practices. It would be interesting to hear about developments in your society on this matter.

Given my own field of research, ethics and mental disability, I read with particular interest 'Removing the uterus from mentally handicapped women[2] and guidelines for such procedures[3]. The questions raised in the first article seemed to me quite_ appropriate. The underlying issue is one that is very familiar in the field of institutional care for the mentally handicapped, namely the strong tendency of seeking technical solutions for what are basically attitudinal problems of giving proper care to incapacitated human beings. If you were interested, I would want to take some more time and comment on the second piece later this month... It raises the interesting philosophical point of the status of ethical principles in relation to 'real-life' situations (for example: the concession under 'practical points' 2 and 3 and the 'rationale for hysterectomy' lc, Note, might allow principle 5 to be overruled, which would provide the justification of the surgery on mentally handicapped women discussed in the first article). I would basically support the claims of the PARYAY group.

Generally the contents of your newsletter are very informative, although I would add that the style of the leading articles is somewhat 'declaratory' and could be improved by bringing in more ethical analysis. On the other hand, in many cases the malpractices that are criticised are just too obvious to require further analysis. They require changing attitudes, which is a hard and difficult task that analysis does very little to promote.

I wish you all the success you and your colleagues deserve and hope to hear from you.

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References

1. Jalgaonkar M: Consumer Protection Act - an introspection by a general practitioner. *Medical Ethics* 1994;2(2):12- *13.*
2. Anonymous: Removing the uterus from mentally handicapped women: some ethical considerations. *Medical Ethics* 1994;1(3): *10.*
3. Anonymous: Suggested guidelines for hysterectomy in mentally handicapped women. *Medical Ethics 1994; l(4): l-3.*

On *Medical Ethics (2)*

I have seen two issues of your journal [Medical Ethics 1994,2(1) and 1994,2(2)]. I found them so interesting that I could not stop before I had read through each from cover to cover. Though I am not a medical man myself, I had the good fortune to be asked by Mrs. Aruna Asaf Ali, Chairperson of the Dr. A. V. Baliga Trust, to write a short biography of the eminent Bombay surgeon, whom I knew at close quarters. One of the top surgeons of his time, Dr. Baliga (1903-l 964) was also a model of ethical behaviour in his profession. But then, in those days, medicine had not yet blossomed into good business!

Medical Ethics has much material of interest both to the medical profession and the general reader. The articles on AIDS, hysterectomy on mentally handicapped women, the recent so-called plague epidemic in the country and ethical role models for medical students and young doctors provide much food for thought. The book reviews section, the students' page and the Oaths given on the last page should interest doctors and their patients and others interested in problems of health and-medicine.

The journal is a reminder to all that medicine is not just another profession - it is concerned with saving human lives and healing sick human beings and is therefore as much concerned with medical competence as with professional ethics.