

ment of the behaviour of doctors and patients. It may have worked in the situation described because of the eminence of the institution.

What would be the proper behaviour in situations such as those described below? I have based my query on personal experiences.

i) A person well known to you suffers a head injury. He has been admitted to another private hospital where surgery has been recommended. The relatives approach you. Your study of the case record and the findings of tests carried out convince you that surgery is absolutely useless and recovery is unlikely. You now realise that surgery has been advised not to benefit the patient but to extract fees. What do you do?

ii) A friend suffers from an illness such as lower respiratory infection and her condition is not very serious. She shows you the prescription given to her. You find it irrational. Multiple antibiotics in non-therapeutic doses, a cortico-steroid preparation and three vitamin preparations have been ordered. Will you offer any comment to the patient?

iii) Someone you know very well has been advised a rather complex operation such as total replacement of the knee. The surgeon concerned, whom you know very well, has never undergone any training in such surgery. Will you allow the patient to undergo the operation?

iv) A specialist in a particular branch of surgery, notorious for his avarice, has advised your friend an operation not within

his province of expertise. The literature is full of opinions questioning the role of this form of surgery (say hysterectomy) in such patients. Do you interfere?

THOMAS GEORGE

G9 Railway Colony
Ponmalai, Tiruchi 620004
Tamil Nadu

Reference

1. Pandya S: Doctor-patient relationship. *Medical Ethics* 1995;3:23-24.

Doctor-patient relationship - an idealised concept? (2)

Pandya has described an ideal situation in an ideal society¹. Unfortunately we are a long way from this Utopia, in which age there would be no need for a journal entitled *Medical Ethics*. In society as it exists, we cannot fault any patient who wishes to have a second or even third opinion without the permission or knowledge either of his general practitioner or his private consultant.

We must respect the patient's autonomy. In order to understand a patient's behaviour, it is best to put oneself in his position. Can one blame a person who has been advised an operation for wanting confirmation from one or two other doctors as to its absolute necessity? What about a patient who is suffering from a chronic ailment and has not found relief from the treatment prescribed? Malignant cancer is another area

where the patient may feel justified in seeking another medical opinion.

No doubt, as Pandya states, 'multiple medical opinions breed confusion', but just as an individual may shop around when he is purchasing anything for himself or his household, I feel that it is the patient's right to do the same where his own health is concerned.

It certainly makes it easier for the last consultant the patient visits if he brings along with him all the reports and investigations performed on him but it is not always feasible to bring a letter of reference or permission for examination by the last doctor who examined him.

As regards the last paragraph in the same essay, Pandya does not make clear what he would do in case the previous surgeon treating the patient refuses to grant permission to him to examine the patient. Will Pandya refuse to examine and advise the patient? What about the confidence a patient reposes in his doctor? Would it not be a breach of confidence if a doctor sends all relevant notes about the patient at the request of another doctor without the patient's written consent?

SAMUEL J. APTEKAR

P. O. Box 1005, Nazareth Illit
Code 17110, Israel

Reference

1. Pandya S: Doctor-patient relationship. *Medical Ethics* 1995;3:23-24.

Radical Journal of Health

Radical Journal of Health (RJH) is an interdisciplinary, social science quarterly on medicine, health and related areas. It features research contributions in sociology, anthropology, economics, history, philosophy, psychology, management, technology and other emerging disciplines. Well researched analyses of current developments in health care and medicine, critical comments on topical events, debates and policy issues are also welcome. The first issue of its new series (started in 1995) has been published recently.

SUBSCRIPTION RATES

	India			Foreign Africa, Latin America and Asia (excluding Japan)		Other Countries
	One Year	Two Years	Life	One Year	Two Years	One Year
Individuals	Rs.100	Rs.180	Rs.1000	US \$15	US \$25	US \$25
Institutions	Rs.150	—	Rs.3000.	US \$30	US \$50	US \$60

All remittances must be made out to *Radical Journal of Health*. (add Rs.20 to outstation cheques) and sent to 19 June Blossom Society, 60-A Pali Road, Bandra West, Bombay 400 050, India.