CORRESPONDENCE

A morale-booster from an eminent ethicist

I just noticed that you have an email address. So I take this opportunity to express my sincere thanks to you and the Editorial Board for sending me the journal of medical ethics.

It is certainly getting better and better. You are all doing a wonderful job, and I feel it was high time that such a large country as India have its own journal on the moral dilemmas of medicine.

Congratulations! Keep up the good work. If by any chance my standard of living elevates to the level of a simple bank clerk then you may expect a financial contribution to the journal even from me!

BELA BLASSZAUER
Medical University of Pecs
Pecs, Szigeti u. 12.
7624 H u n g a r y
Email: bela@cortex.pote.hu

Hospital ethics committee

We have learnt of an hospital ethics committee that has been set up in our institute. I place my thoughts on this subject in the hope of stimulating discussion on the subject.

An ethics committee is easy to constitute but its functioning can appear very nebulous, especially in a multi-religious and multi-cultural institution such as ours. It is so much easier for such a committee to function in institutes run by religious organisations which already have clear cut ethical principles which govern the thoughts and shape their actions. It is also relatively easy for it to function in the West where the Judaeo- Christian ethic has homogenised societal attitudes and behaviour.

Our own ethical norms in this country are confused. We have codified, or tried to codify, principles of ethical behaviour based, I believe, on Judaeo-Christian thought that was imbibed by Indians educated by Western minds and exposed to Western literature. I believe the time has come for our Medical Councils to face this issue head on and formulate ethical normas that will encourage practice in keeping with our traditional and modern Indian values.

Of course, there are underlying humane values that run like a common thread through all religious and cultural traditions, which should form the backbone of our code of ethics.

Inspite of what I believe, I know that Medical Councils will not fulfil their legitimate role. It will be upto small groups (such as the ethics committee at Tata Memorial?) to show the way. This, I hope, will be a positive fallout of the exercise.

I also hope that the ethics committee will not be an exercise in cosmesis. (I am not so bothered by the witch-hunting problem. Far worse is to sweep evidence of malpractice under the ethics committee carpet.)

To this end I would suggest that the Committee be renamed the Ethics and Standards Committee. Members of all department, including the staff from the nursing, administration, social service and other departments constitute an extended group that could meet every alternate month to review existing non-technical patient care practices and suggest improvements that would contribute to overall healthy functioning of the institution.

The problem may be a small one (eg. dealing humanely with death in the hospital environment, including the nitty-gritty of handing over 'the body, reduction of bureaucratic procedures at this sensitive time etc.) or a major issue such as the lack of access that the general (non-paying) patients have to consultant level care on a day- to-day basis.

I feel that until there is a full-fledged quality management exercise instituted at the Tata Memorial Hospital which would include a formal medical audit, the Ethics and Standards Committee could fill this gap in keeping with their avowed objective of improving patient care in its non-technical aspects.

I think an ethics committee is a step in the right direction, but it will remain only a step if all it does is review projects and lay down codes of behaviour in a esoteric manner.

To be effective, ethics should not just be preached but practiced. We live in a world where the motto seems to be, 'Do what I say - don't do what I do.)

ANITA BORGES
Department of Pathology
Tata Memorial Hospital
Parel, Mumbai 400012

Objectivity in journals on medical ethics

Exhibiting your personal opinion without fear or favour is one of the most important principles in the review of medical ethics.

While reading several editions of ***Issues in Medical Ethics, I*** noticed that most articles are clearly written from a personal view. Most contributors do not seek shelter in objectivity or refer to authoritics on the matter, which is common in the 'scientific' journals.

It seems to me that the main objective of a journal on medical ethics is to extend your own opinion by reading others, rather than to obtain objectivity. Of course one has to obtain objectivity concerning the factual situation, but, as a matter of fact, moral objectivity is not always realisable. Thus, argumentation may be your only tool to reach agreement and, as I noticed in Issues in Medical Ethics, this tool can be very thought-provoking.

ROLAND D.THIJS
Holland
e-mail: R.D.Thijs@med.ruu.n

Corruption in medical care - is the market the cause?

One of the most striking features of medical care in India is the extreme inequality between what if offered to the rich and to the poor. The majority of patients living in villages do not have access to the most basic necessities such as immunisation. The metros are flush with the latest technological marvels several times over, the several magnetic resonance scanners being one example. It is, however, a mistake to think that this metropolitan plenitude neccssari ly translates into better medical care. Those with money to burn are often subjected to unnecessary and inappropriate investigations. Often, the results of such tests only complicate matters, cause unnecessary anxiety and convert hitherto healthy captains of industry into quivering bundles of neurosis. When such tests are followed by unjustified surgery, the horror is compounded.

Pressures of the market- worsen the situation. Let me provide an example. In the town where I live, a few doctors acquired a computerised tomography scanner (CT). It was not long before the need to pay instalments began to worry them. The group cajoled colleagues in practice to refer patients for scanning by 'extending the indicationsfor a scan'. The ubiquitous practice of offering a financial incentive for such reference - disguided as 'interpretation fee' - was already in vogue'.

Examples of unwarranted surgery abound. Recently I saw a patient with tuberculosis of the lumbar spine without neurological abnormality who had been subjected to an operation to fuse the diseased vertebrae. It is standard practice to treat such patients with anti-tuberculous drugs alone as there is seldom any instability. Two months after the operation, the plates and screws came