Sensitive article

This is with reference to your article on PVS (1). I was touched by the entire story, but what touched me most is your reference to nurses who care for such patients. Being a nurse myself, I appreciate the fact that you have given thought to the caring aspects of PVS. I have often wondered why many medical professionals admit terminally-ill patients with problems such as multiple secondaries in the brain, or PVS, into intensive care units and drain nurses' emotional strength. Having worked over five years in intensive care units, my colleagues and I have died many times over with every patient (especially after caring for them for five days or more). A student of mine who worked as a staff nurse once described to me her suffering when a patient who was intubated for over seven days died in the ICU. She was quite sure that the patient wanted to say something and was trying to communicate, but he died without being able to do so. The death of that patient, without a loved one near him without being able to talk to anyone, killed a little of bit of the nurse in her.

Shreedevi Balachandran, Manipal Hospital, Bangalore.

Reference:

1.Nair K Rajashekharan. Clinical tales in neurology: a vegetative existence. *Issues in Medical Ethics* 2002; 10: 55-57.

Charter on medical professionalism

I must congratulate the editorial team for an extremely readable April-June 2002 issue (1), relevant to the practice of medicine in India today.

I was particularly interested in the comments of Professor Ed Pellegrino on the Hippocratic Oath, because of a research project by a group of physicians from America, Canada and nine countries in Europe. Begun about three years ago, the aim of the project was to draft a charter on medical professionalism, a document that is being hailed as a modern version of the Hippocratic Oath.

As the charter acknowledges, the modern-day doctor is 'confronted by an explosion of technology, changing market forces, problems in health-care delivery, bioterrorism and globalisation'. One of the drafting physicians, retired orthopaedic surgeon and former dean of the McGill medical school, Richard Cruess, comments that the charter is designed to say: "Look, times are really tough, but this is what we as physicians stand for, and we're going to try." His wife of 48 years, endocrinologist Sylvia Cruess, who also formed part of the drafting team, says, "Professionalism had not been in anyway referred to in the medical literature, which is rather appalling, seeing that we think we're professionals."

Hence, high on the list are concerns of commitment to integrity and honesty, reducing and reporting medical errors, avoiding conflicts of interest with insurance companies and pharmaceutical firms and the fair distribution of health-care resources. Three fundamental principles and a set of 10 commitments are outlined.

The charter appeared in print for the first time in the February 5, 2002, *Annals of Internal Medicine* and simultaneously in *The Lancet* and may be viewed by logging on to the following Web address: http://www.annals.org/issues/v136n3/full/200202050-00012.html, under the title 'Medical Professionalism in the New Millennium: A Physician Charter'.

Obviously, the word 'international' applies, as of now, to the industrialised world from which the drafters come, but there is call to 'physicians from every point on the globe to engage in dialogue about the charter', to respond to the question: 'Does the document represent the traditions of medicine in cultures other than those in the West, where the authors of the charter have practiced medicine?' Some of the readers of *IME* may be interested in responding from the Indian viewpoint.

Sr Daphne Viveka Furtado, PhD, St John's Medical College, Bangalore.

Reference:

1. The future of general practice. *Issues in Medical Ethics* 2002; 10.

Not irrelevant research

The letter from Bangalore by Dr. Sanjay Pai (1) regarding research that "cannot and should not be repeated" raised an important and interesting point. I do agree that any research which has no benefits for the people on which it is done should not be done. Moreover, in a broader sense, it may be unethical to waste scarce resources on such matters.

However, in his letter, Dr Pai clubbed a study of the ICMR in the same category of research i.e. research which should not be done. This study was to measure the average length of penis in Indian males. Dr Pai has solicited comments on his view.

I disagree with the author's views on this matter. I have not read the protocol of this study. However, as a psychiatrist, I do feel that such a study is not irrelevant. Such studies have been carried out in the past, and researchers have disagreed on the results! (2).

There are many myths in the general population about the size of the penis, and these myths in turn contribute to sexual dysfunction. This research will help to dispel this myth. Moreover, it may help manufacturers of condoms to make their product of the right size. I need not mention the disastrous consequences, to the nation, of an ill-fitting condom.

Dr Nikhil Khisty, Lecturer in Psychiatry, B J Medical College, Pune 411 001

References:

1. Pai Sanjay. Letter from Bangalore. *Issues in Medical Ethics* 2002; 10: 165.

2. Virginia Sadock. 'Normal Human Sexuality and Dysfunctions.' In : Sadock & Sadock (Editors), 7th edition, *Kaplan & Sadocks Comprehensive Textbook of Psychiatry*. Lippincott, Williams & Wilkins, 2000; 1577-1608.