

C O N F E R E N C E R E P O R T

Everything but medicine

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The seminar 'Everything but Medicine' was organised as one of the annual programmes of the Salelkar Medical Foundation on August 24, 2002. The Foundation was established in the memory of Dr Salelkar, a popular physician and leading internist from Goa. The focus of the meeting was ethical and medico-legal issues in the practice of medicine, and it was well attended, with representation from medical professionals of all specialities and from various parts of Goa. I participated in the seminar on behalf of the Forum for Medical Ethics Society.

The meeting started with a talk on 'How to avoid consumer courts' by Dr Shah, an orthopaedic surgeon and medico-legal expert from Gujarat. His talk was a typical enumeration of 'precautions' that doctors should take so that they do not get involved in medico-legal tangles. The emphasis was on protecting oneself with defensive practices rather than on rational and standardised practice. Dr Shah was followed by Dr Keiki Mehta, a senior ophthalmologist from Mumbai, who spoke on 'How to market yourself ethically'. This lecture consisted of tips from this senior successful private practitioner on how to enhance one's image in the market of medicine by the use of subtle techniques which do not smack of 'advertising' and thus invite criticism. For example, Dr Mehta suggested that getting favourable reports on one's work and clinic in the lay press could be very useful. Or one could train one's clinic staff to impart information on one's competence, in a matter-of-fact way, while talking to waiting patients.

This was followed by a talk on 'Patients' perceptions' by Dr Sugandha Johar, a management consultant, who spoke on how patients find their doctors wanting in communication. She tried to make her point by role playing and by quoting various published studies on the subject. Her effort to point out the medical profession's poor emphasis on providing information to patients were, however, met with hostility. The audience responded with a barrage of questions rather than reflection. Many of them questioned the right of Ms Johar who they said was a 'non-medico' to bring up such issues.

The meeting ended with a panel discussion on the Medical Council of India's revised Code of Ethics, 2002. The panel consisted of a representative of the Goa Medical Council, a representative of the IMA, Goa, and myself representing the Forum for Medical Ethics Society. I presented a brief background to the MCI rules. I spoke on the historical evolution of medical ethics. Society recognised medicine as a profession and expected in return that the profession would regulate itself. The medical councils had a central role in this self-regulation. In India the failure of self-regulation had led to intervention by the state and the judiciary, and the promulgation of various laws. Finally, I emphasised that the basic principles of the so-called 'new' provisions in the MCI's

Code of Ethics were actually present in the previous set of rules in a different form and all of us as practising doctors in India were already signatory to these. Many of the new guidelines were necessary to respond to new areas of concern — such as human rights, torture, euthanasia, recognition of brain death, sex determination and sex selective abortion, IVF and artificial insemination. Also, recommendations like compulsory CME and the use of generic names of drugs for prescription would actually increase the credibility of the profession in the public eye. Thus, if we recognise the amendments are mainly responses to the changing pattern of medical practice, the emergence of new technologies, and pressure from activists and from international agencies, we would be in a much better position to respond to them.

The representatives of the Goa Medical Council and IMA were candid in their description of falling ethical values in the practice of medicine in Goa. They lamented that all the 'unethical' practices which were associated with big cities were now rampant in Goa. They largely supported the idea of self regulation and in fact suggested that Goa should take the lead in the process of introspection and reform in the profession.

In the last few years the health care system in Goa is changing rapidly from a predominantly state-run system to a privatised one. Overall it was a little disappointing to see the seminar follow the fairly predictable pattern of meetings of medical professionals on 'ethics' in which the emphasis invariably shifts to 'medico-legal' issues, especially the Consumer Protection Act and its fallout.

It was obvious from the audience's response that the defensive and hostile response of the medical profession in India, to regulation over the last decade, is reflected in Goa as well. However, the fact that a large number of doctors spent a good five hours discussing and debating these issues may be a positive sign. Also, the rather frank admissions of the representatives of the Goa Medical Council and the IMA, about the need to stem the decline in ethical values, were encouraging.

In the true tradition of Goan hospitality, the meeting ended with a variety of cocktails and a sumptuous meal. Also, in a departure from meetings in big cities, many of the participants were seen stridently and ferociously debating some of the issues well beyond midnight. Whether this was a result of the stimulation of wine or the meeting's deliberations, it was indeed promising.