

## INSPIRING LIVES

# ‘In matters of money and murder, it is the first step that is difficult.’

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*Professor A H Sheriffdeen, FRCS, retired recently after a distinguished career as professor of surgery at the University of Colombo, Sri Lanka. He will be remembered for his uncompromising standards, dedication to work and pioneering spirit. He used his considerable influence in society to raise funds to improve the standards of health care. Hemantha Senanayake [HS] spoke to him.*

**HS:** Sir, I have known you for more than 25 years and in all this time I have never known your integrity to be challenged. Where do you draw the inner strength for practising ethically? Is it religious, moral, or an inspiring role model?

**AHS:** I don't think I have a particular role model whose lifestyle I have emulated, on whose life I have based mine. I am a religious person but I am not strongly religious. I have always wanted to practise with a code of conduct that, for instance, my parents, my school and my teachers will be proud of. That has been the formula that has guided my life. I have asked myself, 'Will they will be proud of what I am doing?' If so, I'd go ahead and do it. If I thought they would object to something then I would have probably desisted.

**HS:** Would you like to mention anybody in particular?

**AHS:** Well, I must mention one of my school principals Reverend Father Rosati.

**HS:** And what was his influence on you?

**AHS:** As a child I attended St Andrew's College, Nawalapitiya. A teacher there advised my father to move me to St Anthony's College, Kandy, because of its reputation. I sat for an entrance exam and when my father and I went to meet Revd Fr Rosati, we were shown that I had scored a zero in mathematics! He said to my father, 'I have read his English essay and I think there is a lot of potential in this child. I am going to give him a chance.' That particular statement stuck in my mind. In response I said to myself, 'I will never ever let down anybody who has placed his or her trust in me.' This is something that has stayed with me through my whole life. Fr Rosati died

of a heart attack two years later. For me, it was a great tragedy, because I never came under his influence. I must have been about ten years old at the time and he taught a higher class. I always held him in high esteem.

**HS:** What do you see as the high points in your career?

**AHS:** Well, most professional people will look at high points of a career in terms of their academic achievements, such as MBBS or FRCS. To me, these were never high points. I can think of a few important events, such as my appointment as the professor of surgery. Not that I think of it as a high point as such, but because I hold a different perspective on such things. I was the chairman, board of studies for postgraduates, which again is the highest office one can hold. I have also received decorations which I shy away from; awards which I have been coerced into taking. Among those, are some national awards that were given by politicians. I have been pressurised into accepting a few after being 'warned' of the consequences of refusing awards by the highest authorities in the land! But, on a more serious note, two of the highlights of my career have been the introduction of vascular surgery to Sri Lanka and the establishment of the renal transplantation programme.

We have trained several vascular surgeons and it has become an established specialty today. Then, the renal transplantation programme: we initiated this with Professor Rezvi Sheriff, Professor Geri Jayasekera and many other doctors. Without their support, this wouldn't have been a reality. So the renal transplantation programme was not my effort alone. In fact, I constantly keep telling people not to refer to it like that. I played a catalyst's role and put a unit together: That's all I did.

**HS:** Would you like to share some angles on what can be considered ethical and what is considered unethical in practice?

**AHS:** With respect to transplantation, there are various ethical dilemmas that we are confronted with. One is the economic dilemma, the ethics of resource allocation. People have come up to me and asked, 'Do you feel com-

fortable spending so much resources just to save one life in a poor country such as Sri Lanka, especially when that money could be used to save many other lives?’ And that has been a battle. But in response I have asked, ‘If you had to watch your brother or your sister struggling for life, then, would you consider it too great a cost?’ In fact, I have seen this very thing happening. Someone once gave a public lecture against transplantation. At the end of the lecture he said, ‘There is a surgeon at the end of the hall who will be able to answer most of the questions I have raised.’ In reply, I asked the question I mentioned earlier. Many years later, he brought his own cousin for renal transplantation, forgetting that he had questioned me in public about the moral dilemma.

There is another ethical dilemma which always comes up—about the non-related donor. Non-related transplantation is an immense problem, with some trying to influence a person to sacrifice a kidney by offering a lot of money. Today we use only related donors. I didn’t want the situation where gangs tout for poor people’s kidneys as in some other countries.

**HS:** How do you manage not to compromise on your ethics?

**AHS:** I firmly believe in that well-known saying: ‘In matters of money and murder, it is the first step that is difficult.’ From that point onwards one can take bribes or even go on to murder or commit whatever crime with very little remorse, not letting it affect one’s conscience. Similarly, in ethical dilemmas, if you stop yourself from taking that very first step and you do not compromise, you will find that you will always stand firm. You will not lower your standards if you don’t take that first step.

**HS:** How do you cope when you see less talented competitors getting ahead of you using unethical means?

**AHS:** I know it’s a difficult problem to deal with. In the face of it if one doesn’t lose one’s own ethical standards

and maintain them, the day will come when the rest of your community will realise that here is a person who is doing things the correct way. The truth will always surface. I don’t think that I have ever had a fear in that. I have seen this happen and I get saddened by it but really, time will tell. It is the person who indulges in it who will have to live with his conscience.

**HS:** What gives you a kick in this day and age?

**AHS:** In today’s world of course, there is a huge information outlet where one can practise evidence-based surgery. That is one of the key guiding factors for a good professional life. The technology developed for diagnostic tools, and all types of technology are available today. What gives me a kick or satisfaction is that in spite of all this, patients come to me for a good clinical examination. I feel that if you develop the brain and touch of the fingers no technology will ever replace you. You will then derive immense satisfaction by beating the computers and beating the most modern technology available for diagnostics.

**HS:** What advice do you have for young doctors?

**AHS:** I give a lecture to entrants to the university on ‘Commitment to patient care’. I tell them, ‘If you, at the beginning of your life, focus on patient care first, regardless of what happens, you can enjoy life. At the same time you don’t have to be a priest and devote your entire life to only practising medicine or surgery at the expense of enjoying life. You must hold your focus in the face of conflict—a conflict between patient care and going for a party, for instance. You must strive to know, clearly, which the right thing to do is.’ The advice I give them is: ‘Try to make up your mind without letting doubts plague you. If you don’t allow a conflict to arise within you about what is correct, the rest will come automatically. If you are able to do that, you have really achieved immense peace within.’

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SAME was set up following the development of a number of informal contacts across the sub-continent. It is meant to respond to the need to promote discussion on issues in medical ethics in this part of the world, to exchange ideas, provoke meaningful debate, and strengthen valuable relationships between the people of our countries.

We hope that you will find this discussion meaningful, contribute with your own experiences, press reports and comments on issues in medical ethics, and forward this invitation to friends and colleagues in this region.

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