

MEDICAL STUDENTS SPEAK

The third daughter

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The monthly discussions on ethics organised by the department of community health in a prominent medical college in South India are attended by the staff, students, interns and faculty members. Recently, a postgraduate student's report on an attempted suicide led to intense discussion on the ethical responsibilities of medical personnel in such situations.

The student's account

Twelve days after she gave birth to a daughter, 28-year-old Revathy (name changed) jumped into a well with her newborn. The infant died but the mother survived with a fractured calcaneum. Revathy had studied till the 12th standard in a convent school (her husband had studied till the eighth standard). Later it became known that this was Revathy's third daughter and her husband had been threatening to remarry because of this. The community health worker had visited the family shortly after the delivery and found the mother cheerful, though there was no obvious social support for the mother, either from the family or from within the community.

After she was rescued, the mother was not taken to the hospital but treated by a local practitioner. Hospital staff learned of the incident from the local community health worker but did not report it to the police. The family permitted a postgraduate doctor to examine the fracture but refused to let Revathy speak to the doctor in private.

What should health professionals learn from this account? The following conclusions emerged in the discussion.

Go beyond the medical history

It was felt that health professionals must go beyond the biomedical model of health care and be sensitised to gender disparities in society. Doctors conducting medical examinations must also learn to ask the social history, family history and other relevant details to learn about the social issues involved. During antenatal care, a pregnant woman with two daughters should be considered a high-risk case. Health workers must be trained to enquire about the 'wantedness' of the child, sex preference and anxieties about these issues. It is not enough to check the pregnant woman's weight, blood pressure and pallor;

there is plenty of evidence that the mother's mental and social health affects the child's health.

Educate the community

In a country such as India, health professionals in a community-oriented health care system should take it upon themselves to inform the public that a child's sex is determined by the father's chromosomes, not the mother's. The Maternal and Child Health Programme should prepare young couples for family life, addressing issues such as gender equity and gender justice.

Respond to the crime

Is it permissible for medical professionals in a community health programme to refrain from reporting the case to the police out of fear of antagonising the community? Would they be failing in their social duty? Will legal action against the woman, her husband and in-laws prevent such incidents from recurring?

Hospitals are legally bound to report any case of suicide or homicide if the victim is brought to their premises. But medical professionals cannot be expected to act as the police on the basis of rumours.

While recognising the need to acknowledge that a child's life has been taken away, blaming the mother would only add to her guilt. Punishing the father would affect the family's future. It is also important to ascertain the pressures faced by family members and guide and counsel the family as a group. Health programmes should be examined for how well they address the inequities of gender, caste and poverty. Health care professionals, especially doctors, must be sensitised to these issues and their link with the health of the community.

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