

## LETTERS

### Globalising the rot within?

Dr Pandya in his hard-hitting commentary, "Medical Council of India: the rot within" (1), characterises the problems plaguing the council. The Medical Council of India (MCI) is entrusted with supervising the quality of medical education in the country and promoting medical ethics; but such has been the disrepute of the MCI, due to allegations of favouritism and corruption, that the central government has now finalised a draft bill to replace the MCI and other councils (such as the Dental Council of India, the Indian Nursing Council and the Pharmacy Council) with a National Council for Human Resource in Health (2). The draft bill is available on the Ministry of Health and Family Welfare website (3). The current system of working through the various councils which have been characterised as "dens of corruption" (4) definitely needs an overhaul. It still remains to be seen if the establishment of the national council, an autonomous body, will bring in much needed reform in the regulation of professional health education in the country.

Dr Pandya has listed in detail allegations of impropriety against the various officials associated with the MCI. Dr Ketan Desai, the current president of the MCI, has had several concerns raised about his conduct and the receipt of large amounts of funds in the past. In its recent general assembly, held at New Delhi from October 14 to 17, 2009, the World Medical Association elected Dr Ketan Desai, unopposed, as president of the WMA for the term 2010-11 (5). The WMA on its website states: "As an organization promoting the highest possible standards of medical ethics, the WMA provides ethical guidance to physicians through its Declarations, Resolutions and Statements." (6) It is surprising that in spite of the past questionable history of Dr Desai, the WMA, as the torch-bearer of ethical conduct by physicians, still chose to elect him. This makes one wonder if we are now globalising the rot within.

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#### References

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### Safety and ethical issues of bare hand cadaver dissection by medical students

Dissection is not only a skill, but also an art that is identified as the signature of a surgeon. Besides the surgeon, all medical practitioners exhibit their proficiency, or the lack of it, while performing procedures such as the draining of an abscess, removal of a cyst, venesection, and so on. The initial learning seat for this marvellous art is the anatomy dissecting room.

Beginning from the basics of sanitation like simple hand washing, we follow strict aseptic precautions while performing surgery or invasive procedures in patients. This also applies to cadavers, which may harbour a multitude of organisms like *Mycobacterium tuberculosis*, prions causing Creutzfeldt Jacob disease and Gertsman Straussler Scheinker syndrome, even after embalming (1). There is no definitive evidence to show that HIV is inactivated after embalming (2,3). Moreover, there is no system in practice to check the presence of these infections, either before or after the cadavers are embalmed. Against such a scenario, it is imperative that all persons handling cadavers follow universal precautions. However, in reality most students and teachers of anatomy in medical schools in India do not take even simple precautions, like wearing gloves while dissecting cadavers. Students who want to wear gloves are sometimes prevented from doing so by senior faculty members who believe that students will be able to appreciate the feel of the various tissues and organs better with bare hands. There is no rationale to their point of view because, as surgeons, these students will feel the same structures in live individuals in the operating theatre, only with gloved hands. So they're actually supposed to know how structures feel to gloved hands, not to bare hands.

The principles of universal precautions will be hammered into young brains only if they are made to follow them in every invasive endeavour. Not only do gloves help in warding off infections, they also protect the skin from the irritant effects of formalin used to preserve cadavers.

It's even more disheartening to know that the instruments used by these students are never sterilised. They are simply washed with water at the end of each session. As students are handling sharp instruments for the first time, they are more prone to cuts and bruises. There is also a high probability of these medical students being infected by highly pathogenic organisms. Adding to the problem, there is not even a steam steriliser or an autoclave in most of the departments of anatomy in medical colleges in India, to sterilise the instruments used during dissection. Even the regulatory body which approves the establishment of medical colleges in India does not make it mandatory to have these simple instruments in departments of anatomy (4).

In western countries, these precautionary measures are mandatory for everyone performing a cadaver dissection. So a