

the hidden benefits behind these heavy purchases. To top it all, whenever the health minister visits the hospital, everything is in place, and things are made to seem orderly. A hospital does not become beautiful by these shams, but only by lowering the mortality and morbidity rates.

Similar examples can be seen in the wards, where most of the oxygen-dispensing ports mounted on the walls leak constantly when connected to the tubing for oxygen inhalation for the patient. The patients' attendants are unaware that most of the oxygen from the ports is not going to the patient; they are satisfied with the mask over the face of their patient, so the nursing staff and doctors are also at peace. But the final results are tragic.

The hospital authorities cannot alone be blamed for the sickness of our health system. The defense budget of India is more than Rs 1 lakh crore for the year 2010-2011, while the health budget is merely Rs 23,000 crore. The government can spend at least half of the defense budget in the health sector, as more people are dying inside the country than on its borders.

It is easier to go along with a dirty system than try to change it. But we cannot shrug our shoulders and shirk our responsibilities. The system is made up of people like us. We must rise above thinking only of ourselves and move ahead with the motto of "country first". And we have given this enough thought; we must stop our endless discussions and finger-pointing. It is time to act.

**Ashutosh Tandon**, Flat 118, Sector 19, Shivam Khand, Vasundhara, Ghaziabad, UP 201 012 INDIA e-mail ashu\_doc81@yahoo.co.in

### Photographing patients: an emerging unethical trend

It is increasingly common to find medical students taking bedside clinical pictures or videos of patients. It is not unusual to find even groups of students doing this, during or after a clinical class. The recent surge in the usage of cell phones with cameras, and the increasing lack of sensitivity to patients' feelings, are responsible for this behaviour. These photographs are taken either without the patient's consent or with casual verbal consent without an explanation of its implications. Patients may not be in a position to object to the practice because of the stress of the illness, or the fear that the medical student would treat them badly if they express any objection. Students may also justify such acts in settings where patients get treatment for free. This concept of presumed consent as a moral obligation in return for free treatment is unacceptable. This amounts to nothing but patient abuse.

There is always a chance that these casually taken pictures can land up in a presentation, uploaded on the internet, and disseminated or published in a journal. All these are against ethical norms. It is worth remembering that patients have the right to object to being photographed. Medical students should be aware of the potential ethical and legal issues

associated with this behaviour. Photographs should be taken only after giving a clear explanation of the purpose of taking a photograph, and obtaining appropriate written informed consent.

Though the code of conduct of the Medical Council of India states that physicians should not publish photographs of their patients without their consent, this should be considered even before taking such photographs (1). It is necessary to create awareness regarding this issue, and to ensure that patients are not abused in this manner. Senior faculty members are responsible for the ethical conduct of students doing research under their supervision (2). It is also the duty of medical teachers to educate and take vicarious responsibility for the ethical behaviour of their students.

**Arun Babu T**, Assistant Professor, Department of Paediatrics, Sri Lakshmi Narayana Institute of Medical Sciences, Osudu, Agaram Village, Puducherry 605 502 INDIA e-mail: babuarun@yahoo.com **Sharmila V**, Assistant Professor, Department of Obstetrics and Gynaecology, Indira Gandhi Medical College and Research Institute, Puducherry 605 010 INDIA

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### Are doctors justified in refusing to give emergency treatment?

Every doctor has been called upon, at some time, to provide emergency life saving treatment, especially in road accident cases. Unfortunately, doctors are often reluctant to attend to emergencies (1), harbouring apprehensions about having to visit police stations, being called to court repeatedly as witnesses, sometimes facing long and unnecessary cross examination, and losing earning hours.

Private practitioners are under the impression that "medico-legal" emergencies are to be dealt with only by government doctors and usually refer such cases to a government hospital. Government doctors have no option but to attend medico-legal cases.

According to the law, any doctor who provides first aid in an emergency case will not be held liable or negligent in case any mishap occurs after that patient leaves his care (2). The Supreme Court has held that (3):

The police, the members of the legal profession, law courts and everyone concerned will also keep in mind that a man in the medical profession should not be unnecessarily harassed for purposes of interrogation or for any other formalities and should not be dragged during investigation at the police station and it should be avoided as far as possible. Our law courts will not summon a medical professional to give evidence unless the evidence is necessary and even if he is summoned, attempt should be made to see that the men in this profession