

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.

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### 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.

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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

are not made to wait and waste time unnecessarily. It is also expected that where the facts are so clear it is expected that unnecessary harassment of the members of the medical profession either by way of requests for adjournments or by cross examination should be avoided.

In another judgement (4), it was held that the amount of care, skill and caution expected of a reasonable and prudent medical practitioner in normal times and during an emergency may not be the same.

A three member commission headed by Justice M Jagannatha Rao has drafted a bill (5) pertaining to private hospitals and practitioners and the treatment of accident victims and emergency patients. According to the bill, hospitals cannot refuse care to an accident victim even on the ground that it was a medico-legal case. At the very least, they must provide emergency treatment and transport, with medical support, to another hospital, seeking the help of the police if an ambulance is not available. Doctors or hospital administrators who refuse emergency treatment face six months' imprisonment and a fine of Rs 10,000.

On the whole, irrespective of legal concerns, doctors should not refuse emergency treatment, at least on moral grounds.

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### Occupational health problems from "standing jobs"

The shopping complexes or malls that are being set up all over this country are creating new occupational health hazards. Enter a mall in any city today and the sales persons will be standing, waiting to serve you. There is a belief that standing to serve

is part of their job. We do not stop to think about the fact that these people stand for eight to ten hours every day at work.

When I once went to the ladies' room in a big branded mall, the woman whose job it was to keep the toilet clean was complaining to her co-worker that she wanted to quit her job. Before coming to work, she cooked and did other household tasks. After standing the whole day at work, she was exhausted and found it difficult to take care of her children. She told me that her monthly pay was Rs 3,000.

The situation of those working in malls in the sales section is similar. Workers with jobs that require standing for long periods, without access to a chair, are far more likely to be relatively poorly paid.

There are many health problems caused by prolonged standing. It can cause soft tissue injuries, swollen or painful feet and legs, planter fasciitis, varicose veins, knee problems, low back pain, neck and shoulder stiffness, poor posture (and its effects), restricted blood flow, muscle soreness and fatigue. It can increase the chances of developing knee or hip arthritis. In the case of pregnant women, prolonged standing for more than three hours at a time increases the chances of pre-term delivery and reduced birth weight.

Such health problems caused by prolonged standing are greater when the person cannot move around much, or when it involves working on hard surfaces and/or wearing unsuitable footwear. Saleswomen in malls are expected to wear heels and this unsuitable footwear itself causes many health problems. Heels more than five cm high can force the body forward and the buttocks back because in order to keep their balance, women have to tense up and lean slightly back. This can cause shortened calf muscles and knee and back problems and increase the chances of falling.

However, workers may be reluctant to occasionally sit down at work; for fear that this will be interpreted as laziness by managers, or rudeness by customers.

Small changes at the work station can make it possible to reduce the requirement to stand. People who work at such jobs can be provided a stool to sit on and rest periodically. Salespersons should be allowed to wear low heeled footwear. They should also be allowed to move around when they are not dealing with customers.

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#### NOTE

The Clinical Trials Watch (CTW) factsheet is based on data downloaded every six months from the Clinical Trials Registry-India, and has been published in the October 2009, April 2010 and October 2010 issues of IJME. CTW is compiled by the Centre for Studies in Ethics and Rights, Mumbai. At the time of compiling the factsheet to be published in the April 2011 issue of the journal, it was noticed that the CTR-I had made changes to, and cleaned, the data in the registry. CTW will be printed in the July 2011 issue, after accounting for all these changes.