LETTERS

Women in the healthcare system

The comment on the manner in which women are treated in healthcare facilities (1) like others critiquing doctors' behaviour, comes from researchers in health management. Tragically, doctors don't seem to take notice of this problem. It may be that they are too busy curing the ill to notice the human, or because medical education lacks the ethics component.

I would like to add an insider's view to the article.

One such example is the HPV vaccine. The targeted group is young girls on the threshold of puberty. They are to be given the vaccine with the aim of protecting them from likely HPV infection that may lead to cervical cancer. Are girls informed about how and when they may encounter HPV, and how they can prevent it? How does this intervention fit the bill of a public health measure? Is it justified based on the cost of the intervention and its efficacy, and the incidence and prevalence of cervical cancer? The advertisements of this vaccine amount to emotional blackmail of parents who may not be able to afford it. However, all parents can afford to empower their little girls to take care of themselves and prevent HPV.

Privacy and dignity: Once, when we asked for RMOs to be instructed to keep women covered while doing gynaecological examinations, a senior (and sensitive) professor opposed the demand saying that if the hospital was unable to provide the sheets required, patients might start complaining! The hospital administration as well as supervisory staff must be required to provide private space and a comfortable setting for a very private examination like the gynaecological examination, which should be conducted in the presence of an attendant.

Cases like the ones narrated by the authors are rampant. Why are they not considered to be sexual harassment?

Refusal to answer questions: This is the most common professional misdemeanour doctors commit against their clients/patients. The reasons are many:

For one, doctors treat women as well as men as diseased bodies, not as humans with brains, anxieties and concerns, and believe themselves to be gods providing a cure. Secondly, some doctors do not know the answers to their patients' questions and fear a loss of face if their ignorance were to be revealed. Surely patients would respect doctors who are truthful in admitting their limitations. In my view, patients should be encouraged to ask questions as- the better they understand their problems, the less likely they are to have false hopes or expectations. Finally, patient education seems to be the last thing on a doctor's mind. This is especially true in the private services where doctors can charge what they want and patients pay out of their own pockets. In systems where the state pays, doctors are more careful.

Urban vis-a vis rural: Rural women are practically invisible. But yes, even a well-off urban woman often goes through humiliation, harassment and violation of rights at the hands of doctors. She suffers quietly, for fear of being called either a prude or weak.

What are the solutions?

First, as in the Delhi High court judgement (2) on the examination of sexual assault victims, positive guidelines for gender sensitive healthcare must be brought out by state medical councils as well as the Medical Council of India.

Second, patients' rights charters must be displayed in all facilities. Third, clinical or applied ethics must be mandatory in all curricula.

Finally, male doctors must examine a woman client only in the presence of a nurse, ayah, female doctor or a relative with whom the client may be comfortable. Posters advising this must be put up in every chamber where a healthcare provider may examine a female client.

References

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The Clinical Establishment Act, 2010: need for transparency

The article on the Indian Medical Association and the Clinical Establishment Act (CEA), 2010 (1), was well written and showed the author's grasp of the state of affairs in the bureaucracy. The opposition to the CEA is largely because of private practitioners' fear of extortion in the hands of 'babus'. The government should let health be administered by health professionals rather than by babus who are typically both junior in service to government doctors and also have lower pay scales, at least at the district level. Since senior government doctors resent being commanded by a junior government officer, the honest and the expert keep away from government service. The CEA will bring private practitioners under the direct control of bureaucrats. This state of affairs is largely unacceptable to the medical profession, what with the rampant corruption in the bureaucracy. Extortion is already rampant in the case of the Pre-conception & Pre-natal Diagnostic Techniques Act, 1994. And if that law is any indication, the CEA, when it is implemented,