reception or problems with signal feeds adding to the chaos and diversion of attention from the "centre of our universe"-- the patient.

What does the audience learn when a surgeon refuses to accept failure? And why should the audience be party to "crimes" if they occur? Time and again members of the audience have been threatened in India for raising an objection to something unethical. Some have had notes made in their confidential reports for having "opened their mouths". Others may have lost their jobs in corporate hospitals over similar issues.

Informed consent

Often, a patient may feel coerced to consent as otherwise a foreign surgeon/expert may not operate. And patients are unlikely to be informed that their surgeon's attention may be diverted while talking during surgery; it is impossible for the surgeon to concentrate totally on the patient, as some attention may be diverted to the audience.

Reality shows have invaded our lives and people behave in a manner they would not have if they were not on television to attract attention. It is time that conscientious surgeons voice their opinions fearlessly to prevent sensationalism overtaking professionalism and causing surgery to lose the respect and status that it has enjoyed for ages.

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Commentary: live telecast surgery on shaky ground

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I completely agree with the author's views and the reasons stated by him. Let me share my thoughts on some of the points discussed.

In our country, patients operated on in a live surgical workshop held at government hospitals are generally unable to bear the expenses of the surgery and have come to the public facility because they have no other choice. It is wrong in this situation for the consultant under whom the patient is admitted to subject him to a surgery to be broadcast to surgeons from all over the country or the world, without any intelligent informed consent. In many cases, "informed consent" has been given but the patient, being financially weak, is actually left without a choice. How often do we see patients giving consent only because the treatment is free, including the cost of medicines and disposables. This is too good an offer to be refused.

In other cases, the lure of an internationally/nationally renowned surgeon coming only to perform this surgery can drive patients to agree to the live surgery. Little do they know that:

1. The surgeon in question is not familiar with the hospital, operating room (OR) setup or surgical team with whom he will work;
2. The number of people inside the OR will be well beyond the prescribed guidelines for maintaining OR sterility and hospital infection committee guidelines;
3. The recording equipment itself will be unsterile and carry a potentially high microorganism load while being shifted from one hospital to the other;
4. The equipment being used by the operating surgeons will be new to them or may never have been used by them earlier, but must be used as the manufacturer is supporting the event;
5. In order to promote the event, more live cases are conducted than the setup can tackle, compromising the sterility of the instruments being used especially in minimally invasive surgery/ laparoscopy workshops.

A demonstration of a live procedure from the OR to an audience in a remote place is a direct violation of the principles of medical ethics as it is contradictory to the oath of non-maleficence. This, in turn, is a subject of medical litigation in today's testing times.

The crux of the matter has already been aptly explained by Dr. Morekar. The important issue is that we need to find a balance between the two points of view: one supporting the fact that live demonstration surgery is an important teaching aid for all surgeons, and the other opposing it on ethical grounds.