

REVIEWS

Book review: Back to the future

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Anand Zachariah, R Srivatsan, Susie Tharu, editors, on behalf of Christian Medical College and Anveshi Collective. *Towards a critical medical practice: reflections on the dilemmas of medical culture today.* Hyderabad: Orient Blackswan; 2010. Pp 392 ISBN 978-81-250-4091-0 495.00

We have been on the “threshold of transition” in our health status and healthcare system – for the past 64 years. The infant mortality rate has been reduced substantially. However, the declining sex ratio points to the widespread practice of sex selective abortion. There has been no change in the body mass index of children and women, which points towards a looming epidemic of hunger. The health infrastructure has improved but its utilisation by the poor has not. There is greater availability of state-of-the-art technologies and trained human power for treating patients. But is it relevant, affordable and based on the needs of sufferers? Are the number and quality of healthcare services - public and private- appropriate? What are the historical, political, cultural and ethical dimensions of these problems?

Towards a critical medical practice: reflections on dilemmas of medical culture today explores the answers to these questions, looking at them through the lenses of the knowledge, attitudes and experiences of medical academicians and practitioners. The book is based on a consultation on medical education; doctors concerned about the structure of medical knowledge participated in a consultative process for improvement in medical education initiated by Christian Medical College, Vellore. The non-governmental organisation Anveshi was an observer in this process. The book is a result of critical discussions about history, culture, institutions, the assumptions behind medical theory and practice, and the dimensions of a crisis of medical knowledge.

The introduction is a discussion of the ethical dilemmas in medical practice as presented by Anand Zachariah and R Srivatsan through two cases. These frame the fundamental ethical dilemmas that teachers-activists-researchers-practitioners face. Some of the questions that emerge from these two cases will have been asked by all medical providers. What was the best line of treatment: by a general physician or by an expert? What did the patient desire? Was the clinical diagnosis appropriate? Did a new protocol have to be applied for each patient? Who is responsible for avoiding exposure to the environmental causes of illness? What is to be done when social determinants like poverty are the main causes of

illnesses ranging from malnutrition to depression?

The essays discuss five central themes:

- The dichotomy between modern medical knowledge, whose perspectives and content are influenced or determined by the state, and medical practice. This leads to frustration, burnout and even conflict between doctors and patients, or between government protocols and the need to tailor treatment to the patient’s needs;
- The dichotomy between medical technologies transplanted from the West, with doctors trained in their use in sophisticated tertiary care hospitals, and the doctors’ inability to apply their knowledge in less sophisticated, even rudimentary settings;
- The dichotomy between curative care services and public health services in India that sends most doctors to private hospitals in India or abroad since these are in line with their backgrounds and the investment they have made in their education;
- The dichotomy between diseases and their manifestation in India and their presentations in classical (western) medical education, that leads to innovative and inexpensive diagnostic and treatment methods; and
- The dichotomy between medical knowledge and its day-to-day practice.

While such dichotomies exist in reality, my contention is that the dilemmas remain even if one takes a patient-centric view. Some examples of such dilemmas are:

1. *Do people give their consent to choose an appropriate treatment source?* Do poor patients approach unqualified practitioners out of choice or out of compulsion because there is no other affordable option?
2. *Whose interest is served when a patient is treated at a primary care centre by a general physician and not by an expert?* Should the clinician have the autonomy to use a trial and error method that takes into account the patient’s context, in place of a well-tested clinical guideline that is developed elsewhere?
3. *Who benefits from ‘cost’ reduction in a private healthcare setting?* Did the private hospital ‘profit’ by cost reduction, using comparatively cheaper manpower (such as employing paramedics, who are paid less, rather than medical staff) and treatment protocols (fewer investigations, fewer staff per patients, fewer services)?

4. *Conflict of interest*: What is the interest of the various stakeholders involved in deciding the types of public health measures to be introduced? This is particularly important when the model is competing with another one which has the same intention.
5. *Policy and guidelines as coercive documents in practice*: If a guideline generated by the government of India loses its guiding nature and becomes a mandatory 'clinical order' then it is certainly a violation of the principle of formal justice of applying it as per the patient's need.

In essence, the book is a rich source of theoretical perspectives

and practical examples, taking the readers back into the history of medical science and the political and cultural context of problems of public health in India. The perspective and lessons of the book are essential if our society is to avoid the pitfalls in the future course of medical technology and public health.

One may have expected more guidelines, solutions and preventive steps for health practitioners, to tackle the ethical dilemmas they face in medical practice. However, the authors have done an important job in emphasising the complexities and dilemmas of decision making in such situations, and this point is made in the title itself.

Film review: Medical students as guinea pigs

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404 Error not found. Producers: Nameeta Nair, Kapil Mattoo, 2011. Director: Prawaal Raman. Hindi, 114 minutes.

Developing countries like India and Sri Lanka are trying to tackle the problem of "ragging," the practice, in educational institutions, of senior students bullying new students. The problem is more noticeable in medical colleges in India where it has assumed serious dimensions with psychological, physical and sexual harassment. *404 Error not found* is a film that tries to offer an insight into this menace and its impact on its victims. There is a sub-plot regarding a psychiatry teacher with bipolar disorder who attempts to use one of his students as a guinea pig for its cure. The reference to paranormal phenomena adds another dimension. One key issue viewers, especially medical professionals or students, cannot afford to miss is the discussion of ethics.

The male protagonist, Abhimanyu (Rajvvir Arora), is a bright new medical student who daringly volunteers to stay in Room 404, the infamous 'haunted room' of the college hostel. His self confidence and determination seem admirable and his teacher, Professor Aniruddh (Nishikant Kamath), is impressed with Abhimanyu's efforts to promote rational science among his fellow students. Meanwhile, Abhimanyu has to face the wrath of his seniors for defying their bullying, and starts to lose his mental composure. He begins to "see" the spirit of Gaurav, an earlier occupant of Room 404 who had committed suicide in that very room. Professor Aniruddh, who, incidentally, himself suffers from bipolar disorder, decides to use Abhimanyu as his guinea pig to prove to the world that there is no such thing as paranormal activity. He involves Chris (Imaad Shah), a senior student of the college in his sinister plans. As Abhimanyu's

teachers, including the lecturer wife of Professor Aniruddh himself – Dr Mira (Tisca Chopra) – and Professor Vaidya (Satish Kaushik), try their best to restore his sanity, the hapless student gets ever more deeply involved in the clash between illusion and reality. The egotism of Professor Aniruddh, coupled with his desire to rationalise paranormal activity, ultimately drives Abhimanyu to the point of no return.

The movie raises several key ethical issues in medical practice. Professor Aniruddh fails to respect the autonomy of Abhimanyu, the individual, and his ability to make decisions with regard to his own health and future. He acts in total disregard of the principle of beneficence, as well as the prohibition on maleficence, both key principles of medical ethics. Abhimanyu does not give his voluntary consent to being the study subject for the experiment. As far as biomedical research is considered, the professor does possess professional competence to conduct such an experiment but he is not able to justify how he minimised the risks involved for the subject. He tries to rationalise his actions by saying that he was acting to maximise public interest, but is unable to establish transparency and total responsibility.

Although the film tries to deal with too many issues in a short span of time, it is realistic in its portrayals. Powerful performances by the actors force viewers to empathise with both victim and perpetrator, at one point or the other. Long after its unexpected climax, one continues to think about the issues raised by the film. It manages to highlight abhorrent practices such as ragging and unethical human experimentation in the field of medicine.