

defined and existing values are not relevant. In a sense, these questions are much more disturbing for men than for women.

Motherhood is a liberal concept, not necessarily linked to reproduction. Women become mothers in many ways - by giving birth, by breastfeeding, by caregiving -- whereas fatherhood is more narrowly understood to define only genetic inheritance. Some men may be recognised nominally as fathers for those children with whom they share lineage (eg eldest uncle, grandfather) or through marriage to the mother. Society ritually and legally condemns men for neglecting children whom they have "fathered"; implying that passing on your genetic inheritance (and that alone) creates parental responsibilities. Conversely, doubts about the paternity of one's child provoke shame or anger in men, notwithstanding their emotional bond with such a child. Within this moral frame, sperm donation is an immoral act. The sperm donor is an irresponsible father and the legal father is not a father at all. At the same time, there is no doubt that sperm donation

enables (other) men to become fathers who nurture and care for children. Many women who donate ova or act as surrogates speak of the satisfaction of enabling another woman to experience motherhood. This dimension, which is so well understood and appreciated where exchange between women is involved, seems to be completely overlooked in the case of men, as if to suggest that the desire for parenthood is not intrinsic to men, whereas the absence of such a desire would be automatically considered unnatural in women. Does this not negate men's needs and create a gender unequal concept of parenthood? Are more liberal definitions of fatherhood not possible *and* desirable?

It would be unfair to criticise a single film for not raising all these complex moral and social issues, important and troubling as they are. It would be heartening to see *Vicky Donor* trigger more such endeavours.

Of snowstorms, swordfights and blood trails: the underbelly of clinical trials

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Markus Swan. *Assassin in Svanstrand: insider trading on clinical trials, snow storm with beheadings. e-book: Clinical Trial Magnifier Limited; 2012. 258 pp. Kindle price INR 230.73. ISBN: 978-988-19041-3-3*

The world of clinical trials is ethically fragile. Huge amounts of money are at stake and a handful of people are privy to a lot of confidential information about the trials. This imbalance in money and knowledge sometimes results in an unholy nexus. Known as insider trading, progress reports of a trial are sometimes passed on to investors so that they can augment or deplete their share in the investment before the trial results are officially made public. The person(s) passing on the information would also have vested interests in the profits. This unmitigatedly unethical practice is explored by the book, using the genre of a murder thriller.

Johan PE Karlberg (using the pseudonym Markus Swan) sets his fiction in the picturesque locale of Svanstrand, a hamlet in Sweden, in winter. The story revolves around a desperate killer nicknamed "The Fox", a handsome police inspector, Kacka, his efficient assistant, Madelene Trolle, Markus Swan and his wife. The narrative is woven in with the required elements of a thriller: death threats, murders, sword fights, decapitated bodies (of humans and animals), spy cameras and several miles of "Fox chase". There's also a story of unrequited love.

The story begins when Swan visits his summer house in Svanstrand in the autumn; he happens to get a brief view

of two people fighting, but dismisses it as a local skirmish. However, when he returns with his wife to prepare for a family Christmas, things start to snowball. First, a headless body is fished out of the waters. It is believed to belong to a man killed about two months earlier, presumably in the tussle that Swan witnessed during his last visit. In a sub-plot, two women from Lund are admitted to the city hospital with acute liver damage. Swan learns of a herbal drug trial for weight loss that is on at nearby Lund. He speculates that there is a connection between the trial and the critically ill women. Many killings, Fox-hunts and death threats follow before the story reaches its climax and the killer and their motives are exposed.

The novel reveals the dark underbelly of some clinical trials and the extents to which drug companies can go to make huge profits and in that sense it is extremely timely. In 2012, India was in the news after it emerged that more than 200 trial participants had died within a span of six months. However, this news is unlikely to ensure that informed consent will be taken from participants in the future, let alone that compensation is given for injuries or deaths in trial.

As a literary piece, however, the novel loses pace at various points, such as when Swan talks at length of other infamous and unethical clinical trials. While such information is important, this is not explicitly a history of medicine narrative, and the format does not allow for such ruminations that dilute the tension that has been built up. There are other historical

details on the city of Darwolo, the AGA cooker, Lakerol candies and even a few recipes, which might have been reduced in number and length. There is an occasional problem with the narrative voice – while the novel is largely in the first person, in some instances the narrator assumes the voice of the third

person without explaining the shift. Also, each chapter has been penned in the format of a personal journal, with a date and time at the start. But at times, the temporal descriptions do not do justice to this format. Perhaps this can be addressed in future editions of the book.

Publication at any cost

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***Publish or perish.* Centre for Biomedical Ethics and Culture, Sindh University of Urology and Transplantation, Karachi, Pakistan.**

The Centre for Biomedical Ethics and Culture, Sindh University of Urology and Transplantation, Karachi, Pakistan, periodically uploads on its website videos that depict ethically challenging situations in a doctor's life. Their latest upload is one titled "*Publish or Perish*". The title is a catchphrase for practising doctors and needs no explanation. The story is about two busy young doctors who fell behind a colleague in the promotion queue simply because he had the advantage of some publications. And so the drive to quickly publish something to catch up - so familiar a sequence. But the actors have touched on many aspects of this race, so much so that I would have been satisfied even if they had curtailed the desire to be comprehensive.

What issues have they brought up? First, a discussion between them about priorities – should a doctor give his all to look after patients, going home for a few hours of sleep, or is that not as important as publishing? This issue would have been sufficient by itself for a learned discussion on ethics. Especially in resource-starved countries where funding is limited and the staff crunch is commonplace, is it right to insist on publishing even if that means compromising patient care? Can priorities set by the developed world, which evolved a system that permits them, be adopted unaltered in deprived countries?

The other issues that crop up in the video are consequences of the first one, and consequently a tad stretched. One of the two doctors then advises the other to quickly start moving on the publishing front, since that is what it takes to get that coveted promotion. And how does one move on if time and resources are limited? How about copy-pasting from the internet and "creating" a study, with perfect language thrown in as bonus? Or fudging data, like showing a larger number of patients than those actually studied? And how about sharing authorship between us for mutual benefit? Pangs of conscience creep in ("How could you?") when other actors come into the picture. Plagiarism, anybody? Gift authorship? Terms we've seen so often in the publishing world, with medical literature being no exception.

The final episode in the video involves getting past the department head, who is properly disturbed that she isn't in on the whole thing when she has been their teacher / mentor for so long. How can you come to me with a *fait accompli*, an article that is shown to me just prior to submission for publication? What is left unsaid is that she must obviously be aware of department happenings and how much of the "study" contents is true. The dramatic finale comes when a submitted article is shown to her for review (didn't they gift her authorship?), implying that the young authors have gone all the way despite her initial objections.

So many aspects and issues of ethics. The video's main achievement has been that it has brought the subject up for one more round of discussion. Each of these aspects merits long discussion. And much discussion has occurred in medical literature, suggesting the obvious – that these are problems faced around the world. As I mentioned earlier – but that's only a personal opinion – just the first issue alone would have sufficed. When fewer doctors manage more patients; when there is no job demarcation between patient care, teaching, research and administrative work in academic institutions (which is essentially only where the issue of publications comes up in any case, with profit-making corporate hospitals involved only to the extent of keeping their tax-exemption status active by showing some "research"); when funding for research is so sparse and obtaining it is a full-time job as it were; and when supporting clinical staff is virtually non-existent; should Western standards be implemented unaltered?

We in India can identify with this situation. I can even extend it by bringing up the issue of giving priority to publication in "foreign" journals, when these "foreign" journals do not share concern for our problems or priorities and regional journals are struggling to stay afloat. But enough for one video upload. The creators should be congratulated for bringing up the issue; it will have achieved its purpose if it stimulates soul-searching in even one policy-maker. And may there be many more such videos to keep discussion alive; there is a sense of relief knowing that others have the same problems.