

LETTERS

Organ donation: awareness a must

This is with reference to a news item in the November 11, 2013 issue of the Times of India, "Organ Donation pledge on I-Cards". According to the newspaper report, the move to encourage organ donation has been initiated by the state public health minister, Suresh Shetty. Mumbai University has issued a circular requesting all colleges to print stickers of the organ donation pledge and to distribute them among the students.

Organ donation is a voluntary act. An individual can decide to donate his/her organs by declaring his/her intent to do so while alive, or the family can take such a decision after the death of a relative. An extensive campaign is required to promote a proper understanding of the organ donation pledge and to assist people in making an informed decision on this important issue. No such awareness campaign has taken place in the colleges of Mumbai University, to the best of our knowledge.

We are aware that there is a severe shortage of organs for "cadaveric transplant" programmes in major hospitals. Sustained campaigns abroad have made it possible for organ donation pledges to appear on driving licences. However, I feel that there is a need for a vigorous debate on the subject among students, medical professionals, and the public at large, before initiating such a campaign. In the absence of such background work, the decision to promote organ donation is unfortunate and there is a need to intervene at the earliest to stop colleges from issuing stickers of the organ donation pledge.

At the same time, a campaign to promote safe driving, both among those who drive two-wheelers and four-wheelers, may serve to save some young lives.

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Hysterectomy and other "hard" software (sensitive) questions

Recent media reports of a startling number of hysterectomies being performed in various Indian states have raised ethical concern in the public health community (1,2). In our view, this is a perplexing health policy issue as it could result in serious side effects being apprehended in large numbers of young women, which would normally appear years later. We analyse the construction of the "need" for hysterectomy within the framework of relational ethics, which focuses on roles in relation to others, and the critical feminist intersectionality

theory. The latter views the individual as an intersection of privileges and oppressions that jointly influence life choices as they relate to the ethical principles of autonomy, maleficence, beneficence, and justice.

The biomedically defined indications for hysterectomy include cancers of the cervix, ovary and uterus, endometriosis, fibroids, prolapse, chronic pelvic pain and bleeding. One in three women in the US underwent hysterectomy in their lifetime. Prevalence by age 50 in the UK is around 20%, and higher in Australia (3). The known adverse effects associated with it include depression and hormonal imbalances. In high-income countries, the woman is usually provided hormone replacement therapy (HRT) after the procedure.

The issue under scrutiny is the apparent rise in the number of hysterectomies being performed on much younger patients in India. Comparatively less attention is being paid to the longer term clinical, psychological and social consequences for the women concerned and for the wider Indian society. Is income maximisation possibly playing a major role alongside clinical necessity?

There are apprehensions about whether hysterectomy is warranted or unwarranted, and voluntary or forced (autonomy concerns). Who decides whether a woman should undergo this procedure? Is it the individual, the joint family, or an intermediary or middle-man who can shape the choice to opt for a hysterectomy? Which women, under what exigencies, are undergoing it or refusing to do so? Are primary healthcare doctors refusing advanced laparoscopic technologies while specialists interested in gaining clinical experience (and in making money in the private sector) are all too willing (beneficence/maleficence concerns)? What about following standardised treatment guidelines for choosing hysterectomy, especially among young women? There is also the question of advanced technology like laparoscopy – is the (ab)use of surgery/professionalisation the driving force (beneficence and justice concerns)?

Another aspect relates to gender constructions. Conventionally (at least, in our anecdotal experience), a daughter-in-law's social status may become elevated within the family once menopause occurs. Maleness is considered a sign of power. Is this an underlying or even contributing reason to opt for a hysterectomy and escape from oppression in the family setting (justice concerns)? Certainly this issue warrants further critical examination, or at the very least, ethical rumination.