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.

Ratna Magotra, *Consulting cardiac surgeon and former Head, Department of Cardiovascular and Thoracic Surgery, KEM Hospital, Parel, Mumbai 400 012 INDIA*

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.

Varying notions of the need for hysterectomy are shaped by differing experiences of the utility of the uterus (making babies, defining womanhood), a related factor being ideas regarding its longevity (is a uterus needed after reproduction has taken place?). There is also a difference in terms of the biomedical constructions of risk to the uterus versus social notions of the risks of the uterus, which relate to the need for menstrual hygiene and more generally speaking, invisibilisation of women's health. It could be said that on the one hand, the hegemonic public health habitus objectifies and atomises the female body in terms of just a uterus, while on the other, it casts women within a vulnerability paradigm (4) in which, as victims, they actually lose the agency of choice and self-determination with respect to their own bodies (again, justice concerns). In addition to these basic questions are those that emerge at intersection with other contingencies in which paternalism may be exercised. These include questions related to differently abled girls, orphaned girls, and females of a low socioeconomic status.

On the basis of the reflections above, it can be said that the issue of hysterectomy is, at bottom, a much larger and complex issue that is inflected by relationships between patients and providers, women and their families, women and the society, and even the somatic (woman–her own body) and the systemic (woman–the health system). These factors must be understood in a necessarily broader set of contexts as currently there is the lack of systematic research and understanding of the subject.

Anitha Thippaiah, *Associate Professor, Public Health Foundation of India,* ***Gulrez Shah Azhar,*** *Assistant Professor, Public Health Foundation of India, 4 Institutional Area Vasant Kunj, New Delhi,110 070 INDIA e-mail: gsazhar@iiphg.org*

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How Hindi films tarnish the image of psychiatrists

Ek Thi Daayan, a horror film with supernatural content, was released in April 2013. The protagonist in this motion picture believes that his stepmother is a *daayan* (witch), who is eventually shown to kill his sister. His father dies of a cardiac arrest on seeing that his wife has turned into a witch and killed his daughter. The psychiatrist (strangely named Dr Palit) he consults looks upon his experiences as hallucinations, the origins of which can be traced to a book on witchcraft that he believes in and has been reading ardently. All through the film, the psychiatrist counters the protagonist's belief in the existence of ghosts and witches, and is successful in his efforts. However, towards the end of the film, he realises that evil spirits do exist. He now feels that the content of the book on witchcraft is valid and is convinced that the protagonist's life is in danger. Alas, he succumbs to death.

Of late, a character in the mould of a 'psychiatrist' has been commonly appearing in a number of Hindi films dealing with the supernatural or paranormal. In most such films, the psychiatrist's medical and scientific explanation of the sufferer's symptoms is jeopardised and proven wrong, while the exorcist's magico-religious elucidation of the causation of the symptoms and the treatment he administers are shown to be correct and in keeping with the obvious truth. This theme has appeared in a host of films during the past decade. Such films include *Banaras* (2006), *Bhoot* (2003), *Darling* (2007), *Hawa* (2003), *Hum Tum Aur Ghost* (2010), *I See You* (2006), *Naina* (2005), *Phoonk* (2008) and *Talaash* (2012).

A recent study concluded that the portrayal of psychiatrists in Hindi films of late has been rather unflattering and leaves a lot to be desired (1). The phenomenon is apparently global as the depiction of the psychiatrist in commercial American films is equally disheartening (2). As long as the cinematic representation of psychiatrists is healthy, the inclusion of a 'psychiatrist' character in films with supernatural content is justified. Sadly, however, the fact of the matter is that most such films denigrate the dignity of the psychiatrist's profession. Sorcery, witchcraft and mysticism conveniently supersede the psychiatrist's rational and scientific reasoning and/or interventions. These celluloid psychiatrists end up convinced that ghosts do exist, making real psychiatrists wish to call all such Hindi films *daayans* (pun intended) that knowingly or unknowingly distort their image. Notwithstanding the argument that films are meant to entertain and not educate audiences, a demeaning portrayal of psychiatric professionals is downright preposterous. As it is, psychiatry as a branch of medicine and psychiatrists as professionals have a somewhat dubious image in the eyes of health professionals, the general public, decision-makers in the health sector and students in various areas of healthcare (3). The prejudiced portrayals in films may only add to their existing woes. These portrayals are likely to have an impact on the attitudes and beliefs of those who have not known a psychiatrist first-hand for a long enough time to form their own opinion, an opinion that is independent of the image depicted in films (2).

Considering their widespread popularity and easy accessibility, films could instead be used judiciously to reduce the stigma attached to the profession by depicting psychiatrists in a more tasteful and accurate fashion. In this respect, films such as *15 Park Avenue* (2005), *Lage Raho Munnabhai* (2006) and *Love Aaj Kal* (2009) have done well to present the profession in a positive light, without compromising on their entertainment value. Likewise, *Bhool-Bhulaiyaa* (2007) explores a constructive possibility by depicting a healthy liaison between a psychiatrist and a faith healer. There is a need to extend censorship in cinema to ensure that films do not distort medical facts and make a mockery of the conduct of doctors and their profession.