LETTERS

Mental fitness certificates: are psychiatrists in the dock?

Issuing mental fitness certificates is always a challenge for the psychiatrist. Employers tend to seek mental fitness certificates for employees who display unusual behaviour either at the workstation or at home, with the intention of safeguarding the working environment.

The word "cured" is seldom or never used for a patient following a psychiatric illness and the term "mentally fit" is rarely considered appropriate. Unlike patients with organic lesions, the judgement of whose medical status is supported by laboratory investigations; in the case of mentally ill patients, biological changes may not be substantially reflected by investigations. Every human being has a tendency to succumb to mental illness and the spectrum of mental illnesses is divided into sanity and insanity by a thin line. This line is almost unique to an individual and depends on factors such as culture, education, genetic make-up and family upbringing. To make a prompt judgment of the status of a person's mental illness. the psychiatrist should ideally make a longitudinal assessment of the records and reports which the patient has or the hospital concerned maintains. In the absence of this, the psychiatrist will have to completely rely on the history narrated by the patient or relatives. This is subjective and liable to change quite often.

In India, there has been a dramatic rise in the number of employers who want their employees to obtain mental fitness certificates from the psychiatrist. Giving such certificates is a daunting task for psychiatrists, especially in government hospitals, where the maintenance of records is poor and hardly any time is devoted to quality discussions with patients. Employers sometimes put undue pressure on psychiatrists for outcomes conducive to management needs. Many employers fear unwelcome legal procedures in case of untoward incidents at the workplace. Though the possibility of erring is less, the mental fitness certificate is a double-edged sword. Carrying out circumstantial/ situational analysis and setting aside quality time to interview patients will help psychiatrists to take a decision which is fair to employees and employers .

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Putting patients first? Reflections concerning the "Consensus Framework for Ethical Collaboration"

The "Consensus Framework for Ethical Collaboration between Patients' Organisations, Healthcare Professionals and Pharmaceutical Industry" (1) was signed by five global healthcare organisations in January 2014. These are the International Alliance of Patients' Organisations (IAPO), the World Medical Association (WMA), the International Council of Nurses (ICN), the International Pharmaceutical Federation (FIP), and the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA). The framework is based on the following principles: (a) putting patients first, (b) supporting ethical research and innovation, (c) ensuring independence and ethical conduct, and (d) promoting transparency and accountability (1). Given that the document is intended to support high-quality patient care, we would like to make the following points with regard to these principles.

(a) More recognition needs to be given to global health inequity and "structural violence" (2) must be strongly confronted.The organisations' move to forge partnerships to improve access to healthcare, especially for the most neglected diseases, is commendable, but the achievement of their objective will require the establishment of a fair international pharmaceutical policy (3). If these organisations are seeking to achieve "optimal care for all", health equity needs to be a priority. Otherwise, it is the patients from developed countries who will come first.

(b) To support ethical research and innovation, the voice of the patients needs to be heard. The WMA's Declaration of Helsinki was updated recently. Between 2012 and 2013, four conferences and a public consultation were held in favour of it. The IFPMA made its voice heard at two meetings, but representatives of neither the IAPO, nor other patients' organisations spoke at those consultations (4).

(c) While it is laudable to have "ensure independence and ethical conduct" as an overarching principle, the framework needs to be stricter. It is good to place limits on gifts and insist on modest refreshments and meals, but what about the "ghost management"? (5)"What policies might restrain the effects of industry sponsorship?" (5).

(d) The principles of transparency and accountability are appropriate. The requirements to register clinical trials and

publish negative research data, for example, are in keeping with the public interest. However, this principle is not clear on the question of what compensation is to be considered "proportionate with the services provided"?

The five organisations deserve to be congratulated for attempting to put patients first. However, as the framework is a living document, the next step is to clarify the indistinct terms. For example, what exactly is "inappropriate influence"? What is "appropriate care"? What is the "legitimate scientific purpose"?

We assume that the needful can be done to make this new framework serve as an instrument of social justice. Otherwise, it may turn out to be just a rhetorical, if not fallacious, framework.

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Sex education is the need of the hour

An editorial in the *IJME* on sexual assault and the ethical responsibility of health professionals in this context draws our attention to the need to understand and provide solutions to the problem of aberrant sexual behaviours in our society (1). News items about the prevalence of sexual abuse of children by priests in church and such like, and the risk faced by children in such unexpected venues of sexual exploitation point to the need for education. Yet, there is no consensus regarding the inclusion of sex education in school curricula or the method of providing unambiguous sex education, particularly to adolescents. Incidents of the sort mentioned above call into question certain values, such as celibacy, and it appears that any moral principle which goes against human nature fails.

Sex education helps young people to both acquire information on and develop a healthy outlook towards sex and intimate relationships. It equips them to resist abuse and protect themselves from sexually transmitted diseases and human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS) (2). The focus of sex education should be on helping to reduce the risks of potentially negative outcomes, such as unwanted or unplanned pregnancies and infection with sexually transmitted diseases, and enhancing the quality of relationships. Sex education may help develop young people's ability to make decisions over their entire lifetime.

To provide sex education that is effective, young people should be given opportunities to develop their skills, as it can be hard for them to act only on the basis of information. The useful skills with which young people must be equipped are skills related to communication, negotiation, self-assertion, the identification of sources of help, and development of perspectives on sex and sexuality.

In terms of information on relationships, young people should be given an idea of the kinds of relationships that there are, love and commitment, marriage and partnership, and the law relating to sexual behaviour and relationships. Besides, they should be made aware of the range of religious and cultural views on sex, sexuality and sexual diversity.

Educational programmes in school should provide information on and opportunities for the development of the skills of the students, as well as for the clarification of their attitudes. Community-based projects afford young people with opportunities to access advice and information in less formal ways. The mass media, supported by local governmental and non-governmental agencies, can also help to raise public awareness of sexual health issues. At the same time, it must be ensured that the dissemination of sex education does not clash with regional, religious and cultural values.

The values embedded in the sex education curriculum can create a healthy environment which will enable us to face and fight the threat of AIDS in our region, and in which young minds will aspire to a healthy family life.

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From physician to anxious parent

It was 1 am when my wife woke me up, saying that our tiny tot (who was six months old) was shivering and had a high fever. We immediately wrapped him in his blankets and rushed to the paediatric ward of my hospital. Surprisingly, there was less