

# CORRESPONDENCE

## *Tuition classes in medicine*

This has reference to 'Learning and teaching outside medical colleges' <sup>1</sup> Dr. Bhatt's arguments would have been ignored as a pathetic attempt to promote private tuitions for medical students if it were not through the otherwise serious publication concerning important issues in medical ethics.

Dr. Bhatt's interpretation of the reasons for imparting knowledge to medical students outside medical colleges, in closed door air-conditioned rooms equipped with computers, video tapes and other communication gadgets as enumerated by him, could be innocently original but are breathtakingly mindless as the very basis of medical teaching is missing in those tuition classes - the patients.

No skills can be taught by creating situations and role models. There is no other place for medical students to learn but in the medical colleges and by the patient's bedside.

Perhaps Dr. Bhatt and others like him have forgotten to make the important distinction between educating and training to pass examinations.

RATNA MAGOTRA

Professor and Head  
Cardiovascular and Thoracic Surgery  
IS. E. M. Hospital, Parel, Mumbai 400012

## *Reference*

1. Bhatt CB: Learning and teaching outside the medical colleges. *Issues in Medical Ethics* 1997;5:82-83.

## *Advertisement of consumer goods*

It is disturbing to see that some professional organisations allow themselves to be made party to advertisement of consumer health products.

First, it was the medical technologists who were said to have certified a toilet soap for its anti-bacterial properties. Now it is the Indian Dental Association who has blessed a tooth-paste. I fear that other bodies of health professionals will follow.

The task of certifying products is best left to statutory bodies such as the Indian Bureau of Standards or our national committee for standardising the **pharmacopeia**.

Any new discovery, innovation or invention should be published in an appropriate technical journal from which the manufacturer may quote in the leaflet on the product sent to the professional user.

Professional associations should refrain from certifying products. Such an act is not only unethical but raises the suspicion of vested interest.

D. S. SHROTRI

D-1 03 Bharatnagar  
104/1 Erandwana  
Pune 411038

## *Illegal blood banks*

We work in a small hospital in a remote part of Koraput district in Orissa. We cater to a predominantly tribal population. In the Lamtaput block, coverage by trained auxiliary nurses is as low as 20%. Transport and communications are primitive. Women come to the hospital only if a normal delivery is not possible at home. We often see women with impending rupture or actual rupture of the uterus.

The recent order from the Supreme Court and the creation of an inspectorate under the Drug Controller to monitor the spurt of illegal blood banks is welcome. But part of the order pertains to blood drawn from relatives donating blood for their patients. It restrains us from transfusing such blood in the absence of a licensed blood bank. Even if such blood is screened for hepatitis and HIV, transfusion is illegal and can attract rigorous imprisonment.

In obstetrics, any normally proceeding **labour** can terminate in torrential post-partum haemorrhage. I wonder what the government expects peripheral centres without licensed blood banks to do. The Nairobi Declaration on Safe Motherhood emphasised that all first referral units with facilities for operative delivery must be able to transfuse blood to decrease maternal mortality.

HIV and HbsAg kits are freely available. We accept the fact that as an essential matter of safety, the government insists on their use **before** any blood is certified fit for transfusion anywhere.

Voluminous regulations, on the other hand, insisting on a regulatory body, inspectors, rigorous imprisonment and fines on those transfusing blood as a life-saving measure may, on the other hand, prove counter-productive away from cities and towns. Does the government expect an obstetrician in a hospital such as ours to display watchful expectancy and masterly inactivity while a mother is bleeding because we do not have a licensed bank?

Our country - and others like ourselves - have great disparity and polarisation of

medical facilities between the urban and rural areas. It is inappropriate to implement a law without exceptions under such unequal circumstances.

Is it not the duty of a physician to save life as best as he can? Do we have to accept unreasonable regulatory mechanisms?

AN OBSTETRICIAN IN DISTRESS

Asha Kiran Hospital  
Ashanagar  
Lamtaput P. O., Koraput  
Orissa 76408 1

## *A look at the modern doctor who doctors ethics*

"Thou shall not steal."

The good Lord said,  
But look, I need rich meals.  
**Besides**, I have a better head,  
His patients I should steal.

"Like brothers you must treat your mates."  
The good God stoutly said.  
Come to my clinic, read my rates,  
I charge my patients that much less,  
To lure them from my mates.

"You simply cannot advertise."  
The law so very clearly states.  
My trumpet I shall so disguise,  
With cunning words I'll self-inflate,  
What fault will you then find?

"As doctors you'll not give kickbacks."  
Our Code has disallowed.  
Be practical, look here old chap,  
I'm young, I must erase this vow.  
To live I must kick-back.

"You swore the Hippocratic Oath!"  
The Lord in grief did weep.  
"In dishonor you are deeply steeped.  
You stole from mates for tarnished gold.  
Do you know you've lost your soul?"

R. F. CHINOY

Department of Pathology  
Tata Memorial Hospital  
Parel, Mumbai 4000 12

## *Urban medical practice*

The doctor, fashionably attired,  
With a long string of alphabets trailing his name,  
Emerges from a fancy, air-conditioned limousine,  
Driven by a liveried chauffeur.  
He sees 'cases only by appointment',  
In his air-conditioned consultation room,  
But, despite the appointment, has little time to spare.

Fancily designed, attractive waiting room,