CORRESPONDENCE

Tuition classes in medicine

This has reference to 'Learning and teaching outside medical colleges'[1] 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-l 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,

With television, video-recorder and glossy journals,
And, perhaps, toys for his jaded paediatric clients,
Is presided over by young, beautiful secretary,
Who prefers talking to her computer or the phone.,
She collects sizeable fees before patients can enter the sanctum sanctorum,
And instils awe and fear in the already demoralised patient.

Nagged by outrageous competition,
The entry of young whipper snappers into his field,
And, to make matter worse,
The clutches of the Consumer Protection Act,
The doctor routinely lists a score or more of tests,
And prescribes an equal number of pills, potions and pokes,
Thus playing the game of safety - which incidentally increases his revenue.

Listening desultorily to the patient,
Whilst he dreams of his club, his wife and other attractions,
Prods here, pushes there and lends a ear to the lub-dub,
Ere he agrees, with ill-concealed glee,
To accede to the humble request for an unmerited sick leave certificate - for an extra cost, of course.
Finally, with a belch that's poorly suppressed,
He dismisses the patient with an airy wave and awaits the next.

Strange thought it may seem, his patients admire and adore him,
For he acquiesces to their demands,
And 'cures' rather than prevents.
And the richer he gets,
And the more opulent his materialism,
The greater the throng awaiting him each evening!
Is this really what the public desire?

P. THIRUMALAIKOLUNDU-SUBRAMANIAM

Gizan, Saudi Arabia

A. UMA

Madurai Medical College
Madurai 625020

VOX POPULI

Medical practice in Delhi[1]

Ten to twenty per cent of Delhi's fresh medical graduates leave the country without even attempting to obtain further qualifications here. Others trickle out after having completed their postgraduation. Even medics who scale great heights continue to say their prayers looking westward. Some even change their field of work to reach El Dorado.

This migrant is rampant not because access to the US is easy for the medico. Far from it. Even for the lucky few who have got their passports stamped and the air tickets in their pockets, the ordeal is far from over for there are the hospital interviews. And then, one is never sure of getting a residency of choice or even getting one at all. The fields offered are predominantly non-surgical and in the black-dominated areas where the white person fears to tread.

The odds are, indeed, heavy. And yet, the mass exodus continues. The reasons become clear when one takes a look at the scenario back home. For a young doctor trying to get established, the struggle is hard in India. Here, a young doctor has two broad options: he can either join a public sector organisation such as a teaching hospital or establish lucrative private practice.

Doctors who join public sector institutions do have an aura. One can aim at setting up an ethical practice and at least hope for some research facilities. But often the journey is arduous, against a strong hierarchy where yesmanship, not merit, is the key. Recently, the head of surgery of a prestigious government hospital passed away. His juniors swore by his surgical expertise and dedication. When he died his bank balance was a mere Rs. 3,000. Needless to say, his son has chosen to go abroad.

Even the working environs are far from conducive. For resident doctors, basic facilities like drinking water and clean toilets are scarce. Recently, the water supply of a major hospital in the heart of Delhi was found to be polluted with sewage, leading to an epidemic of jaundice among the doctors working there.

Naturally, the majority want to do private practice. Competition in the private sector is fierce, which does not always allow ethical practice. Cuts and commissions are quite common and it is important to be a member of a doctors' clique.

Transmission of hepatitis B[2]

A large number of people at Sirsa in Haryana were found to be infected by hepatitis B. Investigations showed two quacks practising in this area, using a single syringe each for all their patients without boiling them or changing their needles.

There could be any number of such areas where deadly diseases, easily acquired through infected needles and blood, are spreading in the absence of stringent mechanisms to prevent the reuse of unsterile syringes and needles.

Even qualified doctors are not sure of the quality of needles and syringes being used by them. Former president of the Delhi Medical Association, Dr. Vinay Aggarwal, says: "It is very difficult to know whether the syringes being used by us are recycled or genuine. " Disposable syringes and needles, which should be destroyed after the first use, are in wide circulation.

A study conducted in Calcutta by the All-India Institute of Public Health found that 56% of the disposable syringes and needles being sold were contaminated! The samples used in this study were obtained from the supplies departments of major Calcutta hospitals and private nursing homes. The samples had come from eleven leading manufacturers. Eight of the forty-eight samples did not have the date of manufacture or expiry stamped on the packages.

Although rules exist for the destruction of syringes and needles after their initial use, there seems to be no system for preventing expired and infected needles from being sold again.

Recycling AIDS among patients and rag-pickers[3]

Shahid and Habibulla - brother and sister aged eight and ten years, are proud of the fact that they earn much more from scavenging than their mother. Every morning at 4 a.m. they join several others at the King George Medical College (KGMC) in Lucknow. Each of them goes through garbage dumps outside the emergency and private wards and fishes out disposable needles and syringes, not yet destroyed, which have ended up in the garbage bin. A day's collection fetches them thirty to forty rupees from a agent in Daliganj.

Shahid's hands are pricked all over. He dismisses this casually. He has never heard of AIDS, hepatitis or any other health hazards. He knows nothing about what happens to the stuff they deliver. There are scores of children participating in this pre-dawn activity near all the major hospitals in Lucknow. 'It is common knowledge,' says Dr. N. C. Mishra, former head of the department of surgery at KGMC. 'The reports are very disturbing, indeed.' said