

Sponsored medical education

Dr Sanjay Nagral has raised a pertinent point in his editorial on sponsored medical education. Sports and cultural events are most vulnerable to such sponsorship. Go-between entrepreneurs called 'event managers' organise such sponsorships as commercial ventures, managing beauty contest shows one day and dance shows or film festivals on another. There are gutka, cigarette or liquor companies to sponsor such events.

Forms of sponsorship or patronage have changed from the feudal ages till modern times, and so have values. In this era of liberalisation, nations of the developing world are perceived as markets of consumers and not states of citizens.

Such forms of sponsorship can be effectively resisted if the professional groups practice austerity, though there will always be 'select' doctors or others to fall prey to such techniques. But sponsored 'fun' is not as innocent as it seems. There is no such thing as a free lunch, as they say. Thank you, Dr Nagral.

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Reference

Nagral S: Pharmaceutical companies and medical conferences: sponsored medical education? *Issues in Medical Ethics*. 1998; 6 (1): 3

Response to the second opinion

I read with interest the article on the 'second opinion'. Unfortunately I am at a disadvantage in that I am not aware of the questions presented to various doctors, on whose responses this article has been based. Even so, I would like to express my views on the subject.

In my opinion, the problem should be examined under the following heads: (1) the patient's right to a second opinion; (2) a second opinion requested by the family physician; (3) a second opinion requested by a consultant; (4) a second opinion sought by the doctor or the patient, in a public hospital; (5) a second opinion sought by the doctor or the patient, in a private hospital; (6) doctors wishing to establish themselves as 'second opinion' consultants.

(1) In the first instance, one must state in no uncertain terms that it is the patient's right to consult whomsoever he pleases. No one can deny him that right. How he goes about it is another question, as in whether he will derive full benefit by receiving various opinions regarding the nature of his

complaint and his treatment.

In such cases it is usual for such a patient not to tell the doctor that he has visited other doctors previously. If he does inform the last doctor of his previous visits to other doctors, the doctor is now placed in a difficult position. What should be his line of action? Should he contact each of the previous doctors consulted? What if the patient does not want him to do so? What about maintaining patient confidentiality which prevents a doctor from discussing his condition with others without the patient's permission?

On this respect, some guidelines from the Medical Council would be helpful. Failing that, I think that the best and easiest way out is to advise the patient according to what one feels is in his best interests even if it differs from the opinion of the doctors previously consulted.

(2) The next situation is when the family physician seeks a second opinion either as confirmation or because of genuine doubt regarding the advice of the first consultant, or at the insistence of the patient.

If the second consultant is not aware

of the first consultation, he will automatically examine the patient and give his advice accordingly. However, what should be his stance if he has been made aware of the fact that the patient has already been examined by a consultant and that his opinion is either the same or contradictory?

In this case, the second consultant is placed in a quandary, because it is natural that he would not like to spoil his relationship both with the family physician as well as his consultant colleague.

If the opinion he has formed of the case is the same as that of the previous consultant there is no problem, unless the family physician or the patient insists that the second consultant carries out the treatment, particularly if an operation has been indicated. In this case, the second consultant should tell the family physician that he will conduct the operation only after discussing the case with the first consultant. Unfortunately, in this case, he will have placed himself in a position of spoiling his relationship with both the family physician as well as his consultant colleague.

Again, suppose his opinion differs from that of the first consultant. He has no option but to tactfully suggest to the family physician that they all discuss the problem with the first consultant. But this can only be done if the family physician agrees. If the latter refuses the end of the matter is that the second consultant gives his opinion and lets the matter rest. Of course, he will be more careful the next time the family physician wishes to bring a patient to him for consultation.

(3) The situation is much more straightforward when a consultant requests a second opinion. In this case, the second consultant examines the patient and gives his opinion in writing and perhaps also on the telephone to the first consultant.

However, he must under no circumstances proceed to treat or operate upon the patient unless the first consultant specifically requests