

## Doctors and the press

The relationship between the press and doctors is difficult to define. Whereas doctors are not allowed, according to their code of ethics, to advertise or talk to the press, one routinely finds gross violation of these rules. One newspaper in this city carries, at least twice a week, a health- or disease- related story, usually written in 'human interest' style. I find this a significant difference between this newspaper and its parent newspaper in Bombay (unless things have changed recently). Indeed, more and more newspapers have started aping this, clearly an indication of what people like to read.

Thus we have articles with titles like 'first.— done in city' or '— will save lives'. Photographs of the patient are, of course, included so that it adds to the authenticity — while patient privacy takes a backseat. Physicians, otherwise rather busy professionals, somehow manage to find time to talk to the press. That many of the statements are unscientific and even ridiculous at times seems to be irrelevant.

This and other related topics were the subject of a dissertation by a colleague of mine at The Institute of Law and Ethics in Medicine course at the National Law School of India University. Her findings and discussion were interesting, but I cannot divulge them as I hope to see a paper from her in the pages of this journal in the near future.

However, what is clear is this: doctors can now safely write for the lay press, according to a judgement passed by the Karnataka high court recently. The Karnataka Medical Council saw red in 1997 when they noticed an article in the lay press by a noted vascular surgeon in Bangalore. They immediately hauled him up, stating that the article in the newspaper amounted to an advertisement. The surgeon then approached the High Court where Mr Justice RV Raveendran decided that the article was clearly meant to educate the public and could not be misconstrued as an advertisement. No payment was made for an advertisement; nor was there any solicitation of patients, noted the judge. The matter written on would fall into the purview of 'matters of public health', he added. As someone who has written in the newspaper on matters of health in the past, I am relieved.

Some months ago I had written, "Nothing ever happens in Bangalore." Well, it appears I was wrong. Chittaranjan Andrade and BS Srihari of the NIMHANS have been awarded the 2001 IgNobel award for their research that school children in Bangalore pick their noses. For those unaware of the awards, they are awarded by the journal *Annals of Improbable Research* ([www.improbable.com](http://www.improbable.com)) for research that 'cannot and should not' be repeated. 'A Preliminary Survey of Rhinotillexomania in an Adolescent Sample.' (*J Clin Psychiatr* 2001; 62: 426-431) was the paper

— and rhinotillexomania refers to digging one's nose! Two hundred school-going children were interviewed to learn the exciting fact that it is a common habit.

While I accept that research findings can be useful on unexpected occasions and while I am certainly not the best of referees in psychiatry, surely there is something wrong with such research. This is similar to a news report in October last year that the ICMR had given a grant to a group of scientists to measure the average length of the Indian penis. I look forward to comments from readers, especially those who disagree with me.

This is not to say that NIMHANS does only such research. A report in *The Times of India* states that not only is Bangalore the country's IT capital and garden city, it is also its suicide capital. From 426 suicides in 1990, the number increased to 1,938 in 1999, clearly a serious matter. It appears alcoholism is an important factor. The WHO, taking notice of the increase, has initiated workshops to educate and sensitise the public about this epidemic and ultimately devise strategies for suicide prevention.

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Many medical professionals have felt offended at being equated with businessmen and shopkeepers while their patients are likened to consumers, according to the Consumer Protection Act. Where will this lead us? You might get an idea from a patient of ours who recently demanded her money back because she believed that the investigations ordered ('ordered', to use the American term; I personally prefer the term 'requested', which is more polite if less used, but with essentially the same meaning) by her physician were not indicated clinically. What next? Money-back guarantee if the surgical biopsy is inadequate for opinion? 100% success to be promised after surgery? We need to get rid of this department-store mentality. I have already seen: "Do one test (investigation) and get the other done free." Rather like a pizza joint.

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A physics post-graduate (my teacher's son) writes to me about my Letter on the ethics of publishing, that this phenomenon occurs in his field too. The "publish or perish" aspect has resulted in many useless papers being published. With reference to my statement about not wanting to be a co-author because I disagreed with the conclusions, he states that most of the papers that he collected during his literature search had no proper conclusion! Truly, in medicine, we are rather more lucky, it would seem.

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