

## Social media and physicians: the Indian scenario

Published online on November 23, 2017. DOI:10.20529/IJME.2017.099.

Once online, it's always online.

-Anonymous

Consent and ethics are integral to a physician's work. Patient images have been used for multiple purposes in medical practice; as an adjunct to clinical care, displayed to colleagues, students and other audiences in educational settings, and published in medical journals. But nowadays there is an increasing trend towards sharing patient pictures and videos online, on social media platforms. Though usually shared privately with friends, these photographs and videos end up in the public domain, accessible to everyone. Most often, these photographs do not even comply with the basic rules of clinical photography, especially of making the patient unrecognisable. Such behaviour on the part of a physician, some may say, is tantamount to invasion of privacy and poses a serious threat to the relationship of trust between doctor and patient. A physician should always respect his patient's privacy (1). In hospitals, patients usually feel a sense of gratitude towards the physician treating them. As a result, patients usually don't complain when their photographs are shared by doctors (2). Though the responsibility for these photographs shared online lies with the physician, patients must be made aware that with the evolution of electronic publication, once an image is published there is no efficient control over its future misuse.

There is also the issue of getting written consent from patients for the use of their photographs. None of the photos shared on social media has accompanying information regarding the patient's consent. Patients should be informed clearly about the use of their photographs, and written consent should be mandatorily received before sharing any photograph or video for any purpose including clinical publications, especially sharing on the social media. With the proliferation of published images on the internet it has become particularly important to obtain permission for all uses that will be made of patients' images and videos, including worldwide distribution through various electronic media (3). The blanket consent used for the patient's treatment does not cover these factors.

We would recommend using the protocol applicable to clinical photography while using the patient's material on the media and that only after getting the patient's informed consent for the same (4). Efforts should be made to anonymise the images and photographs used so that such information does not raise ethical and legal concerns (5).

**Prateek** (neopatrick@gmail.com), Department of Anaesthesiology, Dr SN Medical College, Jodhpur; **Himani Tak** (cleotak@gmail.com), Resident, Department of Community Medicine, Dr SN Medical College, Jodhpur.

## References

1. International Committee of Medical Journal Editors. Protection of patients' rights to privacy. *BMJ* 1995 Nov;311(7015):1272.
2. Nicholl D, Davies D. Videos, photographs, and patient consent: most patients agree to be videoed for teaching and publication purposes [letter]. *BMJ* 1998 Nov;317(7171):1523.
3. Dysmorphology Subcommittee of the Clinical Practice Committee, American College of Medical Genetics, Cunniff C, Byrne JLB, Hudgins LM, Moeschler JB, Olney AH, Pauli RM, Seaver LH, Stevens CA, Figone C. Informed consent for medical photographs. *Genet Med*. 2000 Nov-Dec;2(6):353-5.
4. Bhattacharya S. Clinical photography and our responsibilities. *Indian J Plast Surg* :2014 Sep-Dec;47(3):277-80.
5. Mavroforou A, Antoniou G, Giannoukas AD. Ethical and legal aspects on the use of images and photographs in medical teaching and publication. *Int Angiol*. 2010 Aug;29(4):376-9.

## Menstruation: a complex saga

DOI:10.20529/IJME.2018.005

In their letter, Singh and Thawani (1) highlight the gender insensitivity of the government which, after declaring items such as *sindoor*, *bindis* and condoms as tax-free, opted to levy 12% tax on sanitary napkins, equating the napkin with items such as packaged dry fruits, fruit juices, cell phones and so on (2). While the new sanitary napkin tax is actually a drop from the earlier 14.5%, in a regime where all taxes were reconsidered and revised, the authors' argument that sanitary napkins should have been exempted from tax is absolutely valid.

Taking off from their letter, I wish to draw attention to the fact that taxes on sanitary napkins are a symptom – of a state/society that is both schizoid and callous: sanitary napkins are required because women have menstrual cycles and the cycles are, to evoke Simone de Beauvoir (3) part of essential female physiology; absence of menstruation could imply, among other things, an infertile female body, and infertility, which translates into the incapacity of a woman to contribute to creating the next generation. This definitely does not fit into the state's scheme of things either, and yet, when the female body shows visible physical signs of fertility, the state levies taxes on products which come in to provide some degree of comfort and ease to women. Talk of paradoxes!

The issue is, among others, one of evaluating and comprehending the female body and its processes, in this case, specifically, menstruation. Sophie Laws in *Issues of Blood* points out that the way a society deals with menstruation reveals much about how it perceives women (4). Let's ask, why are condoms untaxed? Simple: the state wishes to keep population growth rates and incidence rates of HIV under check. The male condom, in terms of functionality, helps contain semen – a bodily secretion – ejaculated by the male body. So does the sanitary napkin with respect to menstrual blood, a bodily secretion, but because the spilling over of this blood does not threaten the state with population boom or a pandemic, napkins are considered an item of luxury, in other words, optional.

But this is not to say that the state – as placeholder of a male panopticon – is at ease with female bodily fluids: many of

us would remember the furore that broke out in 2015 when Instagram removed the photograph of a young woman sleeping. Rupi Kaur, her face turned away from the camera, a bright spot of menstrual blood visible on her pajamas and on the bed. After protests followed the removal, the photograph was restored (5), but the fact remains that the spontaneous perception of a section of society had been that menstrual blood, if visible, is obscene, shameful, and vulgar. However, it is important to note that blood per se is not obscene; only blood emanating from specific parts of the female body, is. Anthropological literature is replete with observations about menstrual blood and the blood of childbirth considered dirty and polluting across several cultures (6, 7). While Kuntala Lahiri-Dutta (8) points out that there are cultures where menstrual blood is considered the life-force and thus pure, they are more of exceptions than the norm.

In a country where girls are forced to drop out of school upon reaching puberty because less than 10 percent of schools have gender-specific toilets and adequate water (8), taxing the sanitary napkin will have a markedly detrimental effect on schooling rates, even as the same government promotes the girl child and encourages elementary education. In a country where seven percent of rural women use sanitary napkins (8) while others use cloth or absorbent ash, etc., making bangles tax-free and taxing sanitary napkins makes little sense. It is well documented that several rural women, faced with unmet sanitation needs, suffer from reproductive tract and related infections (8). The question of gender intimately overlaps with that of public health.

Invoking the legitimate axis of cultural difference, Lahiri-Dutta points out that all women do not manage menstruation in the same way, adding that not all communities use sanitary napkins; in fact, constant use of napkins impacts women's health (8). However, against the reality that India shows up, I argue that sanitary napkins should first be made tax-free – actually, heavily subsidised in rural parts – and then, when they are abundantly available at cheap rates, let women decide if they want to use them or not. That will be a different story. But the bottom line for now is that taxing sanitary napkins grossly violates basic health rights, especially those of poor, rural women; it is an irredeemably gender insensitive and anti-public health move. One is certain the government exchequer will thrive without earning off sanitary napkins.

**Rakhi Ghoshal** ([rakhi.ghoshal@gmail.com](mailto:rakhi.ghoshal@gmail.com)), Assistant Professor, School of Law; Auro University, Surat, Gujarat: 394 510 INDIA

#### References

1. Singh R, Thawani V. Tax-free sanitary napkins. *Indian J Med Ethics*. 2017 Oct-Dec;2(4) NS: 301-2. Available from: <http://ijme.in/articles/tax-free-sanitary-napkins/?galley=html>
2. GST items list covered under 12% rate. *GST India Guide*. 2017 May 24 [cited 2017 Dec 13]. Available from: <https://gstindiaguide.com/gst-12-rate-category-items-list/>.
3. Beauvoir S de. *The Second Sex*. London: Vintage Press; 1989.
4. Laws S. *Issues of Blood: The Politics of Menstruation*. London: Macmillan; 1990.
5. The photo is available at <https://www.instagram.com/p/0ovWwJHA6f/?hl=en>

6. Chawla, J (ed.) 2006. *Birth and birthgivers: the power behind the shame*; Shakti Books: New Delhi
7. Andaya, BW. 2006. *The Flaming Womb: Repositioning Women in Early Modern Southeast Asia*; Honolulu: University of Hawai'i Press;
8. Lahiri-Dutta, K. 2014. Medicalising menstruation: a feminist critique of the political economy of menstrual hygiene management in South Asia. *Gender, Place & Culture: A Journal of Feminist Geography*; DOI: 10.1080/0966369X.2014.939156

#### The brand of generic prescriptions

DOI:10.20529/IJME.2018.006

For some time now, a debate has been raging on the issue of generic drug prescriptions. Doctors are divided on this matter. Those against generic prescription cite possible poor quality and inadequate testing; while those in favour assert that the move would make cheaper medicines accessible to many more patients. The pharmaceutical industry attempts to introduce drug molecules that are safer and perhaps more effective. To enter the market each molecule would have been subjected to rigorous experimentation, at huge cost which needs to be recovered. The services of the industry are hence to be greatly appreciated, in spite of the criticism of the high pricing of their products.

The debate usually involves a two-sided scenario; with the prescribing doctors on one side and the industry on the other. Doctors assume that they are entirely responsible for the patients' welfare. The industry too assumes that it provides the best quality drugs in the interest of the patient. The role of the third stake holder, the patient, is taken for granted. The question is, should the patient not have a choice? Today, patients are far more well-informed than in earlier years.

The patients' right to make a choice of their own is supreme. Doctors are not in a position of patronage as we may think. We may just suggest options and help the patient make an informed choice. When different brands have the same amount of medication, but different pricing, the patient must have the autonomy to decide which one to buy. Let us also accept that, nowhere in the medical training course are doctors taught which brand is better or which brand to prescribe.

The behavioural psychology of prescribing has been mastered by the industry. It uses these methods to influence prescribing practitioners. Sometimes, it is the packaging, or the academic material they provide free, and at other times, medical representatives develop a personal relationship with the doctor. Thus, there is a conflict of interest and subconscious (or conscious) prescribing of certain brands, or all brands, of a particular company.

Prescribing generic formulations is a step towards empowering the patient community, without which the patient has no option but to use the prescribed medicines, nearly always expensive branded ones. Generic name prescriptions too raise other concerns. When we need to prescribe a combination of medicines, for example, a B-complex preparation or iron and vitamin preparation, the trade name makes it simpler.