

## Conference

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### AN INTERESTING MEETING ON MEDICAL ETHICS

The second international residential conference on *Ethical values in healthcare* took place in Panchgani, Satara, Maharashtra on 26–28 February 2010 under the aegis of Moral Re-Armament (MRA), Initiatives of Change (IOC) and Council for Social and Ethical Research (CSER).

The objective of the conference was to address ethical issues in healthcare, generate a consensus on the crucial areas that need improvement, and try and make a concerted effort to improve and rectify deficiencies.

The conference was inaugurated by Dr Mrudula Phadke, who has just stepped down from the post of Vice-Chancellor of Maharashtra University of Health Sciences in Nashik. In her address, she applauded the goals of the conference and agreed that much work was needed. She pointed to the high ethical standards displayed by her teachers and the fall in standard over the past few decades. Specifically, she referred to the tendency among consultants and consequently their students to substitute the use of expensive tests for good clinical practice. ‘Why is a sonogram needed to detect clinically palpable enlargement of the liver or spleen?’ she asked.

Following Dr Phadke’s talk, Dr Y. K. Amdekar (Mumbai) criticized the tendency to conduct medical conferences in 5-star hotels at huge costs. These necessitate seeking large grants from pharmaceutical companies and manufacturers of medical equipment. This makes medical professionals willing accomplices of ethically questionable means to furthering sales of companies resulting in their huge profits. The cost, of course, is borne by patients. He described the concept of AWESOME conferences. The acronym in its expanded form reads Academics With Excellence, Science Only, Minus Extravaganza. Simplicity, adherence to essentials and elimination of all frills make for inexpensive conferences where registration fees are low and only those seriously interested in improving their skills and knowledge will attend.

Ms Sandhya Srinivasan (Mumbai) narrated an account of the development of the *Indian Journal of Medical Ethics*—the only scientific publication of its kind in India and perhaps Asia. The journal, now in its eighteenth year of publication, covers burning issues. Its volumes contain records of violation of medical ethics in India and abroad, debates and discussions presenting the many sides of complex issues, and editorials presenting learned and thought-provoking statements on a wide variety of subjects. She lamented that despite its proven excellence and the applause earned by it from international experts, its subscription base in India remains only around 1000.

Among other papers presented at the conference were the following:

Dr Astrid Norberg (Sweden) spoke on the ethical aspects of caring for patients who develop dementia. She emphasized the many steps that can be taken to restore the sense of being a person, even as memory is lost and intellectual faculties are dulled.

Dr Nagraj Huilgol (Mumbai) dispelled the impression that doctors willing to help patients in the terminal stages of incurable illness (such as widespread cancer) are inhumane. Many such patients suffer agonies not relieved by all available means of rendering them free from pain. When such patients request help in dying, the physician should be able to assist. The experiences in

Holland, Oregon (USA), Switzerland and other places where such termination of life is legal have shown that requests for a good death are few and have not mushroomed since legalization of euthanasia. Scrupulous and amply safeguarded conditions are in place in these countries to ensure that there is neither error nor misuse.

Dr Elisabeth Hamrin (Sweden) spoke on the care of victims of stroke and those looking after them. She showed how their neglect was unethical by demonstrating the many means available to health professionals to improve the self-esteem of the patient. She also emphasized the need to attend to family members who look after the patient. Failure to help them would result in their burnout and consequent deterioration of the patient.

Professor R. K. Baxi (Baroda Medical College) discussed the difficulties encountered when of an individual’s HIV-positive status has to be disclosed to prevent harm to innocent persons. The law supports such disclosure of an otherwise confidential report to prevent harm to the spouse or those in intimate contact with a blood donor (testing positive). He also referred to the inadequacy of most institutional ethics committees and the need for strict enforcement of the Indian Council of Medical Research (ICMR) guidelines on this issue.

Dr G. D. Ravindran (Bangalore) enumerated the various ethical problems encountered when carrying out drug trials. He focused on the fate of patients shown to respond favourably to the drug being tried out after the trial is completed. Since most companies sponsoring such trials stop all supplies of drugs to these patients on completion of the trial and since availability of the drug in the market may take months or even years, such patients are suddenly deprived of a drug that was of much help to them. The problem is compounded when the drug is finally sold at a high price—well beyond the reach of the research subject and where the drug must be used life long. Should companies sponsoring such drug trials be compelled to supply those drugs to their research subjects?

Dr Sunita Kulkarni, a senior nurse in Mumbai, enumerated several examples of medical practices that are legally right but ethically wrong. She pleaded for resolution of the consequent dilemma faced by nurses.

Father Tomy (Panchgani) described his efforts at overcoming handicaps faced by his patients testing positive for HIV. When he started helping such patients in his town, the corpses of those succumbing to the disease were left unattended by those manning the cremation grounds. Eventually, he was able to secure permission for their cremation from the local authorities on the condition that the actual cremation would be done by Father Tomy and his colleagues and that on the following morning Father Tomy and his group would wash the entire crematorium! It is a tribute to Father Tomy that he has been able to establish an excellent centre for the care of such patients at the Bel Air Sanatorium in Panchgani that now serves as a model for the rest of the country.

Dr Anirudh Malpani (Mumbai) explained the steps involved in assisted reproduction and also highlighted its uglier aspects. One example was the high charges levied by some centres in preserving unused embryos—several times the multiple of the actual costs and the charges levied by other high-quality centres.

Mr Sunil Arora, Chief Administrator, Bal Asha Trust (Mumbai) provided a counterpoint to Dr Malpani’s talk by emphasizing the need for couples unsuccessful in their desire to be parents to

consider adoption of a child NOT as a last resort but as a first-attempt alternative to *in vitro* fertilization. He pointed to the advantages: low cost, the certain availability of a child, often of the sex desired by the parents, and a child whose health can be checked and shown to be excellent.

Many others from the nursing and medical professions also addressed the audience on topics such as euthanasia, care of the terminally ill, medical research, nursing ethics, and using a spiritual approach to ensure values in healthcare.

Just before the conference, students in medical and nursing colleges were invited to participate in an essay competition by writing on subjects of their choice in the broad field of medical ethics. Those evaluating these essays were struck by their high quality and degree of thoughtfulness displayed by the authors. The prize winners were invited to attend the conference as guests of the organizing committee and requested to present their papers at the conference. They won applause from the audience as they did so.

It is worth emphasizing that the conference was organized without any funds being sought from any industry. All participants travelled to and from the conference at their own expense and paid for accommodation and food.

Various recommendations were put forth in this conference. Here are a few of them:

1. There is a felt need for such conferences to be held more frequently.
2. One or more surveys are needed of medical and nursing practices in cities and states before such conferences are held and periodically after conferences to document the impact of such intellectual interactions. Such studies are ideally carried out by institutes such as the Tata Institute of Social Sciences and should focus on malpractices, deficiency in services and the public perception of the manner in which doctors, nurses and other medical personnel function.
3. We need a nationally applicable curriculum on medical ethics that will form part of the education of undergraduates and postgraduates in medical colleges. Such curricula are already in operation at St John's Medical College, Bangalore and the Christian Medical College, Vellore but must be made compulsory at all medical colleges. The students at the meeting also felt that discussions, seminars and workshops on medical ethics soon after their entry into medical colleges and on completion of their studies would help.
4. The youth in medical and nursing colleges need to take an active interest in the system of medical education, assessment systems such as examinations and appointments to posts of resident doctors. Staff and students must insist on accountability, transparency and elimination of malpractices.
5. There is dismay at the endorsement of commercially produced items for popular consumption by medical and dental associations. The depths were plumbed by the endorsement of nappies for babies made by a particular company by a national association of medical doctors. Blatant advertising by doctors, their use of signboards that are huge and intrusive, and the use of prescription pads provided by pharmaceutical companies and drug stores including their products on them are other examples of common unethical practices. Steps must be taken to enforce the ethical guidelines issued by the Medical Council of India throughout the country.
6. The role of family physicians and their relationship to consultants needs re-evaluation. There is a crying need for restoring the family physician to the position of trust that was commonplace a few decades ago.
7. The relationship between doctors, nurses and other personnel in institutions also needs revamping. Each person looking after patients contributes to their well-being and deserves courtesy and respect.
8. The long-neglected residents of villages and towns need medical care of high quality. We must ensure that doctors employed at primary health centres carry out their duties honestly and efficiently, and that drugs meant for patients in villages and towns are, indeed, available to them when needed and at low cost.

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