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Letters to the Editor ...

Catholic Physicians' Guild

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Letters to the Editor . . .

News from India

After a silence of five years, no mere apology will suffice. It must need be reinforced with a contribution and an assurance that pieces will follow with regularity in the future. This I ashamedly undertake.

Over the past few years, the economic situation has deteriorated considerably. The foreign exchange income has decreased. Prices have soared. The rupee has been devalued twice. Prices have again soared even though this should have happened only to a limited extent. The per capita income has virtually remained the same. Poverty flourishes. There are, we are told, ample food resources but large numbers still die of starvation. This has certainly affected the medical scene and the availability of medical services. The public hospitals remain hidebound with ancient administrative procedures and inadequate budgets preventing them from updating their equipment to modern day standards. Indeed, the number of public hospitals in the country that can boast of high-tech equipment can probably be counted on the fingers of two hands. It is the private hospitals around the country and the mushrooming diagnostic centres established by businessmen that provide modern diagnostic and therapeutic facilities at tremendous expense. Falling ill is terribly expensive and most dread it as private medical insurance is still in its infancy. A lifetime's savings can easily be wiped out in one long hospital stay for a serious illness which tends to occur towards the sunset of most individuals.

India's burgeoning population has produced scarcities on almost all fronts: food, housing, employment, transport, etc. In this climate it is truly the fittest who survive. This is also seen on the roads where car drivers have no respect for traffic rules or pedestrians. No matter whether one drives on the right or wrong side, whether one cuts corners and blocks oncoming traffic or not. All that matters is

that one must be first and not be kept waiting at any time. Is it any surprise that national accident rates are among the highest in the world? The term 'fittest' would apply not only to those most endowed physically, but also to those economically well off and others without principles or ethics. The Indian polity is regulation centered but this may hopefully change in the future. In such a climate, dishonesty is fostered officially. Almost all believe that one must render to God what is God's and to Caesar only that which cannot be withheld from what is due. It is in this atmosphere that one must view the happenings in the Indian medical world. We may well conclude that some of the happenings may in themselves be evil or unethical but the participants in those acts may not be culpable.

The medical profession in India as in other parts of the world consists of large numbers of meek, humble and dedicated individuals who are respected by the communities they serve but there are others who work for the fast buck to be collected by hook or by crook. These believe that the practice of medicine is a business and not a vocation where balance sheets are more important in both black and white money transactions. Such practitioners draw the odium of the public which is slowly awakening. Consumer activism is increasing and will soon be a force in the country. Doctor bashing has started in at least the big cities but in a small way. A restricting factor is that the law of torts is not developed in India and, not surprisingly, there is a certain degree of resistance to such development from the industrialised and professional sectors of the community.

The Medical Council of India (MCI), is a statutory body established by an Act of Parliament. It is intended to oversee medical education and practice in the country and in this context a Code of Medical Ethics, which was meant to be updated from time to time, was formulated some years ago. Complaints regarding

the infringement of this Code by registered medical practitioners are entertained by the affiliates of the MCI in the various states in the country. The Indian Medical Association, similar to other national associations of like interest, is another body which has recommended the adoption of an ethical code which is updated at regular intervals. Despite the existence of these two big groups and their recommended codes of medical ethics, unethical practices abound at least in the major cities.

Practices unequivocally regarded as unethical, such as fee splitting or kick-backs, advertising, the performance of unnecessary tests, consultations and surgery as well as malpractice and negligence, are reported in the national press. These reports are attracting the attention of society which is increasingly critical and resentful of the medical fraternity. Some groups which hope to remedy this state of affairs are now surfacing. They consist of medicos only, health care workers or a combination of health care workers, consumer activists and media personnel. As a result, some progress is being made in cleaning up a somewhat sordid situation. Nevertheless, as the science and practice of medicine advances, new problems keep cropping up and these also need attention.

In recent years, we have been faced with new scientific procedures being increasingly utilized in India. These include the introduction of genetic studies and karyotyping. Amniocentesis is increasingly used all over the country but mainly for one purpose: sex determination and abortion of the female fetus. Activists, and particularly feminists, have stirred up the community and the government into action. They hold that amniocentesis for the determination of the fetal sex is wrong because the abortion of the female fetus is immoral and unethical. Therefore, amniocentesis should be banned, or at least stringently regulated at select centers, but not permitted for sex determination. Such individuals, however, sidestep the question why it is that abortion of only female fetuses is immoral and not abortion of all fetuses. But consciences are now stirring. Be that as it may, the Government of Maharashtra wherein Bombay is situated,

has enacted legislation prohibiting amniocentesis for sex determination. It is now reliably reported that the central Government of India in New Delhi is soon to introduce similar legislation prohibiting amniocentesis for sex determination all over the country. It is hoped that amniocentesis for sex determination will not become an "underground" procedure as it is reported to have become in Bombay obviously with the connivance of some medical or paramedical "scientists".

In-vitro fertilization and embryo transfer is now an accepted and practiced procedure in many parts of India. Resistance to it is limited and mainly restricted to some Catholics but questions are also being asked by Muslims and some Hindus. The major question that is being asked in other circles relates to the justification for the allocation of resources for such procedures when the overall financial situation and the health budget is quite inadequate.

Yet another subject which has attracted the repugnance of the community is the commerce that exists in the transplantation of organs i.e. the kidney, in unrelated live donor transplants and very occasionally also in live related transplant procedures. The tragedy is that brain death has not yet been recognized legally in India and as a result cadaver organ donor programs have therefore not been initiated. Serious attempts to introduce such legislation have been undertaken but were thwarted by falling national governments at the Centre in New Delhi. Let us hope that the present Central Government will be in office long enough to complete the process which was initiated some two years ago. As much has been reported in the international press and American TV programs on the subject I shall not elaborate on this point anymore except to express concern at some attempts emanating from North America to justify acceptance of different ethical standards for the advanced and developing worlds. For instance, it is held almost universally and certainly by the World Health Organisation, that commerce in organ transplantation is unethical and should be banned. However, in India, a small group of transplanters advocate "rewarded gifting" to donors by recipients or their

associates. The term "rewarded gifting" is nothing but a euphemism for controlled or regulated commerce organ transplantation. This proposal has the support of some individuals or groups involved in organ transplantation in North America. They hold that whereas rewarded gifting is unethical in the West, it may be ethical in the developing countries like India! Double standards. This trend should really be exposed.

The Indian Federaton of Medical Guilds (IFMG), national member of the International Federation of Catholic Medical Associations (FIAMC), has continued to function over the years. It is certainly more deserving of support from all Catholic physicians but that is nothing surprising to readers of *The Linacre* or the members of the U.S. Guild of Catholic Doctors which is in a similar situation. The IFMG has held meetings both on its own as well as in collaboration with other Catholic groups but, above all, it has managed to continue publishing the Bulletin despite many handicaps, not least a lack of adequate financial support.

The FIAMC Bio-Medical Ethics Centre (FBMEC) has continued to work in a quite way. In December 1988, it organized in Bombay three international meetings: The Festival Of Life, Workshops on Brain Transplantation and another on Human Life — Human Personhood. Three books have since been published incorporating the main papers and conclusions which

make interesting and informative reading even for those based in the U.S.A. Readership will also support the FBMEC and I have therefore no hesitation in stating that copies, cheaply priced, are available from the FBMEC at St. Pius College, Aarey Road, Goregaon, Bombay 400 063.

The FBMEC has also been closely associated with issues such as brain death, organ transplantation, suicide and the relationship between the medical profession and the pharmaceutical industry. In April 1991, it convened a national workshop on Ethical Issues in AIDS which was supported by the Ministry of Health of the Government of India, the Department of Health of the Government of Maharashtra and the National Office of the W.H.O. The report of this meeting has just been completed and will soon be presented to the Government of India. We hope that our activities will represent some contribution to the national and international scene of Catholic physicians.

I conclude with these words my belated message from India but assure you that another will follow six months hence in which, perhaps, I shall deal with specific issues in some detail. Until then, my prayerful best wishes to the editor, Jack Mullooly, his associates and the readers of *The Linacre*. God Bless.

**Chicot J. Vas,
Bombay, India**