

staff. They have to rely on random checks. Things can and do slip through.'

Poorva Pandit: 'People say the DC's office can also be quite accommodating. Could I bribe my way through to the end of a product cycle?'

Retired DC: 'I won't deny that there must be several corrupt drug inspectors. They may hasten approval or confirm the quality of some batch of drugs . . .'

When pushed by Chandrakant Hiremath, Anshul's father and a highly placed bureaucrat in the Prime Minister's Office, the Drug Controller's office pushed clearances for Phase 2 of Anshul's trial even though it was known that some problems had cropped up.

'Sure the Drug Inspectors came on a regular basis . . . They were treated royally by Anshul. They quite agreed that the question of unwanted pregnancies was due to an unrelated problem.'

On harvesting kidneys from poor or unsuspecting people

'A young man named Hamid. Construction worker. He had gone into a small-town hospital near Bangalore for an emergency operation and had returned home minus . . . his appendix and one kidney. His father, a fifty five-year-old drunken lout had been compensated with five thousand rupees.

'Knee-jerk government responses. Doctor witch-hunts. . . throw[ing] the baby out with the bath water . . . Now even legitimate patients are deprived of their donor kidneys because of all this damn legislative hotch potch. As usual the very rich and the very corrupt will still find a way around. That's like bringing back the bath water and leaving out the baby!'

These and other aspects of unethical practice came up for discussion that lasted well over an hour.

A member of the audience asked whether the Medical Council of India and the state medical councils were charged with the

responsibility of ensuring ethics in medical practices. When the inefficiencies of these statutory agencies were exposed, he asked whether a wronged research volunteer or patient could seek justice at the courts of law or the Consumers' Courts. Once again, it emerged that these were not serving the purposes for which they were intended. The courts of law had thousands of pending cases over decades. The Consumers' Courts were bogged down by lack of support from their funding agencies—the governments—and were thus lapsing into inefficiency and delays similar to those in civil and criminal courts. Only half in jest, the person posing the questions then asked: 'Is this why doctors are now being targeted by gunmen? Perhaps this may be the only way to ensure ethical practice—bump off those not following the straight and narrow path!'

In many minds, the doctor was viewed as an unprincipled materialist out to make a fast buck at the expense of the patient. Several members of the audience complained of the manner in which drugs were prescribed without any explanation regarding their mechanisms of action or possible complications. This was especially true when the patient was poor and illiterate. A lady in the audience pointed out that it was unrealistic to depend on the authorities or the medical profession for every solution. They have shown that they are unwilling or incapable of improving matters. It is high time that every patient demands and obtains information of what is being done to her/his body and makes decisions after weighing pros and cons. If and when the doctor is found to misbehave, the patient must seek assistance from legal help cells and ensure that her/his complaint is heard and justice done to her/him.

Stillborn will have performed a distinct service if it stimulates general interest in the ethical aspects of medical practice and research and, as a consequence, stimulates society to offer a cohesive front against wrongdoers.

SUNIL K. PANDYA

Letter from Chennai

AN IRON FIST IN AN IRON GLOVE

The Madras Medical Service was one of the first organized systems for the delivery of medical care in the country. The leaders were British members of the Indian Medical Service, who were usually deputed from the Armed Forces. They were assisted by some of the locals, who came to be known as Civil Assistant Surgeons and Civil Surgeons, to distinguish them from their military counterparts. There were only two ranks in the service. Since there has to be a pyramidal structure to any service, one cannot have the same number of Civil Surgeons as Assistants, so a large number of doctors began and ended their professional lives as Civil Assistant Surgeons, with no promotion at any stage. This situation prevails till today, though a minor sop was introduced in the form of a category of Senior Civil Assistant Surgeon and one of Additional Civil Surgeon. The knowledge that however hard one works, the chance of promotion is very small, can hardly be conducive to enthusiastic service.

The Tamil Nadu Government Doctors' Association (TNGDA) and the Tamil Nadu Association of Civil Surgeons (TNACS) demanded that every government doctor should receive a promotion every sixth year of his service to the twenty-fourth year. Talks were held between the Government of Tamil Nadu and these Associations, and the sticking point came when the government said it would agree to promote 50% of the more than 10 000 government doctors, while the Associations held out for 67%. Further, the Health Minister said he could not agree to time-bound promotions, as so many senior positions may not be available. Promotion could only be to sanctioned posts, though he was ready to increase the number of such posts.

On the face of it, the Associations' demands are absurd, and do not exist in any service in the world. While a whole life spent with no prospect of promotion would kill anyone's ardour, automatic promotions would remove any incentive to work hard and outshine others. As it is, promotions in the Tamil Nadu Medical Service are based on seniority. This is a recipe for mediocrity.

There is no doubt that the USA leads the world in the medical field. Let us look at the pattern followed there, at least in the universities. A candidate works for seven years on a contract basis, with his job on the line all the time. If he has proved himself in that period, he gets what they call tenure, after which he is assured of his job unless he does something reprehensible. The idea behind this is that the tenured doctor has no worries about his future, and so can devote himself wholeheartedly to work, but some teachers are accused of reducing their output once they get tenure. Even in the US, there are second thoughts about this system, and some universities are debating whether it would be better to have all appointments reviewed once in five years.

To return to Chennai. With the two sides sticking to their positions, the TNGDA decided on more drastic action, and went on a one-day strike on 23 December 1998. It was by and large successful, and the working of government hospitals all over the state was disrupted. The government did not budge, and the TNGDA, joined this time by the TNACS, embarked on an indefinite strike on 21 January 1999. A sidelight was that the Tamil Nadu branch of the All India Medical Students Confederation extended their support to the striking doctors, and the Tamil Nadu branch of the Indian Medical Association urged the Health Minister to reconsider his stand. However, Mr Veeraswamy, the Health Minister, lived up to his name. He inserted a 42.5×19.5 cm advertisement (I measured it) in the newspapers announcing that the government would take the following measures for patients who came to the hospitals:

1. 2000 fresh doctors would immediately be given temporary appointment to the service.
2. Retired doctors, from the Tamil Nadu Medical Service (TNMS) and the Armed Forces, would be re-employed at the same salary they drew in their last appointment.
3. All patients in need of emergency medical attention would be sent to private hospitals, and the government would pay for their treatment there. The ambulances of the government hospitals would be used to transport patients to private hospitals.
4. Arrangements would be made for autopsies and medicolegal cases to be handled at medical college hospitals and headquarters hospitals.
5. Legal action would be taken against anyone preventing strike breakers from coming to work.
6. Doctors who went on strike would be transferred and other disciplinary action would be taken against them.
7. They would also not be permitted to sit for the entrance examinations for postgraduate courses for 1999–2000.
8. TNMS doctors doing postgraduate studies would be denied their salary and allowances if they went on strike.
9. If a house surgeon took part in the strike, this would be noted in his certificate of housemanship.
10. Striking doctors would be denied permission to study abroad later.

This show of brute force worked like magic. The belligerent associations suddenly became peaceful, called off the strike, and accepted the sops the government gave them.

There is need for change on both sides. There should be more avenues of promotion for the Civil Assistant Surgeon, but my feeling is that this should be based on merit and not on passage of time. What I would like to point out is that the doctors had to yield to the inflexible stand of the government. Why cannot the government be equally firm with its bus transport workers, bank employ-

ees, and all its other minions who hold the public to ransom every now and then? In a democracy, all are equal. Are doctors less equal than others? It is bad for doctors to strike, for invariably it leads to public suffering. The absence of a transport service, or suspension of financial dealings, causes incalculable financial loss and hardship to the country as a whole and its citizens individually. Their strikes should be crushed with equal determination.

I attended the annual convocation of the Andhra Pradesh N.T.R. University of Health Sciences. This was the first medical university in the country and started a trend, for a number of other states followed suit. Tamil Nadu was next, and we now have Karnataka and Maharashtra, with Uttar Pradesh seriously contemplating a similar divorce of its general and medical faculties. How is a medical university better than one which has medicine as just another of the subjects under its control? In our country, perhaps it is of a more manageable size, with only twenty or twenty-five affiliated colleges, unlike the mammoth universities with hundreds. Administration would be easier and more efficient. On the other hand, the word 'university' is derived from the Latin 'universus' or whole, and a medical university is just a part. The wilful isolation of the medical faculty will surely belittle it.

The great universities of the western world are conglomerates of different disciplines in physical proximity to each other. This makes it easy for specialists in disparate fields to consult one another and tap each other's brains. While specialization takes us ever further apart, there are many developments in physics and chemistry which transcend the narrow limits imposed by us. The University of Washington in Seattle was a major player in the development of the artificial kidney. One reason why this is a fit place for research in bioengineering is that the faculties of medicine and engineering are in close proximity, and it is easy for research workers to interact. This is a drawback of our affiliating universities in which colleges owing allegiance to one university are often in different cities. Even if they are in the same city, they may be miles apart. Perhaps under these circumstances it may not make a difference if the sciences segregate themselves.

The convocation was a dignified and imposing occasion. I attended the convocation of Harvard University some years ago. The Americans call it the commencement, though it marks the end of the graduates' stay at the University. The atmosphere was more of a carnival than an academic event. As each group took their degrees, they cheered, threw things into the air, and behaved like spectators at a cricket match. I am glad we retain some of our old traditions. However, I am not sure that academic robes should be maintained in the new millennium. There is something ridiculous about the mortarboard hat, and, since every wearer was in a hired costume, none was a perfect fit. Uneasy were the heads that wore this crown, and the Chancellor's fell off at one stage. The rest of the robes are more stable, and lend grandeur to the scene.

In Chennai, we have to run to authorized garages every year to declare our cars to be non-polluting. I am sure it will improve our health in the long run, and we should be grateful to the Government of Tamil Nadu for having made us, however reluctantly, bring our wayward vehicles under control. What impact the purity of our emissions will have on the air we breathe is uncertain, since the State Transport Corporation has apparently been exempted from this requirement. While we are hauled up if our cars do not sport the badge of the Pollution Control Board, buses need not wear them, and merrily smoke their way along the roads. Perhaps government emissions are cleaner than those of the citizens.

Not that we, the citizens, are blameless. India has been an agricultural country for most of its existence, and the majority of Indians are still farmers. Pongal is the harvest festival of Tamil Nadu. The day before Pongal is another festival we call Bhogi. On this day, farmers burn their old straw baskets, mats and brooms, and use the ash as fertilizer. Possibly these would harbour mites and fungi, and are better disposed of. The fresh harvest is collected in new baskets, and there is no risk of contamination of the new grain. Most of us today cannot distinguish one end of a rice plant from another, but both Pongal and Bhogi have been brought to the city. We eat a lot on Pongal day, and for Bhogi we burn a lot of

old stuff. The problem is that the old stuff of today is often not made of natural materials. We have plastics and rubber and all manner of synthetics, and for good measure the urchins who stoke the fires put in old tyres. What happens when they are burned? What noxious hydrocarbons are released into the atmosphere? The city is smothered in a layer of smoke all day. We should be proud of our traditions and maintain them, but not at the cost of our health. Unfortunately, as Mark Twain said, 'Often, the less there is to justify a traditional custom, the harder it is to get rid of it.'

M. K. MANI

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I, Dr K. S. REDDY, hereby declare that the particulars given above are true to the best of my knowledge and belief

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