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Community medical ethics

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Community medical ethics

I don't remember any discussion of ethics during my undergraduate medical education in Mumbai.

We often saw patients being investigated for research purposes, not for their own good. I remember one seriously-ill patient being subjected to all sorts of painful tests, though he was clearly going to die anyway. When I asked my seniors, they said he was an interesting case, and they might as well see what they could find out about him. I felt I was too junior to complain.

I think we learned something about ethics in the obvious differences between the two groups of teachers of that time: the full-time staff and the honoraries. We used watch them coming into the campus: the full-timers who came by bus, would walk in, simply dressed, usually on time. The honoraries drove in, in flashy cars, wearing suits. They often came late and left early, many didn't take their teaching responsibilities seriously.

This made us respect full-timers who, on the whole, did a good job in difficult circumstances.

I remember an honorary professor who charged one of our classmates for a consultation, against the norms of professional courtesy. He took Rs 200, a large amount 20 years ago. When the student protested that he could not afford the charges, the honorary simply said that was no concern of his. We were all agitated; this incident became a topic of discussion for some time.

It was different when I did a postgraduate degree in community medicine at Christian Medical College Hospital in Vellore. Ethics was not discussed formally, but there was a certain ethical dimension to our work. Community medicine concerns poor, less privileged people and concepts like cost consciousness and the effective use of scarce resources were built into our training without being discussed specifically as ethical issues.

Some of these messages did not strike me until I entered the 'real world' as a community health worker. I realised then that our earlier training had given us an orientation. We could thus deal with limited resources. When we saw irrational acts-whether irrational drug combinations or inappropriate use of resources - we would view them as an ethical issue as well.

One example of a decision I have taken not based on medical knowledge alone concerns the treatment of tuberculosis patients. My experience has been that the decision to pursue treatment is based not just on clinical knowledge but the hard realities of life.

I remember doing everything possible to ensure that a young boy completed treatment, despite the complete absence of interest from his parents. The child was cured, but when his sibling, too, fell ill, and his parents didn't respond to my efforts, I gave up. This child died. One can only motivate upto a point

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Not an educational experience

My first memory of my medical college days is of a professor who would ask me strange questions during the bedside clinic, such as: "Where is Kamshet?" or, "Where are the Alpana Talkies?" As an outsider to the city, I had no clue of the correct answer. Everybody enjoyed such interrogations except me. I later learnt that many rural students had the same experience.

I knew that many rural students were toppers in their own schools besfore coming to medical college. The alien and unfriendly environment of the medical college, the language barrier, and the tensions of parental expectations, all affected them. I know of two students who committed suicide.

Caste was another thing that mattered. While high-caste students themselves were very friendly with others, many professors discriminated. I still cannot believe my own experience: during my final year surgery examination, a distinguished professor asked me my caste! He even asked what I was doing in medical college, of all places. Such experiences did affect my learning process severely.

I tried to quit in the second year, despite good marks, because of these tensions and because of money problems. I received a scholarship, and stayed on only because I could not let my parents down.

As it is, students are young, facing the tensions of growing up and joining the real world. Many don't find their feet easily.The system must identify such students and support them. Teaching - and learning - involves more than mere transmission and absorption of knowledge. It has to be personal.

Ethics received a backseat in the education process. It was certainly not taught in college.

In a way the education system reflects the tensions in society and passes on the same messages. When a professor looks down on his students and bullies them, the student learns to treat patients in the same manner.

One problem that I see today is that doctors are not from the communities they are supposed to serve. They may not even speak the same language. This class difference is very pronounced. Doctors often use the familiar form of speech with their patients, even their elders, when they should be addressing them in a respectful way.

I sometimes see doctors exchanging sexual comments in operation theatres when women patients are undergoing anaesthesia. But I am sure that this is not a general case.

Doctors have little understanding of other areas of life. They blame patients with tuberculosis for not taking their treatment, they say women don't use contraceptives because they just don't care about getting pregnant. This may not be outright unethical, but I wouldn't like to be treated by a doctor in that manner.

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