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A short note

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discussed are very broad-based including things like: counselling before and after testing for HIV, responses to a pregnant woman testing HIV positive, abortions for HIV positive mothers, subjecting patients to unnecessary investigations because of the nexus between doctors and laboratories.

There were other various issues discussed about our day-to-day conduct as doctors and what was expected of us from our seniors, colleagues and patients.

Please describe a situation in medical school in which you had to make a decision which was not based on medical knowledge alone. How did you resolve it? What do you think were the principles you used to resolve it? What do you think was the contribution of your medical education - formal and informal - in helping resolve it? Do you think you would have resolved it differently today based on your work experience?

In the second year of medical school I was in the OPD Clinic where I had to deal with an HIV positive man. The dilemma was whether to tell his wife, who was completely dependent on him, that her husband had cheated on her and was therefore HIV positive, and that there could be a risk to her and their unborn kid. Neither husband nor wife knew what it meant to be HIV positive. This was a real dilemma for me. Finally, I told the wife that her husband was not too well, and that they should therefore abstain from intercourse for a while, till he got better.

Today in my final year in medical school I would be more direct in my approach and would tell the patients what they are suffering from in a compassionate way, and explain to them the seriousness of their ailment.

Have you ever been disturbed by practices by your seniors and teachers, their behaviour with patients and their relatives? Were you able to discuss your discomfiture with them and seek their explanations for their actions?

Sometimes due to being overworked

the attitude towards the patients does tend to get callous. The best example is the ease with which we sometimes give up on certain patients, because they have been with us for too long in the wards, as in certain debilitating disease. No discussion was held in this matter in medical school, because I think the medical staff is just too overworked, and this is something natural which could happen to anyone.

Do you see any connection between the discussion of ethical dilemmas in medical practice and the discussion of unethical practices in medical care?

There is a certain grey area between an ethical dilemma and unethical practice. The best example is overcharging patients and subjecting them to unnecessary laboratory investigations. This is something which is ethically wrong. The dilemma being between the survival of yourself and the economy of the patient.

The fact that students entering capitation fee colleges make a huge capital investment that must be recovered as soon as possible after graduation is said to be behind many medical malpractices. Do you agree?

Yes. Just like any other profession even doctors need to earn their bread at the end of the day, and expecting overwhelming charity from them is absurd.

During discussions on medical ethics and malpractice, we are often told that it is unrealistic to expect medical doctors to remain honest and ethical when the rest of society is corrupt. Do you agree with this view?

Yes. When the whole social fabric is corrupt, to expect certain individuals to stand out is expecting too much.

Do you feel there is a place for a journal devoted to medical ethics in India?

Yes. In such a fast-paced world where ethics do tend to be neglected in the race to reach the top, such a journal provides a breath of fresh air and acquaints us again with our duty as doctors.

A short note

Did your medical education include any discussion of medical ethics?

No.

How much time do you estimate was spent in any discussion of ethics, in all your years of medical school?

Nil.

Please describe a situation in medical school in which you had to make a decision which was not based on medical knowledge alone. What were the principles you used to resolve it?

Don't remember any instance.

Have you ever been disturbed by the practices by your seniors and teachers, their behaviour with patients and their relatives? Were you able to discuss your discomfiture with them?

Yes. Several times. Most involved not behaving politely with patients. I have never addressed this issue with my seniors directly. I have heard of several unfair practices by my contemporaries and teachers regarding medical education. Though I am reasonably certain that these are true, in the absence of hard proof I have never raised these issues with the concerned persons.

The fact that students entering capitation fee colleges make a huge capital investment that must be recovered as soon as possible after graduation is said to be behind many medical malpractices. Do you agree?

Perhaps. But, as things stand today, there seems to be no need for such reasons to be present for both medical teachers and medical practitioners to indulge in malpractice.

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