

ETHICS IN MEDICAL PRACTICE

PEARLS AND PERILS OF MEDICAL PRACTICE TODAY



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Once a “Doctor of Physics” went to settle in remote England after 2nd world war. In the evening, the coal merchant sent coal, the grocer sent bag full of grocery, the fruit vendor sent box of fruits and so on. Next morning the residents of neighborhood started pouring in. They profusely thanked the doctor of physics for choosing to come of their area to serve the ailing people. The doctor explained that he was not a physician, but had doctorate in physics. This was the respect medical profession commanded in the society. In last 50 years all the advances in medicine has made many impossibility in definite possibilities and has made medicine glamorous and glittering. This has also deviated us from the prime aspect of medicine i.e. **“To cure sometime; to relieve often; to comfort always.”**

Practice of Medicine is a multifaceted subject and has drawn inspiration and sustenance from every source of human knowledge to benefit mankind. A doctor is a scientist, an artist, a technologist and a social worker and above all a humanist, all rolled into one to tend his fellow beings to overcome adversaries of all kinds- physical, mental and social to keep them healthy.

Here I quote what two great American physicians **Drs. R. D. Adams and T.R. Harrison** said in preface of their famous text book of medicine-

“No greater opportunity, responsibility or obligation can fall on the lot of human beings than to become a physician. In care of the suffering he needs technical skills, scientific knowledge and human understanding. He who uses these with courage , with humility and with wisdom, will build an enduring edifice of character within himself. The physician should ask of his destiny no more than this, he should be content with no less. Tact, sympathy and understanding are expected of a physician, for the patient is no mere collection of symptoms, signs, discovered functions, damaged organs and disturbed emotions. He is human, fearful and hopeful seeking relief, help and reassurance. To the physician, like an anthropologist, nothing human is strange or repulsive. True physician has a Shakespearean breath of interest in the wise and foolish, the proud and the humble, a stoic hero or a whining rogue. He comes for the people.”

Are we really portraying ourselves **“True Physicians”**, as expected by our great ancestor who laid the foundation of medical practice? AS early as 5th century BC the great **“Oath of Medical Ethics”** as laid down by **Hippocrates**-

- I will follow that system of regimen which according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and is mischievous.
- With purity and with holiness will pass my life and practice my art.
- Into whatever houses I enter, will go into them for the benefit of sick, and corrutions, and farther from the seduction of the females or males, of freeman and slaves.
- While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this oath, may the reverse be my lot!

Let us put hands on our hearts and think how much we are following the principles laid down by Adams & Harrison and the **“Medicine”** has changed. It has only remained a science with High Tech to be available to those who could afford to **“Pay”** for it. We have become **“TRADERS”** who are trading in medical science. The society which treated us like **“God”** is now treating us as traders. The fault lies not only in the one or the another. It is the part of a global phenomenon of physical wealth oriented society rather than a **“value based”** society.



According to **Sarvapalli Radhakrishnan**, the great philosopher and ideologist – **“science has glorified the external man and has neglected the inner man. This is the basis of various maladies and social, political and other troubles today.”** We are also part of this necessary evil which is eroding our status and prestige in the society.

“Patient – doctor relationship has come down to state of **“trade and consumer”** where **“pecuniary interest”** has taken over the prime aspect of medicine i.e

“To cure sometimes: to relieve often: to comfort always “WHO IS RESPONSIBLE?”

If we raise accusing finger to the other, three fingers are pointing to ourselves. Did we keep up to the expectations of the society which treat us like demigods- **we can undress any women and charge fee for undressing from her husband.** Let us examine why those three fingers are pointing towards us. This is the time for **“INTROSPECTION”**.

COMMERCIALIZATION OF MEDICINE:

LARGE CORPORATE HOSPITALS in metropolis treating less than 5 % of vast population are looking for returns on their investments. The corporate managers taking driving seat and calculating returns only without keeping human aspect into considerations. Doctors take the back seat and their performance is audited on the basis of how many investigations, operations and hi-tech equipments they have used thus giving the organization more and more profit. Floating the 'shares' in stock exchange clearly spells out the motive. This makes the treatment out of reach for the general population which is aware of the advancement in medical science through access to information technology. Public sector failure to provide adequate and desired health care facilities makes the situations worse causing "frustration and mistrust" in people. The burnt of this is faced by the medical professional, who also are exploited by such institutions which give only a small percentage of fee to them.

Cut Throat Competition

Cut throat competition in the profession makes the situation even worse. Our colleagues choose to take shortcuts to success. Our younger colleagues brought up in the world of 'investments' and profit' with the background education of individual success without considerations for any thing else, start hunting for "McKenna's Gold" "right in the beginning of their career. We want to see our own reflection in every place without even thinking of large deprived population of our country.



It is not the face that we get involved in criminal acts for pecuniary gains? **Organ trading, prenatal sex discrimination, false medical certificates and medico legal reports** are some of the glaring examples. This results in poor public image of doctors and hospitals which is further worsened by media which itself is infested by cut throat competition. They look for every opportunity to highlight our shortcoming with a lot of spices to malign the image of the profession.

"Ambulance chasing litigants" make the situation even worse in this era of doctors beings brought in the ambit of Consumer protection Act 1986. Some of us are writing expensive prescriptions for our own benefit and for the treatment of the patient.

All the factors together have caused “**DOCTORS-PUBLIC MISTRUST SYNDROME**” which has no possible cure but we could find some ways and means down the process of deterioration.

SOLUTIONS

Let us take up the important factors which seems to be as follows

Factors

1. Hi-tech medicine at high cost
2. Corporate Culture (Investment and Profit)
3. Non Medical Hospital managers
4. Changing attitude of doctors towards patients (“Clients” not “Patients”)
5. High expectation of public.
6. Competitive media exploiting every opportunity to malign hospital image
7. Ambulance chasing litigants.



Remedy

1. More human touch. Less “conveyor belt system”
2. Social workers of hospital should ascertain the financial position of patients and accordingly fees to be fixed.
3. a) Medical curriculum should devote few sessions in teaching “Medical Ethics”.
b) Clinical teaching in wards to be encouraged and direct observation of trainee by trainers to keep them more in direct touch of with the patients. Perception of human suffering through touch may bring more sympathy towards the patients.
Only teaching medical ethic would not suffice – the teachers should practice what they teach. Example is better than preaching.
4. Public Awareness Programs.
5. Media Management – Frequent interactions with media on different health problems of the people will mellow down the hostility. We should not boast too much of our achievements which may bring backlash even in trivial shortcomings. Let our work speak for itself and not the vice versa.



6. "Honesty to the Patients" which come out only from within and not by teaching and preaching. Our good act towards the patients and good record keeping may keep us out of many unnecessary troubles.

CONCLUSION:

Let us all be "God fearing" in true sense and remember the principles laid down by forefathers of medicine. Let us not run after money (Laxmi). Let us care for suffering humanity with integrity, honesty, spirit of service and sacrifice. Laxmi should follow, we should not chase her.

We should aim at reaching nearer to Hippocrates and other true practitioner of art and science of medicine and not "KUBER" , Ford, Rockefeller, Birla & Tata. A doctor is not judged by the amount of money he earns, but by his professional competence and honesty to the patients.