

Need for Ethics Synergy

Several issues have cropped up in recent reporting on the malpractices in clinical trials all of which have pointed to the need to regulate them, and by extension, the medical community. The former is very much required, given the nature of such trials as well as the increasing numbers of people who will participate in them. Regulation of the medical community itself is a complex issue which yet needs to be done. More important, ethical behaviour among the profession needs rather to be understood and nurtured within educational contexts itself for which the question of ethics must be framed within the norms and contexts of the larger society.

Several ethical issues exist outside clinical trials and have more to do with medical practice. For instance, the increasing privatisation and commercialisation of medicine; the high cost of drugs and medical care in general, the increasing use of unnecessary diagnostic tests, the use of new medical technologies, and lastly, the nexus between doctors, the pharmaceutical industry, the medical technology industries and the insurance companies which has become dangerously strong, further harming the rights of patients. This is an open secret, and almost all of us have a story to tell about how we have been prescribed expensive antibiotics, unnecessary tests, and even worse, been admitted to a hospital for a full check up when all we complained of was a headache, just so that there would be insurance coverage of all the tests. All these have ethical elements in them which may not be seen as such by medical practitioners, but are clearly perceived by patients. They also have implications for the quality of healthcare that we receive.

Many of these issues have arisen in the context of a gradual shift from the self-perception of the doctor as a 'healer' to the doctor as a 'professional', and many (senior) doctors are aware of the kind of problems this shift has entailed. For instance, while the former perception of doctor-as-healer allowed one to retain the patient's health and patients' rights as central to the engagement, the latter focuses on building up the doctor as a professional by considering him as the recipient of some 'investment' on which 'returns' are to be expected.

Thus any discussion of ethics for doctors must be examined in such a broader context. At the

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same time ethics for middle-class, educated people is framed within a parallel discussion of how our 'rights' as patients are being compromised, or how we have been 'cheated' or 'framed' by such issues. Both sides are justified in some way but equally, both need to gain some perspective by connecting with some of the larger issues and battles being waged in this country.

For instance, if the middle and upper middle classes feel helpless or frustrated in one way or the other when faced with a medical problem and rising costs, then we must realise that the issue is magnified for vast numbers of other people. Some estimates place the poor and the deprived at over 70 per cent of the population. This indicates that almost three out of four people in our country are struggling to get a square meal a day. If one were to accept the most conservative estimates of serious deprivation as being something around 30 per cent of the population, it still indicates that almost every third person cannot dream of healthcare. This is actually the central ethical issue in our country, bridging numbers of 'battles' being waged across several fronts: a large number of people are being denied fundamental human needs such as food, elementary education and medical care.

Given these kind of numbers, the ethical issue of first order is to enhance access to medical care and to advocate for free and universal healthcare. Several rights can be negotiated for the poor and marginalised simply by universalising them. For instance, the Right to Education Act which came through almost two years ago after decades of advocacy is an example. Unfortunately, the Right to Food Campaign which pressed for universalisation has seen only a qualified success with hierarchies still being drawn among the people. The best thing that can be said is that at

least the government has engaged with civil society and the NAC has drafted a policy, watered down though it is, and will table the Food Security Bill this Monsoon Session.

Although the final forms of both these rights may leave much to be desired, there is no getting away from the fact that their constitution as 'rights' is important. The significance of this is that they have been pushed through as rights not because the middle-class needs them (which they may not), but so that the poor can access both food and education of which they are largely deprived. If the right to universal healthcare comes through, three major provisions would have been achieved for a meaningful democracy.

When speaking about cultivating ethics for the medical profession, the first point is that it is important to bring these ideas in at the stage of learning itself — in educational institutions when ethical behaviour of future doctors can still be shaped. At this point in time, we tend to think that ethics will arise 'naturally' amongst them. Clearly this hasn't worked. Instead, our approach must continuously link the magnitude of a doctor's work with larger social responsibilities as part of curricular requirements. Further, medical ethics must be taught with reference to larger social ethics, rather than allowing it to be formulated as something concerning doctors only. Thus, a lot of work needs to be done in order to make these connections visible and viable in the medical education process itself.

Such an approach will directly address the questions of ethical responsibility that confront the medical community today. By seeing continuities between ourselves and others, by linking contemporary medical endeavours with the norms of larger society, by advocating for something which we may not need but voiceless others do — it is in these ways that ethical sensibilities can and must be cultivated. The medical community needs to align itself with current efforts as well as thinking in other domains to secure the basic needs of a democratic society in an ethical way. It is an error to think that problems which arise in research context must be addressed at that level only. The cultivation of ethics must be done in educational contexts and work in tandem with other discourses surrounding ethics in the larger community.