Medical Ethics – Solution for INDIA

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ETHICS

Moral principles that govern a person’s behaviour or the conducting of an activity: Oxford Dictionary

Schools of ethics in Western philosophy can be divided, very roughly, into three sorts:\n
1. The first, drawing on the work of Aristotle, holds that the virtues (such as justice, charity, and generosity) are dispositions to act in ways that benefit both the person possessing them and that person’s society.
2. The second, defended particularly by Kant, makes the concept of duty central to morality: humans are bound, from knowledge of their duty as rational beings, to obey the categorical imperative to respect other rational beings.
3. Thirdly, utilitarianism asserts that the guiding principle of conduct should be the greatest happiness or benefit of the greatest number.

MEDICAL ETHICS\n
We can divide (although huge overlap is inevitable) this increasingly complex field of science as follows:

Deontological\(^2\) = Duty Based

A teleology\(^2\) is any philosophical account that holds that final causes exist in nature, meaning that — analogous to purposes found in human actions — nature inherently tends toward definite
Three recognized arms of Continuing Medical Education [CME⁴], as adopted by the Royal College of Paediatrics and Child Health [RCPCH], UK are Clinical, Professional and Academic. We can roughly categorise Medical Ethical dilemma in these three arms. We currently need three more categories on Medical Ethics, namely Legal, Social and Miscellaneous (see below). This is not an exhaustive list.

**CME Arms**

**CLINICAL ETHICAL**

<table>
<thead>
<tr>
<th>Current Areas of Dilemma</th>
<th>Novel Areas Dilemma</th>
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<tbody>
<tr>
<td>1. Withholding and Withdrawing Treatment⁵</td>
<td>1. Organ Donation</td>
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<tr>
<td>2. Care towards End of Life⁶</td>
<td>2. Gene Therapy⁷</td>
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<td>3. Euthanasia</td>
<td>3. Assisted Reproduction⁸</td>
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<td>5. Use of Placebo therapeutically</td>
<td>5. Neutriabiotics⁹</td>
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<td>7. Medical Termination of Pregnancy (sex determination)</td>
<td>7. Alternative Medicine</td>
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**PROFESSIONAL ETHICAL**

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<tr>
<th>Professional Business Ethics</th>
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<tr>
<td>1. Incentives</td>
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<td>2. Inducements</td>
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</table>
3. Chaperoning
4. Whistleblowing
5. Relationships amongst colleagues
6. Bedside Manners – Breaking Bad News
7. CONFIDENTIALITY

ACADEMIC ETHICAL
1. Continuing Medical Education done ethically
2. Clinical Trials
3. Medical Errors
4. Bias & Prejudices

Other

LEGAL

1. Defensive Medicine Occupational
2. Litigation & Claims
3. Malpractice\textsuperscript{14,15}

SOCIAL

1. Dress Code
2. Intimacy with colleagues
3. Intimacy with clients

It is easy to understand how daunting the task could be even in a managed system\textsuperscript{16}. It is no wonder that it feels like an impossibility to implement with any degree of faint success in a largely unmanaged scenario, which is what Indian healthcare scenario currently is!

Does it mean ethics cannot be systematically ensured in Indian Medical practice? Of course not\textsuperscript{17}.

There are various stakeholders actively pondering over these complex issues in India.

May be India is losing time on mammoth scale for its mindset of reinventing the wheel, whereas deliverable solution exists.

A large number of disjointed exercises can only result in duplications and wasted energies.

To become relevant to the 21\textsuperscript{st} century, Indian healthcare must progress towards a managed system without necessarily having to forego physician’s professional independence, while foregoing its errant members to behave badly.
And this must be done without losing any time.

Strategies will be discussed with case discussions and examples during the talk by this author on solutions that are pertinent to India in present context.

REFERENCES


