Medical Ethics – Solution for INDIA

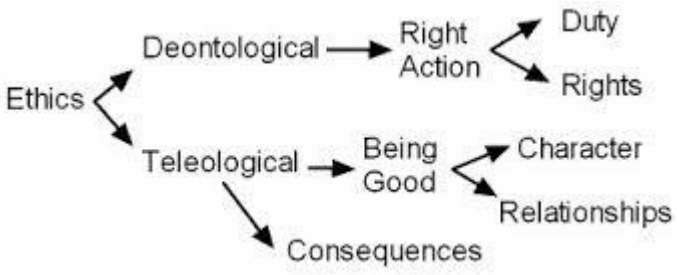
Dr. Anjan Bhattacharya
MB BS(Cal); DCH (Lond); MRCP (Lond); MRCPCH (UK)
Consultant Paediatrician (Developmental Paediatrics)
Ex-In-charge, Academics, Department of Paediatrics
CHILD DEVELOPMENT CENTRE, Apollo Gleneagles Hospital, Kolkata
Affiliate Tutor of IPPC/DCH Program, Sydney University, Australia
MRCP Child Health India Examination Invigilator of RCPCH, UK
WHO expert in pioneering ICF Core Standard setting in children, Vancouver, Canada
Executive Member, State Branch, National Neonatal Forum (NNF)
Executive Member, Growth Development & Behavioral Pediatric Chapter, IAP
Executive Member, Medico Legal Group, Indian Academy of Pediatrics (IAP), Immediate Past Secretary, Executive Member, West Bengal Academy of Pediatrics, IAP

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[1].

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

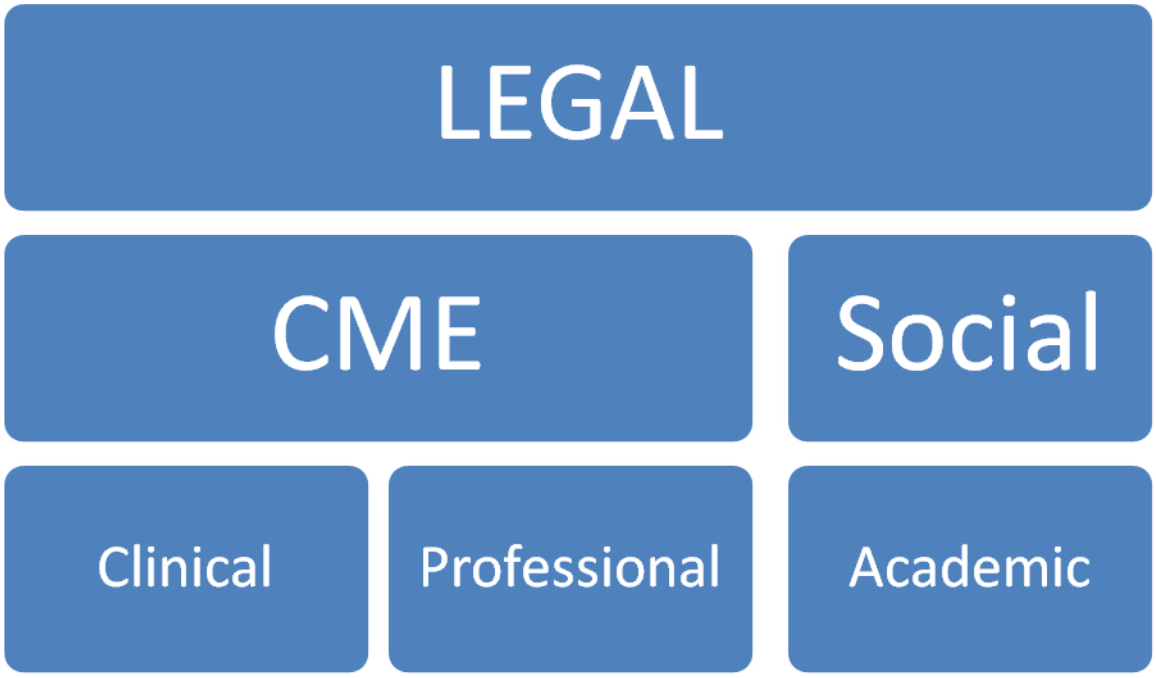


Deontological[2] = Duty Based

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

MEDICAL ETHICS[3]

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



Three recognized arms of Continuing Medical Education [CME[4]], 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

Current Areas of Dilemma

1. Withholding and Withdrawing Treatment[5]
2. Care towards End of Life[6]
3. Euthanasia
4. Do Not Resuscitation (DNR) Policy
5. Use of Placebo therapeutically
6. Child Protection
7. Medical Termination of Pregnancy (sex determination)

Novel Areas Dilemma

1. Organ Donation
2. Gene Therapy[7]
3. Assisted Reproduction[8]
4. Stem Cell
5. Neutrabiotics[9]
6. Newer Modalities (therapy) [10]
7. Alternative Medicine

PROFESSIONAL ETHICAL

1. Consent[11] / Ascent
2. Accountability / Disclosure[12]

Professional Business Ethics

1. Incentives
2. Inducements

3. Chaperoning
4. Whistleblowing
5. Relationships amongst colleagues
6. Bedside Manners – Breaking Bad News
7. CONFIDENTIALITY

3. Influences

ACADEMIC ETHICAL

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

Other

LEGAL	**SOCIAL**	**MISCELLANEOUS**
1. Defensive Medicine	1. Dress Code	1. Occupational Health[13]
2. Litigation & Claims	2. Intimacy with colleagues	
3. Malpractice[14,15]	3. Intimacy with clients	etc.

It is easy to understand how daunting the task could be even in a managed system[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 healtcare scenario currently is!

Does it mean ethics cannot be systematically ensured in Indian Medical practice? Of course not[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 21st 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 partinent to India in present context.

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