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**SEVENTH**  
**SHRI. B. V. NARAYANA REDDY**  
**MEMORIAL LECTURE**



*“Medicine and Ethics”*

by

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The doctor and the priest have traditionally commanded the love and respect in all societies. This is because their concern has been with the body and the soul of the individual regardless of his or her position, power or wealth. The service provided has been more in terms of compassion than mere physical cure or religious sermons and the reward has also been more in terms of the love and respect they enjoy in society than mere monetary gain. The poor have always received their special concern.

Why then the sudden breakdown of this age old relationship that we observe today where the doctor is considered a necessary evil who trades in human suffering and the patient an ungrateful client who loses no opportunity to sue the doctor. This despite the far more efficient care that the profession can now provide thanks to advances in medical science. It is significant that this new ailment which has originated in the West, and especially in the home of free enterprises, the USA, has come to us as a part and parcel of the modern Western medical system which has been imported ad hoc with the social and moral values of its originators. This allopathic (foreign) system dominates our present health scene and is the cause of this dilemma.

It is a part of the materialistic culture pandering to human greed which is now being even more actively promoted under the guise of the New World Order and which is being so avidly sought by our neo-elite, of whom the medical profession is a part. It is not that avarice and unethical practices were unknown to the medical

profession of yore for the code of medical ethics of Sushruta, Charaka and Hippocrates also warned against the misuse of the trust placed by society in their physicians. Yet these were only a relatively few deviants from the norms of their society and were controlled more through social ostracism than legal measure.

Yet it is hardly fair to place the entire blame for our present impasse on the medical profession alone for they are reflecting the changing values of our society as a whole and especially of the section to which they belong. Let me also add that despite these pressures of the society and of their own peers, there still exists a considerable number of members of this profession, especially family physicians, who continue to silently pursue the highest traditions of their profession and refuse to treat medicine as a mere market commodity to be sold in the market place.

In our present preoccupation with Western medicine it is important to remember that India had well developed systems of medicine and surgery established for over 2500 years as described in the Samhitas of Charaka and Susruta and in Patanjali's Yoga. While relatively poor in defining the cause and treatment of communicable diseases, they were advanced, in the understanding of health rather than mere illness to which Western medicine is almost entirely confined using the narrow but powerful dissective tools of its science. The indigenous systems had on the other hand a far more holistic approach to life and considered man as a part of nature and hence of his environment. Even to this day health to most of our people is the result of harmony between the mind, the body and

its external milieu, and disease a disturbance of this balance. This holistic view which emphasizes the importance of the purity of the mind and body has much to offer for many of the mental and physical ills of our present day society and especially for non-communicable disease like cancer, heart, stroke and arthritis. The philosophical acceptance of old age and the inevitability of death, rather than a pill for every perceived ill and the passing of the last days with the loving care of the family is lacking in the aggressive 'conquering of disease and death' at any cost which is now the approach of Western medicine.

It is evident that both systems have much to offer for human welfare and happiness if their conflicting philosophies can be blended. The non-formal holistic and personalized low key approach of the indigenous systems which consider medicine as much a social as a medical function, with the large scale formalized specialized and monetized approach of allopathy where the identity of the individual is being increasingly lost in the exercise of impersonal science with its ever increasing specialization; where the art of caring must be merged with science of curing.

In order to understand the reason for the present dilemma resulting from the unthinking acceptance and imposition of Western thought and practices on our traditional society we must try to understand Western philosophy, as also its science, which is attempting to dominate the present world scene. Only thus can we understand the present ethical problems that not only affect our people but also the entire world and where the future of civilization now hangs in the balance.

It is not surprising that man alone of nature's creations has had to need to evolve a code of conduct and ethics to regulate his life and activities. This is due to a combination of homo centricism, self-centricism, ego and greed. The evolution of the brain which has enabled him to reach heights unattained by any other species also enables him to question and manipulate nature itself using the new tools he acquires. This has reached a crescendo in this century enabling him to discover some of the secrets of nature such as the atom and the cell with which he now seeks to manipulate nature's physical and biological creations in order to pander to his ever increasing self created needs which is now exhibiting itself as insatiable greed without moral and ethical restraints. This differentiates man from all other species and now seem even to submerge the instinct for long term survival which is inherent in all others. This is due to his arrogant homocentric view of creation which makes him believe that he has reached the apex of evolution and that all the rest exists only for his benefit. Blinded by arrogance and greed this race has failed to visualize its niche in the overall order and harmony of nature which he can disturb only at his own peril.

Prophets and wise men throughout the ages have been conscious of these failings of their race and have preached the values of humility above arrogance, of simple living and high thinking, of reducing material needs, of living in harmony with nature and respecting if not worshiping its many manifestations, of love rather than hatred, of cooperation than competition, of consideration for the poor, the disabled and disadvantaged, of giving rather than

taking and self denial rather than acquisition based on greed which is inherent in all of us. These have also been the basic tenets of all civilizations whose demise has generally been due to disintegration of these values.

The present world crisis which threatens the very existence of life on this planet is commonly ascribed to a variety of immediate causes not realizing that the roots lie in the erosion of the values that have helped man hitherto to survive and lead a civilized form of existence in relative harmony with fellow beings as also with nature. This was based on long term self-interest for his own survival if not altruism and search of nirvana. Despite the preaching of Christ, the West has always demonstrated an aggressive trait which has made it easy prey to materialism and materialistic sciences, devoid of social control and moral and ethical constraints.

Tinner (ref.) states "That this has resulted in incompatibility in the present day situation where theologians and philosophers have no authority in the area of science and have become kings without kingdom. Man is the first form of life to be able to interfere with the evolutionary process of life on earth and he has done so without realizing the consequences and being called to render account. These pretenders to the 'crown of creation' are the most brutal, voracious and murderous of all the species which have evolved on earth. Man preaching ethics is like the devil preaching the gospel for he is an interested party."

In our present fascination with Western science and technology let us not forget that systematic study of nature and natural phenomena and use of the knowledge gained

thereby is what science and technology is all about. This was a part of all civilizations. Some like those of Mohenjodaro, Sumer and of the Pharoahs though now extinct have left rich archeological artefacts including codes that governed their society, as in Egyptian papyri and the tablets of Hammurabi. In others like China, Greece and India, science acquired over the millennia is still a part of their ongoing culture and practices.

Joseph Needham in his scholarly study of Science and Civilization of China states that "Chauvinistic Westerners always try to minimize the indebtedness of Europe to China in antiquity and the Middle Ages but often the circumstantial evidence is compelling." His biographer Temple states that "Half of the basic inventions and discoveries upon which the 'modern world' is based, comes from China; and yet few people know this. Why?" Needham further states that "It may well be that a similar pattern will appear in the future when the history of science, technology and medicine, for all great classical literary cultures such as India and Sri Lanka, comes to be written and gathered in." He further states that "The science of China and Islam never dreamt of divorcing science from ethics, but when the Scientific Revolution and final cause of Aristotle were done away with, and ethics chased out of science, things became very different and more menacing. This was good in so far as it clarified and discriminated between the great forms of human existence, but very bad and dangerous when it opened the way for evil men to use the great discoveries of modern science and activities disastrous for humanity. Science needs to be lived alongside religion, philosophy and

history and aesthetic experience; alone it can lead to great harm. All we can do today is to hope and pray that the unbelievably dangerous powers of atomic weapons, which have been put into the hands of human beings by the development of modern science will remain under control by responsible men and that maniacs will not release upon mankind powers that could extinguish not only mankind, but all life on earth?" One may now add biological weapons which can be more devastating being far more easy to produce as also to 'deliver'.

Western science still carries its original sins. Born as a reaction to Christian papal dogma and the inquisitions against scientists like Copernicus and Galileo it threw out the baby with the bath water because of its inability to differentiate religion from the practice of its rituals; hence the lack of philosophic, moral and ethical underpinnings which lends Western science to misuse. The other tragedy lies in the very area of its strength, namely its very dissective and quantifying character which also prevents it from seeing the wood for the trees.

In an era where the achievements of Western science are over-glorified by the West and uncritically accepted by the Westernized elite in countries like ours without observing of the obverse of the coin, it is time we also examine the devastating effect this science has had on our country and the majority of our people leave aside the rest of the world. The ethics of ad hoc importation and imposition of this science and technology in our country in utter disregard of the entirely different social, cultural and economic needs of our people is most vividly demonstrated in the field of medicine which is the theme of



this presentation.

In our present obsession with allopathy (Western medicine) introduced by the British rulers, which was readily accepted by their camp followers and promoted by their missionaries we have not only neglected but actively denigrated our own systems of medicine like Ayurveda, Siddha, Unani medicine and Yoga which have served our people over the millennia. It is also time that we question the morality and ethics of the medical profession and the political system which has accentuated rather than corrected this distortion after Independence. What is even worse is that they have failed to utilize the best aspects of both systems and have converted health into illness and illness into a major business and industry in an area where consumer resistance is at its lowest. The most cost effective aspects of Western medicine for communicable diseases remain grossly underutilized because it affects the poor who have neither the capacity to pay nor to question technology imported ad-hoc from the West is actively promoted for non-communicable diseases like cancer, heart, stroke and arthritis which affect the aged rich for which Ayurveda and Yoga have far more to offer more humanely and at a fraction of the cost.

Should we not question the motives and ethics of the continuous overproduction of such doctors, hospitals and drugs when three quarters of these remain concentrated in urban centers while ignoring the basic requirements of 74% of our population which lives in rural India. Is it not the role of the medical profession which is responsible for the overall health of our people to raise public and political awareness about poverty whose worst consequences like

disease, pain, suffering and death are most acutely observed by them? Or is it sufficient to shrug it off as not being within their scientific and technological domain while using the ailing poor as interesting clinical material for training such doctors at public expense knowing full well that most of them will either emigrate or serve only those who can pay for their services in the private sector? Is it ethical to consider medicine for the poor as charity to be practised in overcrowded under-funded public hospitals or at weekend rural 'camps' where the profession unconsciously acts as agents of pharmaceutical companies to hook the poor on expensive drugs and injections supplied as 'free samples'; and undertake camps for laparoscopic tubectomy on hapless women coerced by Government 'motivators' in order to stop the uncontrolled proliferation of the poor 'who know no better'? Operations conducted under unhygienic conditions, which no middle class person and their medical practitioners would ever tolerate in the city, and with instruments which need far more time to clean and sterilize between operations and using a technique which an ICMR study has shown has a seven times greater complication rate than open mini laparotomy; and that too with extremely poor post operative care after they depart from the scene.

Should the profession which professes to be the custodian of the health of our people not be able to differentiate between health and illness and try to understand and help improve the social and economic factors underlying both. Is it ethical to ignore the polluted well, the garbage dumps and, the polluting industries while treating the consequences at much greater cost and

suffering? Is it right for them to leave the less glamorous and less lucrative preventive and promotive aspects to the bureaucracy in the public sector who seek to impose techno-managerial solutions through dehumaning 'target' oriented vertical programmes from Delhi and state capitals which ignoring the integrated concept of the Bhore Committee which was accepted as the blue print for our post Independence health services and which has shown far superior results when implemented in China and in our own state of Kerala. And yet the profession tacitly supports pleas for 'more of the same' approach after four decades of failure just because the World Bank and USAID endorses it and provide funds?

Can we ethically justify the crude and coercive Family Planning target pressures on hapless poverty stricken women without providing them basic services for their immediate medical, social and economic needs and not ensuring security for illness and old age which is at present provided only by their children? Is it morally correct to impose the norms of the rich without providing for the basic needs of the poor just because the former have the power to impose their will because the poor who are kept uneducated and ignorant hardly know their rights and how to demand them?

Why has the profession not raised its voice against the production of 60,000 drugs and formulations when WHO lists less than 300, even a well medicated country like Norway has only 2000 and Bangladesh 3,500. Many of these drugs are banned in the countries of their origin and most others are irrational like vitamins, tonics and digestives which are not as harmless as they are made out

to be as they are now diverting 8% of the meagre resources of our poorest from food to such medicines which results in further malnutrition and consequently disease. It is chiefly the non-medical members of our society and legal luminaries like Justice Lentin who have exposed the nexus between the health industry, our bureaucracy and politicians and even some members of the medical profession.

What differentiates a profession from a trade is the high ethical norms of professions that are self imposed, rather than by law, and which are monitored by its own bodies like the Medical Associations and the autonomous quasi official institutions like the Medical Councils. The glaring failure of such bodies in our country, which shield rather than expose and prosecute gross malpractice, has eventually led to legal action by the public which now seeks redress under the Consumer Protection Act, which is then opposed by the profession and in turn leads to defensive medicine; a vicious cycle. Would it not be far better for the profession to put its own house in order, expose malpractice and impose sanctions against its erring members?

A major reason for this resentment, especially by the middle class, is the exponential rise in the cost of medical care in the private sector which lures them with the 'latest' and most expensive Western technology, much of which they realize is of dubious value but against which they have little resistance when the life of their near and dear ones is at stake. They resent the doctor playing the role of God and refusing to provide and discuss medical information under the misguided assumption that the

layman cannot understand medical science and technology and hence must have unquestioning faith in his judgement; a judgement which is often lacking even in science eg. lack of knowledge of pharmacology of the drugs they prescribe, or lack of evaluation of the cost-effectiveness and hazards of the 'latest' technology promoted by visiting Western 'experts' through seminars held in five star hotels sponsored by their instrument industry. The exponential rise in medical costs in the past decade due to the sales promotion of such dubious Western 'glamour' technology, regardless of the social economic condition of the patient and his family, has also grave moral and ethical implications. The competition resulting from gross over-production of doctors, drugs, medical instruments, nursing homes and Five-Star hospitals and the lure of lucre to support a 'successful' high profile life style has inevitably resulted in unnecessary cross referrals, over investigation and a 'cut practice' that is now common knowledge.

This is revealed by a study conducted by the Central Statistical Organization (CSO) in Delhi which has reported an average net income of Rs.30,000 for doctors practising in clinics and Rs.80,000 for doctors running private nursing homes. According to the income tax officials in Delhi no doctor in 1989-90 had filed a return with annual income of more than Rs.2 lakhs (or Rs.16,700 per month). It is not surprising that there has been a simultaneous increase in unethical procedures like amniocentesis, unnecessary hysterectomies and Caesarean sections. I will not go into the various aspects of unethical practices which are reported daily in the papers which attract the attention not

only of health activists but also of the public at large, but seem to fall on deaf ears of the medical profession and their monitoring bodies like the Indian Medical Association and Medical Councils. Does the profession not realize the futility, the cost to the family and inhumanity of prolonging the life of a paralysed octogenarian in an Intensive Care Unit and even ordering a CT or MRI scan on such an unconscious patient?

The answer does not lie in legal action but in resisting the invasion of the new Western global market economy with its amoral values which is destroying the fabric of our society, as it has done in the West itself. This is necessary before it percolates to the 85% of our people who are not yet affected by it and still possess the traditional values of our civilization. There is an urgency to drastically curb the overproduction of doctors, drugs and import of unnecessary expensive medical instruments; also of inappropriate technology. Sociology, anthropology, economics, ethics and philosophy must form an important part of the medical curriculum in a subject dealing primarily with human beings, and must be taught by inviting eminent teachers from other fields than medicine. The conversion of medicine into a mere exercise in medical technology isolated from the rest of society must cease. There is an urgent need for the medical profession to revive its professional character and strengthen its monitoring bodies like the Medical Councils by the induction of young idealistic members to replace the entrenched gerocracy.

Above all, the public itself must learn to overcome its present state of helplessness by learning the basics of health and illness care and question the profession as and

when they feel necessary. The promotion of health must be encouraged rather than running to the doctor for every perceived ill. Most illnesses are self limiting and have been traditionally cared for by the people themselves. The excessive medication, use of antibiotics, vitamins and tonics, often by injection and 'intravenous drips' which has become routine medical practice must be questioned as it often does more harm than good.

Above all the very nature of this imported form of development based on human greed which undermines the very basis of our people's health must be questioned. Is it justifiable for the middle class to pay large capitation fees to get their sons or daughters into a medical college and then complain about malpractice and the ethics of the profession? And yet it is not the rich and the middle class who bear the brunt of this form of development and health care. This is borne silently by the other 85% who live in the villages and urban slums in a country called Bharat to which India is a stranger. To them slogans like 'Right to Die with Dignity' have little meaning when the 'Right to Live with Dignity' is denied them.

Fortunately there is a silver lining in this clouded scenario. Health as we all know depends primarily on factors like nutrition, education, water, sanitation, housing and healthy environment. These lie chiefly in the domain of the people themselves and can be achieved only by their own political action as demonstrated by Kerala; and not through welfare programmes of Government operated by an uncaring bureaucracy. There is also increasing evidence not only from the 'bare foot' doctor experiment of China and from the experience of Gonoshasta Kendra in

Bangladesh, but also from a host of our own NGOs that even in the field of medicine over 70% of all preventive, promotive as well as a curative care is best undertaken by the people themselves. This is because the knowledge and technology that is required is simple but needs a very high level of cultural affinity, continuous availability and accountability to the people which no external agency can ever provide. People should be encouraged to utilize all available systems of medicine and health care including folk medicine and not depend on public or private health facilities for what is rightly in their own domain.

The medical profession has an important but restricted role in such a system. The role of teaching, encouraging self help, and providing supportive service for those conditions which require greater knowledge, skills, and facilities in a graded manner, as close to the people as possible and not in impersonal specialized mega hospitals in distant cities. The present situation is because the profession has mystified medicine and has tried to appropriate people's functions. This has not only created dependency but has also proved counterproductive because in the process the professionals have been unable to devote time and utilize their knowledge and skills for those functions for which they are trained.

The Bhore Committee's report of 1946 which had recommended such a decentralized people based public health care system was adopted as a model for our country's health at Independence. Unfortunately this was hijacked by the medical profession and health industry with the connivance of the politicians. China implemented this report with remarkable success and has demonstrated that



spending 3.5% of its GDP on such a health system (two thirds in the public and only one third in the private sector) it has been able to achieve a health status far superior to ours as revealed by its Infant Mortality rate of 30, as compared to 90 of our own even though India spends 6% of its GDP on health (three quarters of which is in the private sector). A good public sector would also serve as the best safeguard against uncontrolled proliferation of the private sector over which the people have little control.

Panchayati Raj now provides the necessary infrastructure for the operation of such a people based and people controlled health care system where they must demand and have adequate resources as well as financial and administrative control over those who are paid to save them. That 95% to 98% of all aspects of health care can be achieved within the 100,000 population (taluka or block) level at about Rs.100 per capita per annum (at present prices) was stated in the ICSSR/ICMR report of 1987. And yet we are at present spending over Rs.25,000 crores equivalent to Rs.275 per capita in a system where the medical profession and the health industry, and not the people are the chief beneficiaries.

I will conclude by quoting Rudolf Vichow, a famous German physician who stated as early as 1846 that "Medicine is a social science, and politics is medicine on a larger scale."