

Presidential Address

AIR MARSHAL K.D. Kapur DMS (AIR)



The practice of medicine is a science as well as an art, deeply rooted in a number of sciences and charged with the obligation to apply them for the benefit of mankind. The responsibilities of medical profession are three fold: to generate scientific knowledge and to teach it to others, to use the knowledge for the health of an individual or a community; and to judge the moral and ethical propriety of each medical act that directly affects another human being.

Through the columns of this journal I want to draw the attention of my junior colleagues to the last aspect of our medical responsibilities I.e., 'medical ethics'. Medical ethics may be defined as the performance of one's duty towards a patient with justice and empathy. In today's materialistic milieu we seem to have lost view of this very vital aspect and downgraded our profession to a mere commercial venture. It is imperative on us now to

address ourselves to the moral and ethical propriety of our medical practice. A patient is simply a fellow human being in need of help and we should render this help with professional competence and human compassion.

The last decade has seen the arrival of many sophisticated technological advances in the medical field like ultrasonography, isotopic scans, computersied tomography, nuclear magnetic resonance and so on. While the enthusiasm for them is understandably justified, I would like my medical officers to carefully weigh the clinical requirements and the expense involved before ordering such examinations. The principle should be to use these examinations judiciously, preferably in lieu of and not in addition to, the invasive procedures. A theory is being propounded now a days, that science and technology of medicine are responsible for depersonalization of Doctor-patient relationship, as though there is contradiction between science and humanity, between technology and compassion. I want to stress, that there is no such negation, science and medical practice are complementary to each other and in fact these technological advances have lent more compassion to the practice of medicine by sparing patients' difficult, painful and potentially dangerous, invasive procedures and permitting early, definitive diagnosis, thereby ameliorating pain and suffering.

Then, where does the problem lie? Glick SM contends that "the fundamental problems lie for the most part outside the medical establishment, within society as a whole, for the physician is largely a reflection of society". There in lies the crux of the problem. Today society in general has become materialistic, and the individual is interested in quick gains without questioning the propriety of the means adopted. When this attitude transgresses into the medical profession it leads to malpractice. Costly antibiotics and steroids are prescribed with-

out justification, expensive diagnostic procedures are adopted unwarranted, surgical procedures are undertaken simply to charge more money from the patient and this leads to disillusionment of the community with the doctor, and debases the nobility of the profession.

Therefore I ask my junior colleagues to rise above these materialistic considerations and practice medicine in the best traditions of Hippocrates and Sir William Osler and use their professional knowledge and technological advances for the benefit of the community with humility and dedication. Further I will like to highlight the growing tendency amongst us to try and treat a case in isolation, thereby neglecting to discuss problem cases with our senior and junior colleagues and get their views on the disease process as an aid to better and comprehensive management of the patient. This tendency, which to my mind is based on the false sense of prestige, negates the basic medical ethics. Similarly, where there is an obvious need of a second opinion of a Specialist in other discipline/disciplines, the delay in getting such opinion, results in mis/bad management of the patients, due to wrong notion of omni knowledge. Such tendencies pay scant regard to a correct and ethical approach to patient care.

I therefore want to lay the basic edict for all of us "Patient First and Last" in our management of patient as a whole.