In the present chapter we will discuss some of the case histories on violation of medical ethics and health rights.

During the last two decades ethical issues in medicine are receiving greater attention. This applies to both medical practice as well as medical research. The advances in medicine, changing perceptions of the public and physicians, greater availability of information to the common man and political developments have all led to the ethical aspect of medicine becoming more relevant. Ethics is no more just a matter of special situation to be tackled by those working in frontier areas of medical practice and research.

Charak- the celebrated Indian physician of the bygone era said “Health is vital for ethical, artistic, material and spiritual development of man”. According to Buddha, “of all the gains, the gains of health are the highest and the best.” The overriding importance of good health to humankind is to be found in ancient literatures from other parts of the world as well.

Against this background, the lack of training to medical professionals on ethical aspects is well recognized. In India, the Indian Council of Medical Research (ICMR) has published “a policy statement on ethical considerations involved in research on human subjects” (ICMR: 1980).

The all pervading ethos of the medical profession is to help the patient to the best possible way to get rid of the diseases. For a doctor, therefore, the patient is above everything else. Even if the deadliest enemy of the doctor makes an approach to him, the latter is obliged to help him in curing the diseases. Service to patient therefore, is the ultimate ethics for a doctor. It is this ethic which keeps the practitioners of professions held together. Another binding force is to consider the professional members in the ties of kinship bonds. Normally, if the dictates ethics are followed, a doctor would not charge any fee to examine the close relations of another doctor-anywhere-any place. Besides, there are certain other norms which keep the profession
and its practitioners autonomous. For instance, if one is under the treatment of a particular doctor— the other would not intervene.

The Medical Council of India and the State Medical Council are the guardians of the rightful observation of the normative ethics of the profession. In fact, one of the objectives of the Medical Council of India is to monitor the profession at various levels. However, whenever such offences are committed, the office of the Council does not take any cognizance unless complaints are lodged to the council. However, the Medical Council of India has sought amendment on the Medical Council Act, 1954 in the year 1974 by amending that any contravention of medical ethics is a cognizable offence. The Medical Council is also empowered to set up and to decide suitable punishment to the offenders. Thus, the observations of medical ethics laid down by the council have statutory strength.

Our interviews with the doctors show that in normal course of treatment they observe the general idiom of professional ethics. However, there are cases where one can find deviance from the ethics. For instances, it is expected of a doctor not to administer heavy doses to a patient which might result in side effects. But to get money they resort to give heavy dose along with poly-therapy. A patient who is victim of such treatment in the long run gets his health shattered. This is obviously a violation of ethics.

Yet another ethic of a doctor is to take the patient into his confidence. During the course of treatment, ethically the doctor should make it clear to the patient about the nature of his ailment. He should be told boldly that the consequences of ailment would be fatal or not. Ethically one is entitled to take the patient in confidence.

However, the ethics of medical profession should not come in conflict with the larger interest of the society. Take for instance, the case of vasectomy and medical termination of child. Both these operations have a wider connotation in the interest of the country. But any leakage of such operation has worse social consequences. Hypothetically, if after vasectomy the wife happens to conceive a child, she would be ridiculed by the society. In the same way if the secret about the medical termination is disclosed, it might brand the woman as that of bad character. Though, the operations
are a reality but it is the ethical obligation of the doctors to maintain the secrecy. Similarly is the case of leprosy and venereal diseases. When a patient approaches a doctor, he is a person and he discloses everything to the doctor. If the doctor leaks out the personal secret, it is not only violation of the professional ethics but also a betrayal of the patient. Below, we will discuss the Ethics of Doctors in Section-I and Health Rights of Patients in Section-II.

Such ethical norms, which we found in the field, are presented below.

**Section-I**

The physicians have obligations beyond those of his own patients, a broader responsibility towards the health of the society. A physician’s advocacy for his patient should not be exclusive but inclusive of social policies. Child sex ratios in Punjab and Haryana, especially with the adverse sex ratio at birth of point towards rampant practice of female foeticide (Premi: 2001). It clearly suggests the advancement in technology to know the health and sex of the foetus has turned out to be misused largely. People have started consulting the doctors not for the well being of foetus in the womb but to know the sex of the foetus. On the other side, the doctors also readily tell them about the sex of the foetus because in return to it they get good amount of money. It is a great ethical issue. Though, the state and central government have made it a offence for going for the amniocenteses test for knowing the sex of the foetus. One doctor reported that:

**Case- I**

One patient came to me for the amniocentesis test. I told her about the foetus that everything is all right. But she insisted me to tell the sex of the foetus. She also narrated her plight that she is already having four daughters and now she wants to have a son. As a part of the same society, I listen her sympathetically. Though, as a doctor and according to medical ethics, I should not tell her about the sex of the foetus. But she insisted me and I had to tell her about it. Later on she got her abortion done.

For centuries now humankind has tampered with the laws of nature and health care has provided it with some of the tools to do so. Nature’s sex-ratio balance has been disturbed by the intervention of medical technology in terms of knowing the sex of foetus and then killing it if it is female. Therefore, it has also resulted into many more
social problems. A doctor dealing with this problem has an added responsibility to ensure that social balance is maintained.

Contrary to popular perception, the government is designed to be competent machinery with detailed systems in place to avoid any crisis in treatment process. Drug stocks in the public health system are meant to be regularly monitored and the suppliers should be kept in the loop about future requirements. Hence all drug stock-outs are created - either out of neglect or out of self-interest. No drug stock-out is ever an unanticipated one. Who then is responsible for these stock-outs? It's rarely an individual but usually a result of actions (or inactions) by a group or the entire system. A drug stock-out requires some negligence, compliance and efforts by all actors in the medical organization.

This points to several systemic weaknesses that are difficult but essential to address. There is a culture of neglect where the health establishment is geared for minimal action to disturb the status quo. There is also a deeply ingrained mindset of mutual protection. Despite a looming crisis, people within the system rarely raise an alarm. The matter only reaches a head when word gets out to the media or someone senior calls for explanations. Until then the system protects itself, while poor patients wait for the health system to deliver.

We will put down certain news paper reporting’s about negligence of doctors:

**Case- II**

Acting on a Tribune report about refusing treatment to a patient of burn injuries, who later died, the Haryana Health Department today found a government doctor guilty of negligent in discharging his duty and referred the matter to the higher authorities for disciplinary action against him.

The victim, X of Siwani town in Bhiwani district, is taken to the Civil Hospital on May 24 with around 80 per cent burn injuries. The doctor on emergency duty refused to admit her, asking the family to take her to Bhiwani since it was a police case and a medico-legal report (MLR) would be required. After waiting for around 40 minutes at Civil Hospital, the family took X to a private hospital. The Civil Hospital did not provide an ambulance to shift her to the private one. The woman succumbed to her
injuries the next day. In a letter to the Additional Chief Secretary seeking disciplinary action, Dr Y, Director General (DG-Health Services), said the Civil Surgeon, Hisar, found the doctor negligent in discharging his duty. Citing a Supreme Court observation that stated that there is no legal impediment for a medical professional to attend to an injured person needing immediate medical assistance, the DG issued instructions to the Civil Surgeons for emergency treatment. “There is no doubt that the effort to save the person should be the top priority not only of a medical professional, but even of the police or any other citizen who happens to be connected with the matter or who happens to notice such an incident,” the apex court had stated. The DG said the Health Department had issued guidelines on July 12, 2013, regarding referring patients to higher centres.

Case- III

A woman delivered a baby outside the General Hospital, after the authorities refused to perform her delivery. The woman, who belonged to a poor family from X village in X district, is brought to the General Hospital for delivery. Ironically, the doctors, who are 'busy' in a mega health camp organized by some Minister, therefore did not have time to see this woman. While the woman was crying in labour pain, the doctors told her family to take her to other hospital as they do not have the facilities to assist a delivery. This happened at a time when, as per the authorities’ claims, several specialists from Hisar, Delhi, Chandigarh and Panchkula are there to examine patients in the mega camp. The hapless family brought the woman out of the hospital and her husband rushed to fetch a rickshaw. However, the woman started delivering her baby while she was still within the four walls of the hospital complex, but outside the hospital building. She took the support of a scooter parked in the hospital and delivered her baby on the road.

Case- IV

X female, who was visiting the civil hospital from the first month of her pregnancy in December 2012 for antenatal check-ups, complained about stoppage of growth of the foetus after 23 weeks. She said that despite complaints, the doctors at the gynecology department found the pregnancy normal and offered no treatment for foetal
growth. She said when she complained repeatedly about infection, allergies and severe stomach pain, no ultrasound was conducted, even though doctors observed that the foetus had not grown. She was instead sent to the skin department when she reported rashes after 33 weeks of pregnancy, without conducting any tests on her womb. Finding the doctors at the civil hospital negligent, she then approached Government Medical College and Hospital, where finally an ultrasound was conducted and it was found that the foetus had crimped. She then went to a private nursing home where she learnt that the government hospital had never brought to her knowledge that her baby was not growing in the uterus as even at 33 weeks the growth of the foetus growth was that of 26 weeks.

**Section-II**

Following case histories will provide about the violation of health rights of patients. Here the case histories of patients helps to analyze the issues of confidentiality, right to get equal health, informed choice of treatment, medical negligence and confidentiality.

**Case- I**

M is a 40 year old man from the X town suffering from minor ailment from last several weeks. He works as an executive Engineer in Electricity Board and has monthly income of Rs.60000/-. During the conversation he told that doctor took five minute for diagnosis, and after the diagnosis he prescribed the medicine and told him to come after a week. This is his second visit, he said. After the initial check-up, doctor and me exchanged the views on patients job related field and current news and Indian polity for 10 minutes. On the question of patient’s background, patient admits that the economic status and education makes the difference in every sphere of life. He said, they charged more from me but I cannot queue-up for the minor ailments.

**Case- II**

R is a 35 year old woman from the X village. Her husband works in a field and has monthly income about Rs. 5000. She is suffering from Jaundice and taking treatment from last one month. Since then she has almost spend Rs.3500 on her diagnosis and treatment. She said that doctor does not know about my residential status
and never asked about it and also suggested me nothing about the precautions. Doctor usually continued/changed some medicines. She said, that private practitioners provide the best service. Definitely they charge more, but what we can do. It is not the grocery shop to buy the things if you realize that they are charging more.

Case-III:

This is a young woman of around 25 years old and visit private hospital where I was having conversation with one doctor, who is child specialist and his wife also runs a diagnostic center in same premises. This patient came here on the recommendation of another doctor’s prescription. Here the doctor neglected the main issues of patients quarry and asked, is this first child? Yes, you should go for all test and all are necessary and don’t be clever to avoid these tests. It is important to notice that doctor did not provide any suitable reason for reporting the diagnostic tests.

Case- IV

A female of 42 years old is having the problem of obesity from one and half years and had taken her first treatment from a private clinic. She said that in her village there is no medical facility in hospital due to which she had to come to Bhiwani. There are only private clinic at her native place and she is unknown about the competence and degree of doctor. According to her, the private treatment is expensive and because of that she discontinued the treatment. She said that she has hardly taken angreji dawai because it did not suit her body. She said that the doctor diagnosed her for 2-3 minutes and saw her sugar level and blood pressure report and prescribes medicines and injections. Every day after taking medicine, there is no relief to her. When she asked about the reasons to the doctor for her not feeling relief, the doctor tell her to keep the medicines continue for one or two days more. The doctor suggests her that, if these medicines will not work then he will prescribe heavy dose.

Case- V

A female aged, 47 years is admitted in government hospital from last three days. She had fracture in her hand and hit on upper part of body. She was living on rent in a city with her family. She waited at emergency ward about 20-25 minutes for treatment from doctors. When doctor came, her son told him that it is a Medico Legal Case
(MLC), then the doctor checked her and asked her for X-ray and ultrasound from a private lab which is located outside the hospital, because hospital’s X-ray and ultrasound machines are not working properly even in working hours. They charged Rs. 480/ for the report. She told that doctor visited in the ward hardly, most of the time, he visits once either morning or evening. Her bed sheet is not changed from last three days. She admits that there is biasness in their behaviour to the patients in every aspect of examination, one who had approach or paid bribe, he/she is getting better care. Nurses and even ward attendants also are not performing their duty; sometimes they considered themselves as powerful as doctors and rebuked the patients when they tell them any problem.

**Case- VI**

A male, 51 years old is admitted in the government hospital from last eight days. He is taking treatment of fracture in leg and hand. He got injuries in the body in a family dispute on the issue of land distribution. He is admitted by his son, but now he is staying alone there. He tells that in the hospital, there is no proper care and nurses are hardly there in the ward as they are busy in their personal work or gossips. There is no proper stand for drip and even his glucose bottle is tucked on the window. Nurses are not well experienced, and while piercing injection, they make pain. The patient described- “bhai ye nurse to is taryan sui lagvan san ki jani to bhans k sui lagavan sain, badi kattar han ye. Insaniyat naam ki koi chej nahi h yahan par” (nurses give injection to him as if he is an animal and they have no humanity). He is paying Rs-100/- per day, but not getting the receipt. Patient’s meal is provided by the hospital authority. The patient described about the meal- “Bhai un rotiyan n to kha k soch lek hospital me dakhal rahna s” (diet quality is not good and that can be major causes of illness).

**Case- VII**

A 58 years old male patient is admitted to the hospital for the treatment of anaemia. The patient tells that he is feeling weakness in his body, and feeling like that he has no body. His family members also said that he is looking as if he is a sick person. He comes to the hospital with his son and doctor admits him. Two bottles of
blood are given to him. When we asked him, as why he did not visit a government hospital, he replied that government has opened up the hospitals, but there is no proper care as well as no sufficient staff. His opinion regarding health right is: “marij ka koi right nahi ji, balki marij ka kam hai marna” (patients have no rights, because having illness means he has to die, in the sense that he has to spend money to get cured). Prescribed medicines are not available in the hospital’s medical store and they have to buy from outside in the market. Most of the medicines are over price from Maximum Price Rate (MRP). They sometimes match the prescribed medicine with the purchased medicine, but not always. The doctor writes medicines on a slip and medical store owner provides the medicine after seeing that slip. A medical store owner gives a bill on a rough paper not proper bill. A proper bill is provided only, if the consumer insisted. In emergency situations, according to them it is necessary to bring the medicine not to find out fault in it, because the life is important and not the money that may be whether on MRP or reasonable price.

Case- VIII

A 32 year old male patient is brought to the hospital at 10 AM with stomach pain on right side. He is suffering from last two months. When he experienced pain for the first time, he took a pain killer. This relieved him of pain. After that he went to a medical store and bought pain killers. He is taking pills as and when he feels pain without consulting doctor. After persistent pain, he consults doctor in private hospital. His ultrasound report shows that he is suffering from Appendicitis. The doctor suggests him for surgery. He takes the report and come back home and consult another doctor, who advice him to go to another private doctor who will charge ten thousand rupees. After the medical check-up, he is admitted for the Appendicitis operation. On the 2nd day after conducting relevant tests reports, he is taken to the operation theatre. He is normal after the operation and discharged next day with three days medicine course. But again he faces problems on Sunday, as he visits the doctor and he gives him injection. His brother took the injection from medical store as per doctor’s prescription, but nurse comes late and till then he suffered with pain. Patient is narrating the carelessness of the ward staff and tells that “kuch to loha khota har kuch lohar”
(Sometime we ignore and some time they are not available when injection or glucose is to be given).

Case- IX

A 70 year male patient is taken to the hospital at 8 AM with body pain and diarrhoea. At midnight he suffered with loose motions and body pain. He is taken to nearest private hospital at Charkhi Dadri, where he has been given treatment. He paid 1150 Rupees and discharged at the same time. He came back home, but did not get any relief from the illness, rather it got aggravated. Next morning he is again taken to the private hospital in Bhiwani, where he is treated for the illness and he got well. The patient explains that the doctor in every visit spent about 3-4 minutes in investigation. The hospital has qualified staff and charges are also nominal. He paid for tests and medicine, but he never asked for bill and nor they provide bill for the paid amount. The patient tells the value of doctor is equivalent to “Bhagwan aur Doctor ko kabhi naraaz mat karna, kyu ki Bhagwan naraaz to Aap Doctor k pass, aur Doctor naraaz tai Aap Bhagwan ke pass” (Never annoy the God and Doctor, because if you annoyed the God, you will have to go to doctor, and if you annoy doctor, God will call you).

Case- X

A 78 years old male patient is admitted by his son and wife. He is taking treatment of lungs infection. After check-up and on the basis of report, doctor tells him that his lungs are totally damaged. He belongs to poor family, his son is only one who is earning member, but now he is also with him in the hospital. There is no one in his family who can take care for him and his family. They cannot afford good treatment because of money problem. There is no proper care given by the nurses and staff members because of his poor economic background. Doctor do not answer satisfactorily and make fun of him by saying that “baba is umar me tera ghoda to ban nahi sakta (you will not become a horse)”

Case-XI

A 48 years old female is admitted in the private hospital. Injection and medicine are given to her but she did not feel comfort. She is taken to the government hospital.
Doctor did not share her disease. She has come to know her illness from the pharmacist that she is suffering from cancer.

Case- XII

Another 65 years’ old male patient is admitted in the government hospital for lungs problem. During these 7 days, he spent amount about 2500 rupees. He is taking medicines from last 20 days, but no relief. His body pain increased. He is taken to the hospital in emergency ward by his son; the doctor has prescribed certain tests. After test they did not find the doctor to show his reports. After that doctor advice them for arrange for two bottles of blood. Blood bank incharge asked him for bribe. He belongs to BPL; therefore not suppose to pay money. The patient replied about the hospital services- *bhai garib ki to har jagha mar hov s* (we are poor therefore, nobody care for us).

Case- XIII

A 34 year old female reports that she is from labour class and she is here in government hospital from last eighteen days for her fractured leg. Before coming to government hospital she is admitted in private clinic for one day and they charged one thousand rupees. When she did not feel any relief, then she came to the government General hospital. Before the operation day doctors asked them to pay 2500/- rupees to pay the fee to asthenesia doctor.

Case- XIV

A 25 year old female patient is taken to the hospital for child delivery. Delivery held at Primary Health Centre. Due to negligence of doctor water has entered in the lungs of the newborn. She is referred to the General Hospital Bhiwani. She waited in the emergency ward for admission. Certain tests are prescribed from outside the hospital. Doctor didn’t tell them about the illness of newborn. I did do not ask doctor about recovery of newborn, because of fear as, doctor may get annoyed and might stop treating newborn.
Conclusion of Case Histories:

With regards to the qualitative analysis of case histories taken from the doctors and patients in terms of ethics and health right, following conclusion is drawn:

Patients found that their socio-economic background do matter in getting the treatment particularly in government hospital. In case of private hospital, they have to spend money. Behaviour of doctors and nurses is very rude in the government hospital. They do not understand the pain and misery of patient. However, few patients still regard doctor as God. Few of them also reported that they have to pay more money, as there is no system of receipt for what they are paying. Receipt is only given, when they insist on it. Patients also feel that unnecessary diagnostic tests are done, which means they have to spend more money on tests. Doctors do not share about the need of the diagnostic tests. Doctors keep on changing medicine which means they do not have confidence on the treatment and think patient as their laboratory.

All the above instances are of patients who had come for treatment as indoor patients in government and private hospital. It is clear that patients in government hospital complained of lack of infrastructure facilities. The patients have to pay the bribe to arrange for anesthesia doctor and also arranging for blood. However, in the private hospital, they pay the charges, therefore, rooms and bed are better, behaviour of the doctors and nurses are friendlier in private hospital.

There is a general observation of patients in the government hospital about the dirty bed sheets, no proper stretcher, no proper stand for drips etc. Only few patients in the government hospital get medicines, and in maximum cases they have to spend of their pockets which sometimes push them to shift to private hospital.

It is worth noting that the patient also finds some nexus between prescription of medicines and drug store. The drug-store does not provide them receipt. The delay in treatment also affects the recovery of patient. Some of the patients feel that there is unnecessary delay in the treatment. It is more important in case of serious cases. People are willing to pay for private services because it saves their time, immediately treatment starts and doctors listen to them. No patient has reported that they have an informed choice of treatment.