



COMPARATIVE STUDY OF MEDICAL ETHICS IN INDIA & UNITED STATES OF AMERICA : ON REAL GROUND.

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ABSTRACT In contrast to United states ,the system in India to acquaint young medicos with the principals of medical ethics is new and weak due to the phenomenal rise of consumerism, commercialization and economic liberalization, a materialistic wave has over taken the medical community .Ask most American about obtaining their healthcare outside of US. They respond with disdain and negativity How India can neglate the such a global business. At home Indian medical community are losing their respect and dignity Health care is taken far more seriously in US than in India. One very serious Question is “when entire society is corprt and unethical? How can a doctor isolate himself? we badly need to Answer this Question. This paper communicate comparison of medical ethics by AMA & MCI. Paper also discuss about grassroots level implementation in INDA. Though we have deferent ethic for clinical research, food & Drug, Testing laboratories, etc. This paper reports only about physician practice.

KEYWORDS : Medical ethics, Materialistic wave, medical community Health care, Grass root level.

INTRODUCTION

Comparing the health care systems of the world's biggest democracies the United states of America and India . India and USA differ widely when it comes to healthcare. From Born psychology – primary education –secondary education to medical education and up to medical practice. Though both the systems obey, International ethics code, some important differences are there in India. The total expenditure on healthcare as percentage of GDP is just 4%while in USA is 17% According to WHO data for cntary performing best health sector, the US ranks 37 while India at 112.

Medical practice without ethics will be dangerous and adverse to every purpose of medicine. Unethical practices cannot barn the patients but also bring disgrace to medical profession.

In applying and advancing scientific knowledge , medical practice and associated technologies, human vulnerability should be taken into account. Individuals and groups of special Vulnerability should be protected and the personal integrity of such individual respected

Medical profession has two fundamental guiding principles:

- (A) First do no harm (non-maleficence.)
- (B) Do good (benefice), In the case of comfict between them, the former has the precedence.

Ethic refers to what is moral? (Right) and what is immoral (wrong) ? Civil law, does not say,

Appendix A

No.	American Medical Association	Indian Medical Council	Implementation difference in INDIA
1	A physician shall be dedicated to providing competent medical care with compassion and respect for human dignity and right. ³	The prime object of medical profession is to render service to humanity, reward or financial gain is a subordinate consideration. A physician uphold the dignity and honor of his profession. ¹²	Differene is only at grassroot level in INDIA, some of Medical prectioner towards to financial gain. It may govern by co-corporate bodies having hospital.
2	A physician shall uphold standards of professionalism be honest in all professional interactions and strive to report physicians deficient in character or competence or engaging in fraud or deception or to appropriate entities. ⁴	A physician should expose, without fear or favor, incompetent of corrupt, dishonest or unethical conduct on the part of members of the profession. ¹³	In real ground, in INDIA, there is some dishonesty, may in the form of commission and deception But Indian medical services have quality and it is cheap too. Indian physician, In some cases, would with hold information from a patient and society at family's request. Also economical attitude towards to general health of society is there.
3	A physician shall respect the law and also recognize responsibility to seek changes in those requirements which are contrary to the best interests of the patient. ⁵	The physician shall observe the laws of the country in regulation the practice of medicine and shall also not assist others to evade such laws. Also state Acts like Drugs and cosmetic act 1940, pharmacy Act 1948, Transplantation of Human Organ Act 1994, person with Disability act 1995 Bio medical waste Rules 1998 Regulations made by central / state/ local administrative bodies to promotion of public health. ¹⁴	Some of Indian Administrative system is corrupt, dishonest Negligence towards public interest.

“what is moral or immoral?”Thus Medical ethics has dual role of checking legal as well as moral practices.

Science, Civil code of these countries and Implementation of medical medical codes at real ground are very different. In morden days Indian medical codes must implement strongly

United nation General Assembly delared Resolution principles of Medical Ethics.1870 The national Commission for the protection of Human right Subjects of Biomedical and Behavioral Research in 1974, Fundamental principals announced in the Belmont Report.

Medical council of India declare notification for (professional conduct, etiquette and ethics) Regulations 2002,

In past, ethics was often given short shirt in the Indian MBBS curriculum and consigned to few forgotten pages in Indian textbooks of forensic medicine Those mostly dealt with legal ethics hardly ever found their way into classroom teaching.

As a member of medical profession. Physician must recognize responsibility to patients first as well as to society to other health professionals and to self. AMA adopted standards of conduct which define honorable behavior for the physician. American Medical Association principles of Medical Ethics (2001)

4	A physician shall respect the rights of patients, colleagues and other health professionals and shall state guard patient confidences and privacy within the constraints of law. ⁶	A physician is free to choose whom he/she will serve. However he should respond to any request for his assistance in emergency. He should no neglect the patient and his family. A registered medical practitioner shall not publish photographs or case reports of his/her patients without their permission. A physician shall not use touts or agents for procuring patients. ¹⁵	Most of the physician in India, always ready to serve patients.
5	A physician shall continue to study, apply and advance scientific knowledge maintain a commitment to medical education make relevant information a available to patients, colleagues and public obtain consultation and use the talents of other health professionals when indicated ⁷	A physician should participate in professional meetings as a part of continuing Medical Education programmers for at least 30 hours every five years, organized by reputed professional academic bodies or any other authorized organizations. The compliance of this requirement shall be informed MCI OR SMC ¹⁶	Different medical organization & trust manage such event but very less by university and college compare to USA.
6	A physician shall, in provision of appropriate patient care, except in the emergencies, be free to choose whom to serve with whom to associate and the environment in which to provide medical care. ⁸	Though a physician is not bound to treat each and every person asking his services, he should not only be ever ready to respond to the calls of sick and injured but he should mindful of high character of his mission and responsibility. No physician shall arbitrarily refuse treatment to patient. However for good reason when a patient is suffering from an ailment which is not within range of experience of treating patients. ¹⁷	In India it is a physician convinced that a treatment or procedure will help a patient, he would be less aggressive about describing the risk in order to encourage the patient for the treatments.
7	A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health. ⁹	The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to individuals but also to society physicians as good citizens possessed of special training should disseminate advice on public health issues. They should particularly co-operate with the authorities in the administration of sanitary /public health laws and regulations. At all the times the physician should notify the constituted public health authorities of every case of communicable discuss under his care when an epidemic occurs physician should not be abandon his duty for tear of contracting the disease him self. ¹⁸	Many charitable trust, organization, Hospitals, clubs frequently organize camps for the betterment of public health.
8	A physician shall, while earring for a patients, regard responsibility to the patients as paramount. ¹⁰	A physician shall give priority to the interests of patients the personal financial interests a physician should not comfict medical interest of patients. ¹⁹	Since India is poor to compare with US. Sometimes patients want cheap treatment as well as a physician advice.
9	A physician shall support access to medical care for all people. ¹¹	In the case of medical emergency a physician must treat patients. ²⁰	Several medical schemes implemented in recent past.

1. "ability to identify with the suffering of another or to imagine over selves in a similar state"- John saunders, Ex chair committee for Ethical Issues in Medician U.K.²¹
This is absolute true for old fusion physician in India. It is also true for modern young physician.
2. "In keeping with this, learning for understanding is like learning a flexible performance." Dr.Parkins more then 90% of Indian physics follows this ethics.
3. For many Indians, responsibility towards family, community and society is something implicity and unspoken as Indian physician. That is why, it is very difficult to catch except figure of implementation of ethics.²²
4. The health service sector enterprises define by the ownership pattern as "for profit" and "not for-profit" enterprise Rise in first one, gives lots of wary about implimation of ethics.
5. In the year 2000 Government of India allowed 100% foreign direct investment (FDI) in hospital sector through Automatic route. Comptation increases, the non-ethical approach may increase.
6. Lack of traditional Indian ethics and values in educational syllabi, unethical practice may increases.

SUGETIONS:

1. Study of ethics in education syllabi must included.
2. Laws must against unethical practices.
3. Unethical practioner must criticized in society.
4. All religious organization may teach society with high dignity.
5. Modern technology may helpful to punish unethical practioner.

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