ON THE HORNS OF A DILEMMA

According to an anecdote, a physician dealing with chronic diseases consoled his colleague who complained about his having to deal with acute medical emergencies at all odd times, that the mistakes of the latter were buried six feet deep but those of his own in the treatment of chronic cases continued to walk very much alive 6 ft. on the ground to proclaim to the world his mistakes. This might have been so in the past but now-a-days when people are more conscious of their rights and quite aware of what they should expect of their physician, it is very improbable that a physician's mistakes could be buried underground without a challenge or protest. The cases of medical tort, till now, frequent only in the more advanced western countries, are growing in number in India too as the Public is becoming more and more conscious of their rights as patients.

In cases of medical tort the points to be considered and the issues to be framed are—

(i) Whether the medical attendant or Surgeon was qualified enough to undertake the job that he did undertake.

(ii) Whether he did all that could and should have been done under the circumstances by a man of his qualifications and training. Or some vital service was omitted to be rendered by him.

and (iii) Whether in doing what he did there was any negligence or recklessness.

The graduate of modern medicine usually have all round licence and can undertake a good many responsibilities. They seldom have to defend themselves about their competence unless the jobs required highly technical or specialized skill, and there also, they can safely assume the responsibility under the plea of necessity and emergency if the technical help that was needed was not readily available.

All that they need to do is to defend against a rash and negligent act by proving that all due caution was taken and all necessary care was exercised to avoid the unfortunate tragedy or the unavoidable complication. This proved, they are immune to any legal action against them.

This is alright so far as errors of commission are concerned. But so far as the errors of omission are concerned, we have some observations to make. A plea that is often offered by the modern school in self defence and more often given in obituaries is that "all that could be done for the patient was done but the deceased died in spite of the best medical efforts."

How far is this claim correct and justified and what is the criterion by which we will judge whether or not 'everything' possible was done? By what standards are we to judge this controversial issue? Many patients have been subjected to dangerous and hazardous operations which could have been averted, with proper Homœopathic treatment or for that matter

by any other treatment. Many of the patients who died on the operation table in spite of 'all' medical assistance, probably could have been saved by a few Homœopathic doses of medicines like strontium carb, carbo veg., phos., china etc. Many patients are doomed to death and labelled 'moribund' without being allowed to give a trial to other systems. Then why this claim that everything possible was done? What was missed, no one knows or even bothers to know.

We do not by any chance, want to force our brethren of the other school to give our medicines. That is too much to expect but the above observation is made mainly in self-defence. "All" then is a relative term. Whilst in allopathic treatment, "all" means all that is possible in that system, it should then also mean that when a patient is under Homœopathic treatment, all that is possible according to that system (and not any other system) should form the criterion for judging an act of omission. Unfortunately the law enjoins on all medical practitioners no matter to what system they belong, the same duties. The treatment laid down in one system is unfortunately made the standard for Judgement in all cases. This is very unfair to practitioners of systems other than the modern system. We are supposed to give A. T. S., antigasgangrene and other prophylactic measures in Cholera, Small-pox and Typhoid etc. If we don't, we are guilty of omission and if we do we can't defend ourselves against incompetence, and deficiency of necessary qualifications and skill in case of a mishap. These are the two horns of our dilemma. "To do or not to do", then is our question. We must be judged by the Homœopathic standards. For judging a Homœopath's actions of commission and omission, the standard should be what another homœopath would have and should have done in similar situations. The standards of allopathy should not be made applicable to any Homœopathic service rendered.

It requires a few judicial decisions to settle this knotty problem, after which the homœopathic academic bodies will also have to possibly modify the type of syllabus and training for their students in that light.

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