Point of view

An ethical dilemma and a controversial solution

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Memories of the life and times in a remote village in Ceylon, as the island was then known, made me recall the path I have travelled over the past five decades. From being a house officer in a teaching hospital, a medical officer in charge of a small three – dozen bed hospital, a registrar in a teaching Hospital and after steady ascendancy to the post of a specialist, today I am a retired medical specialist enjoying the luxury of spare time. It is when my mind meanders freely unhindered by time constraints that events long forgotten reveal themselves in surprisingly clear detail. Some of my reactions and responses may be disputable, especially on deep reflection, but the judgment, morality or the lack of it compels me to place before the readership this account for their critical appraisal. This story revolves round a true incident which time has failed to obscure from my memory.

Three sharp knocks on the closed front door of the two roomed quarters of the hospital interrupted my afternoon nap and made me jump out of the bed in great haste. Having assumed duties in this hospital only a couple of days ago this interruption meant that there is an urgent medical problem which only I could solve. Situated in a remote area in the central hills of Sri Lanka (as it is now known) the Ministry of Health found it extremely difficult to find staff to run this hospital which had only three dozen beds for all types of patients, male, female, paediatric and obstetric. Two apothecaries, (as they were known then but now designated assistant medical practitioners), a midwife and two attendants, a male and female, constituted the whole complement of health care personnel.

As I opened the door I was surprised to see the senior of the apothecaries standing there apologizing for disturbing my afternoon nap. Dismissing his apology with a wave of my hand I assured him that I welcomed being disturbed earlier than later whenever an emergency medical problem arose. Having been briefed that the patient is a young girl in late teens who has had fever, abdominal pain and become delirious I asked the assistant medical practitioner (AMP for short) to set up an intravenous drip of saline and that I will follow him as soon as I am decently dressed to enter the female ward of the hospital. Needless to say that a well dressed doctor always commanded respect and admiration in the rural world. The hospital had fifteen beds for males and the rest for females, children and pregnant mothers.

The nearest hospital where specialist services were available was in Kandy, the hill capital, which was two hours away by road transport. To transfer a patient to Kandy one had to get down an ambulance after booking a 'trunk call' through the local sub post office. It is after this that an ambulance would be sent – if one was available! These procedures amounted to at least five hours – four for the up and down journey and a minimum one hour for the trunk call. This compelled me to make a quick probable diagnosis as one had to justify calling for an ambulance to transfer an ill patient whom I cannot care for in the local hospital. An unjustified call meant that I could be surcharged for the cost of the ambulance use!

As I entered the hospital premises I noticed a small crowd of people, mainly relations and well wishers of the patient eagerly awaiting my arrival. The nurse and midwife were coaxing the girl to allow the placement of a needle in a vein in the forearm to start an intravenous infusion of saline. As polythene cannulae were not available at the time keeping a metal needle meant that it could easily puncture the vein if the patient becomes restless. Hence splinting of the forearm had to be resorted to prevent displacement of the needle. On my arrival the staff placed a curtain around the patient's bed for the sake of privacy.

A careful history and a thorough examination of the patient made me realize that it is not a simple medical problem. Requesting the AMP to book an urgent call to Kandy teaching hospital I went out of the ward to seek the help of the parents to get further information about their daughter's illness. Having cared for gynaecological patients in a teaching hospital in

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Colombo, the capital of Ceylon at that time, a painful tender lower abdomen with healing abrasions around the genitalia and an offensive discharge spelt an attempt at interference with a probable pregnancy. Even a mere suspicion of such a probability in an unmarried village lass meant a scandal of such magnitude that the entire family would be condemned, ostracized or otherwise made to feel like social pariahs. Therefore I had to be most discreet and secretive so as not to arouse suspicion of such a probability even from the staff of the hospital as they were also residents of nearby villages and could leak out such information.

On the pretext of obtaining the consent from the father for transfer of the patient and also for any surgical intervention I asked him to meet me alone in the office room of the hospital. He walked in very timidly as villagers are wont to do and stood at the table without sitting on the chair offered to him. His face with the wrinkles across the forehead – long service stripes for outdoor farming activity – reflected a life of hardship and austerity, a familiar appearance in the sun-baked hills. When he placed his hands on the table I noticed how the veins stood out prominently on the back of the hand. They struck me forcefully as they resembled the roots of the large mango tree in the hospital premises exposed through decades of soil erosion. I commented that unlike my hands his hands have been put to good use!

It was then that the farmer opened out saying that the girl is the only daughter and the youngest in a family of six. The two elder brothers are married and living far away from home while the younger two are helping the farmer to cultivate and sell the produce. The girl's brothers and parents were very vigilant and protective of the girl and did not want her to do any further studies than what she learnt in the village school up to the sixth standard. But as her class mates were venturing out of the village to acquire skills such as sewing, weaving etc. she too prevailed on her parents to let her go. With much reluctance they finally gave in and was allowed to attend tuition classes about an hour's journey away from the village. In the meantime the two brothers at home have sensed that a young man in the neighbourhood is showing an undue interest in their sister, a fact that they resented and deplored and about which they have conveyed their feelings to the sister as well as the parents. However the journey out of town by bus gave the opportunity for the young man to meet the girl while waiting for the bus; the girl's fellow classmates too have sensed a budding relationship between the two of them over a period of many months.

As I was impatiently waiting for the call from Kandy hospital I was keen to break the news of the seriousness of the girl's illness and get the father's consent for any surgical intervention. I had to very gently break the news of the possibility of an interference with a pregnancy, at the intimation of which the farmer grabbed the chair with both hands and sat down. He broke into a sweat, felt faint and requested for a glass of water which took a few minutes to arrive. During this period, the man looked furtively whether there could be others within earshot and whispered that if the news of a possible pregnancy came to light there will be catastrophic consequences in the village; the brothers would resort to murderous assault on the suspected youth which would then lead to a chain reaction. He inquired whether there is any other possibility for a different diagnosis and when I replied in the negative he buried his head on his hands and waited for a few minutes. The responsibility of preventing murders in the village seemed to weigh very heavily on me which prompted me to seek the help of a doctor friend of mine, a loyal and dependable one who was stationed in Kandy.

I wrote a personal note to my friend mentioning only about 'severe pelvic sepsis' as the diagnosis with no hint of the cause and promising to contact him in the night when the hospital staff are asleep to speak to him and explain why I am following an unorthodox procedure. The note was handed over to the ambulance driver who was requested to hand it over personally to the doctor friend in Kandy hospital. I had a plot planned for execution for which I sought his cooperation and confidential support. Loyal friend that he was he agreed to it without demur specially as he understood the gravity of the predicament that the girl's parents and family members were placed in. The ploy involved the serious process of issuing of two diagnosis cards – one a 'real' diagnosis card for official purposes and another for the sake of any inquisitive people in the village. As these cards are going to be written in English we were keen that the 'official' one should be preserved only for 'official' purposes and to be kept at home; the other is meant for the use of any local health care facility. With this ploy we contrived to divert attention from the womb to a concealed 'intrabdominal' source of sepsis which responded to conservative management.

The girl was sent back in about two weeks after intensive course of treatment with the best antibiotics available at the time with apparently no sequelae in the short term of three months that I was there.

When I left the rural hospital on transfer to Colombo I carried with me a guilty conscience that I

have concealed the truth from the villagers and the girl's siblings. I have no remorse that I did what I had to do as the lives of many have been saved as well as protected from unintended scandal for which the girl's innocent family members are not responsible.

In any medical professional's lifetime it is almost the rule for one to be confronted with dilemmas, moral or ethical which need more than simple ingenuity for a satisfactory outcome. The end result may even call into question one's motive which may not appear solely altruistic. Unless one is so detached from real life situations or has no conscience that can nag him for life one is compelled to give in to emotional challenges or needs which can be more easily accommodated or rationalised under confounding circumstances. Faced with the very real situation of life threatening consequences in village life when 'family honour' is irrevocably compromised for several generations I feel that no one could be faulted for taking steps to mitigate such adverse outcomes or manipulate evidence to divert attention in a less damaging direction. One cannot expect readers to agree with what I have documented above but I wish they could only comprehend the rationale behind my painstaking attempt at a 'medical subterfuge'. If they could do so my efforts at trying to absolve myself of any guilt, I feel, would be excusable!