

Ethics versus misery

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Mohammad Bilal is the former president of Amcolians' Undergraduate Research Forum, and editor for Journal of Pakistan Medical Students. He has just graduated from medical school. He was actively involved in relief work in the Pakistan Floods in 2010 and faced the dilemma outlined in the article during these efforts.

Jawaad Qureshi

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Aun Raza Shah

Aun Raza Shah has recently graduated from medical school. As formal secretary of Amcolian's Undergraduate Research Forum and an active participant in the medical relief activities during the Pakistan Floods, he has been a great advocate for the debate on this issue.

If you are reading this article, you are probably a medical student or related to the medical profession; if you are neither, you will at least have experienced human emotions. So I put in front of you this scenario: the case of a man who has lost his wife, his son and a granddaughter just six days ago.

The old man had worked all his life to build a home, and it was swept away by a torrential downpour. He lost all his earnings and his family. Unfortunately the old man belongs to a remote village in a developing country. He has no shelter; no health insurance or bank balance; no one has been there to help him for six days. There has been a flood which has affected the entire country and the country's resources are stretched to the limit. All the relief is focused to the main cities. Authorities do not even know which places have been affected.

A group of fourth year medical students pool their money together and buy a few medicines and food items, and set out with just the aim of helping their countrymen. They reach the old man's village after getting information about it through a distant relative of one of the students.

As they arrive at the village, they see fifteen families, including the old man's family, awaiting help. The old man is itching badly and looks severely dehydrated. His eyes are filled with grief. The students give him an anti-scabies ointment, anti-histamine and a course of antibiotics. The old man

gives them prayers and blessings as they check up many of such patients and give them medicines that could at least help relieve the physical misery they are going through.

This is one of the few such occurrences that took place in Pakistan during the devastating floods in August 2010, which affected 20 million people. This was not an ordinary disaster. It was not localised to one city, district or state; the entire country was drowning. People had lost their loved ones and those who lived were without shelter and struck with disease. Every resource was stretched to its limit. The government tried its best to do as much as it could, with help from foreign aid as well as the non-governmental organisations and funds from within the country. However it took time to reach every far-flung corner of the country.

There were places where doctors could not reach due to physician shortage. This was when the medical students, young and energetic, took up the so-called "unethical task" of prescribing medicines. Diseases were not life threatening, mostly being diarrhea, viral conjunctivitis, respiratory infections and skin conditions such as scabies. Yet one can only imagine the misery associated with them, especially when they are accompanied by the grief of losing family, shelter and food. Students mainly prescribed the commonly used analgesics, anti-allergics, antibiotics or skin ointments, but the physical and psychological misery that they relieved was immense. On the other hand, such prescription and treatment by partially trained students could also have side effects on the patient that might not have been perceived, or give the uneducated patients a false assurance that they have been adequately treated, which may have downstream implications.

This dilemma posed the question of "ethics or misery". Do desperate circumstances like these warrant abandonment of medical ethics? For medical ethics were developed for the betterment of humanity, and should never be overruled, no matter what the scenario is. Or should it?

Where there is flood there is misery. Such was the misery of the people, that it was hard to delineate the effects of the flood from those of the rescue efforts; the crowded make-shift camps, the low supply of clean drinking water; the absolute lack of sanitary facilities. Such conditions were inept at providing basic necessities of life like food, shelter and water; let alone medical care and disaster management. The destruction of the infrastructure did not help; remote villages were out of reach for relief teams – teams had to deliberate on longer, dangerous routes just to reach the village itself via roads that were crowded and incapable of handling the new pressure of traffic.

The relief efforts were not an easy task. When a team would usually reach a place, the nearby mosque and local communication resources were utilised to inform, and residents thronged the 'medical camp'. In most cases, people were aware whether it was a group of doctors or medical students alone,

but their requirements and needs did not see any difference between these terms. It became a bureaucratic difference which did not concern them. All they wanted was treatment for their symptoms – scabidical lotion for families, rehydration solutions for the babies, antihistamines for the itching, dry wound dressings for the injured, antibiotic eye drops for the bacterial conjunctivitis, systemic antibiotics for diarrheal and presumed bacterial infections and the antipyretics for the febrile. It was a simple environment – symptomatic relief.

Medical students set up their own 'pharmacy', wrote their own notes and gave their own medications. At times for cases they could not understand, there was a doctor with them who would then take a look. For more serious cases, they were usually encouraged to go to the nearest functioning hospital.

So what was the problem? According to Pakistani law, only a certified MBBS doctor can prescribe medicines to patients. Medical students do not fall in this category. However, such practices are rampant across Pakistan due to various reasons (as according to this study: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2408580/>).

But what are the alternatives? In a national disaster of such magnitude, can any developing country afford the luxury of choosing between who can prescribe and when? Is a senior medical student not yet adequately educated in the competent training system of medical colleges to prescribe some common, safe drugs if not all – at least in times of such a natural calamity? Experiences such as this have probably raised the question for legislation on the subject, or a revision of the law at least. But for now, this remains a debate for few stakeholders. For the poor old man in Charsadda, Pakistan, that antihistamine did wonders.

In this situation, keeping in mind the resources and magnitude of the disaster, it was probably inevitable to find an alternative. But the question is: should we not ponder on this question and is there not a need for making specific guidelines? Should there be a list of medications that students must be allowed to prescribe in specific conditions? Would bringing scenarios like these under ethical shelter be a good or bad thing? This remains to be debated.

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