## **Guest Editorial**

## **Beyond The Hippocratic Oath**

At the dawn of 21st century we need to the reassess the application of the principles out lined in the Hippocractic oath. In the matter of physicians-patient interaction their application can no longer be left to trust alone past. Technologic developments in medicine have occurred at dizzying pace and have shaken the ethics of trust which of old governed the conduct of patient-physician interaction.

Lack of knowledge of a certain medical problem on the part of a physician is no longer a defence against inappropriate treatment, death or medical injury. Diagnostic armamentarium of kits and tools which are being made available at an incredible speed, need familiarization and thus review of physician expertise and competence in use of newer hardware has become necessary.

What possible mechanisms will accommodate the appropriateness of treatment and low socioeconomics? It seems geography has become relevant to the appropriateness of the diagnosis or treatment.

Trust the hallmark of physician-patient relationship of old is no longer enough what then would ensure appropriate physician conduct.

Should legality and limits set by protocols and recommendations determine the physician's conduct. So that he does what is dictated by covering up all possibilities as required in following protocols how does he mix compassion with pursuit of his being correct. What would he do in a situation where legal limits are not defined for him? Euthanasia is a case in point!

Should the physician-patient interaction remain a private matter which to date has favoured the physician or should it be state governed and regulated. Is evaluation of physician competence relevant for under developed countries and what is the role of physicians in adopting newer technologies such as Biogenetics, cloning, transplants, test tube fertilization techniques. Does this mean that technological innovation will evolve their own ethics of physician-patient conduct.

Is the economic interests which drives the present day physician relevant? After all what be prescribes is a commodity fulfilling a need and thus expects to be paid.

Are the considerations such as humanity relevant in such abarter. Physician provides a service and demands to be paid, and if payment is not forthcoming service would not be available. Is such an attitude appropriate?

Is human compassion i.e. unselfish help for the needy, dispossessed and weak relevant in such a situation. Should we not be mourning the death of human face of capitalism?

It is apparent that in developing countries the infrastructure of physician-patient interaction has fallen and no phoenix has yet risen from its ashes.

The developed countries where the ethical considerations are eventually dictated by technology have opted for regulating physician's professional behaviour by defining legal limits of this interaction. His service competence is regulated which has resulted in near crisis by raising the cost of medical care and litigation has become common place. What should be our approach, a nation which has yet to accept science as the problem solver. Physicians of our present and future generations are rudderless and are more & more driven by economic consideration in selection and practice of medicine. The present day market place can not be regulated on trust, compassion and humanity. An alternate Philosophy would have to be so powerful so that it would pervasively change mental attitudes, and behaviour and be unbearably stifling and anti creative. Such a philosophy may renew trust and revive patient-physician interaction at a cost which would not be acceptable to a developing country.

The other choice is to develop a system of laws and regulations which shall be relevant for us in governing the physician-patient relationship where a physician would be taken to task if he or she exceeds the limits of legality. We need to discuss the questions raised in this matter amongst us and develop mechanisms of self regulation of patients-physicians contract at all levels of medical practice otherwise the ides of march would be upon us.

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