

subtracted from psychopathology leaving our phenomena of interest simply as an ill-connected assortment of biological, psychological and social variables. Our failure to provide plausible explanations for the cross-national prognostic differences in the International Pilot Study of Schizophrenia is a striking instance.

ROLAND LITTLEWOOD

*Department of Anthropology
University College London
Gower Street
London WC1E 6BT*

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Informed consent in India

SIR: The ethical issues raised by the concept of informed consent for medical procedures are complex. The controversies have mainly arisen secondary to the choice of the standard employed. The two criteria commonly used have been individual freedom (and the patient's right to refuse treatment), and society's right (and the related right to therapy), which are often mutually exclusive. The western world has tended to favour individual rights when the patient's 'competence' is intact, while it takes over decision-making when this faculty is considered impaired. The implementation of the ethical criterion is thus dependent on the clinical situation and represents a compromise. Electroconvulsive therapy (ECT) has been given a special status among treatments and hence requires specific consent. Although informed consent and true voluntarism are ideals, in reality they are rarely attained, as such decisions contain an element of coercion, ranging from subtle to overt (McGarry & Chodoff, 1981). Thus, in practice, the ethical choices are difficult.

In India, this decision is further compounded by the existing socioeconomic and political realities. The majority of patients, being illiterate and poor, are unaware of their individual rights or the issues involved and may not comprehend the significance of the explanations offered. In addition, the doctor-patient relationship commonly viewed within a 'guru-disciple' context leads to a situation where the physician decides for the patient. Informed consent against this background tends to become a formality.

Consent for ECT as generally practised is part of the general implied consent to treatment given at the time of seeking therapy, although a proportion of psychiatrists would, from the legal point of view, recommend specific consent as mandatory. This stand may be ideal for the educated classes who are aware of the issues involved, but it does not alter the position of the majority of the patient population, as it would only comply with the letter rather than the spirit behind consent. Blindly adopting western standards in regions where the ground realities are not comparable would be a pretence.

The ethical answer to this complex situation has to be found within the social context of the society. The prevalent culture in India, and hence the majority, is inclined to attach more importance to health than to individual autonomy. Thus, the physician would have to assess the patient's value system and priorities and if health is considered cardinal, the decision to use ECT, despite it being the physician's choice, may be ethically justified. Similar arguments have been employed in the West to support the use of the placebo in treatment where the fiduciary nature of the physician-patient relationship is violated in order to retain its therapeutic aspect (Kluge, 1990). Obtaining informed consent for the use of the placebo would imply that its therapeutic aspect is abandoned. In such contexts, the ethical decision would be dependent on the physician and this would be part of his burden of caring for patients. Although simple explanations about the procedure should be offered, in the prevalent circumstances this by itself would not necessarily satisfy the spirit of informed consent. Informed consent obtained on paper may provide legal protection to physicians but it certainly would not take away the moral responsibility and in fact adds to the ethical dilemma. Similar situations probably exist in many third world countries for which medical interventions and ethical solutions would have to be found within the socio-cultural context.

K. S. JACOB
I. RAJAN

*Department of Psychiatry
Christian Medical College
Vellore, 632002 India*

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