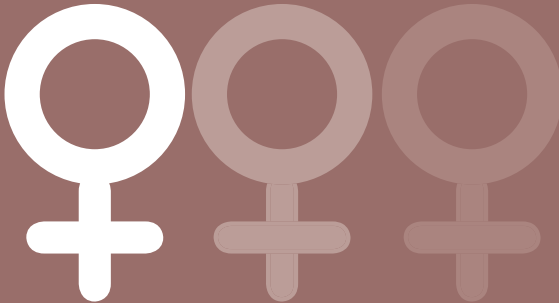




D[♀]octors for Daughters

**Doctors'
Dilemmas.**

Questions doctors face
in communicating
about pre-natal
sex selection



Introduction

This leaflet is a result of interactions between many doctors and senior IMA members who have openly shared their ideas and views regarding pre-natal sex selection. It is an attempt to respond to the dilemmas faced by doctors in their day-to-day practice in dealing with this issue, dilemmas which are not only real but also complex. There is a common concern about how to communicate when faced with questions from clients and peers. The responses given below are not 'right answers' but an effort to aid the process of resolving dilemmas and conflicts; of enhancing communication with clients and the medical fraternity. The responses rely on the provisions of the law and the concepts of equality and non-discrimination.



Shouldn't parents of daughters be permitted to select the sex of their next child?

In the Indian setup where discrimination against girls is widespread, India does not recognize a right to family balancing. Sex selection for non-medical reasons amounts to discrimination against girls and violates the right to equality. Indian laws and policies are against discrimination and family balancing because for many families this becomes a form of daughter discrimination.

The basic problem with sex-selection is that it discriminates against women. For social problems such as dowry, sexual harassment of women and restrictions on mobility and earning, the way out is not by eliminating girls but to eliminate such discriminatory practices. Sex-selection leaves these discriminatory practices intact in society and adds yet another: that of prenatal sex selection.

At another level, it is important to understand how much of the decision to not have a daughter is the result of pressure, duress or even social conditioning. The process of socialization, the way in which we are brought up and internalize discriminatory cultural practices often influences our belief systems and our decision-making. If a woman believes that it is her duty to give a son to the family, it may appear as her decision to select the sex, but can we really say that she is exercising a "free" choice?

Even if a couple were to mutually agree that they are making a choice, to choose sons over daughters, free of any pressure or coercion, can free choice be expanded to mean choice to discriminate with full freedom? Such a choice impacts more than one individual and therefore cannot be exercised without reasonable restriction. To take the example of reckless driving, one has the freedom to choose one's speed within a reasonable limit as long as one doesn't derail others on that road.

India's constitution guarantees the right to non discrimination, so the PCPNDT law and court rulings do not give a right to choose the sex of the foetus.

India's population is growing by the minute; why should couples have many children to have one son? Doesn't sex selection help to keep the family small?

India's efforts at population stabilization are aimed at improving quality of life of its citizens. If sex selection was used as a means of population stabilization, it would result in reduced quality of life. Can quality of life improve if society suffers an imbalance that damages its fabric and gives rise to new evils with old names – polyandry, exchange marriages and perhaps an increase in physical and sexual violence? Policies of the Government of India do not promote sex selection as a means of population stabilization or family planning. Population stabilization cannot be at the cost of daughters.

Progress in technology needs to benefit all. Shouldn't we let individuals and families decide how they want to benefit from the technology? Doesn't regulation go against basic freedoms?

No freedom comes without its set of responsibilities. A cell phone by itself is hugely convenient and people benefit from improved connectivity. But that does not give cell phone service providers the right to operate at will. The same is the case with nuclear technology: its civilian use has tremendous benefits, but if unregulated, it can lead to mass destruction.

There is a wide array of regulations which limit the availability of medical technology and medicine as well, to ensure safety and rational use, restricting the user, medical practitioner and the salesperson. As such,



there is no right to unrestricted use of technology. Regulation ensures fair practice so that gains from the technology are balanced, and misuse and exploitation are prevented. Laws and regulation are required when freedoms are violated. While ultrasound technology itself may be neutral and has tremendous health benefits, the social context can result in its misuse. Thus the PCPNDT Act regulates the use of technology to guarantee the right to non-discrimination.

Is it merely about doctors misusing the technology? Doesn't this happen because clients demand sex selection?

Discrimination against girls has existed for centuries. But ratios have fallen dramatically in recent decades and the medical profession is seen as the provider of the technology that has enabled rapid deterioration of the situation. Clients can demand what they see as beneficial to them, but the practitioners have to ensure rational and ethical use of medical technology in keeping with the law.



The issue is not about what is to blame - whether client mindsets or misuse of technology. It is about the negative impact of the practice of sex selection and what can be done about it. Efforts are required on both sides: with doctors to ensure ethical use of technology, and with communities to change mindsets to accept daughters. The concern is that the mindset regarding women and girls and their subordination is going to take very long to change and we will keep jeopardizing daughters during this period. Already, two thousand daughters are lost each day due to sex selection according to a research paper by Dr. P.M. Kulkarni 'Estimation of missing girls at birth and juvenile ages in India', (September 2007). In the immediate term, therefore, curbing misuse of technology can prove to be a prudent step. But it should not be the only step, and so community based organizations continue to work on gender discrimination.

It is best to leave aside the debate on whether the main cause is misuse of technology or discriminatory mindsets. Instead, consider how you can use your privileged role as a trusted counselor and a leader in the community to be a part of the solution, to prevent discrimination.

Isn't it so that the allopathic doctors are not indulging in this malpractice and quacks are to blame?

Studies have revealed that it is not only quacks, but all kinds of doctors trained in allopathic or traditional medicine, who indulge in sex selection. Also, in the few cases that have gone to court, convicted doctors have included allopathic practitioners. Malpractice can be present anywhere, irrespective of the stream of medicine one pursues. In the case of ultrasound, the financial incentives are large and the risk perceived as not too high. It is only by weeding out erring members of the community, and vigilance by IMA doctors to check unethical practice amongst peers, that the reputation of the entire medical community can be safeguarded.

If I don't do a sex determination test, someone else will. So how does my denying it solve the problem? Besides, I could lose my patients this way.

One individual cannot be responsible for the actions of society as a whole. But we each make society what it is. Each one of us who refuses to misuse the technology becomes part of the solution. Doctors who promote ethical medical practice and therefore do not provide sex selection also have flourishing practice.

Knowing that a woman wanting a sex selective abortion will opt for an unsafe procedure, how do I say 'no'? It might mean handling the consequences of an unsafe abortion later, knowing that I could have prevented it.

This is a common dilemma, faced by many practitioners. Many doctors say they know intuitively which abortion is being sought with the intent of de-selection of females. Counselling the couple can be considered as one of the options. Some doctors have successfully ensured that counseling does take place and have also linked up with NGOs to help with such cases. It is indeed difficult to conclusively say that a given abortion is sex selective and under such circumstances, the service has to be offered in keeping with the MTP Act, for it is equally wrong to restrict a woman's access to abortion for reasons permitted under the MTP Act. However, it is also important to find out about the clinics where the ultrasound scans



were done and, if such information becomes available, then to be vigilant about the activities of the given clinics and inform authorities wherever appropriate.

How is it that abortion is ok and sex selection followed by abortion is not ok? When a woman asks for abortion, there is no way to prove that it is sex selective. Then should abortion be denied?

No. In India, sex determination is the critical discriminatory first step. Moreover, all abortion is not discriminatory and it is a small proportion that is done for eliminating a female. Therefore, all abortion should not be stigmatized or restricted.

Abortion is legal for reasons as defined in the MTP Act, such as threat to the woman's life, including physical and mental injury, rape or contraceptive failure and abnormalities in the foetus. Abortion must not be denied to women if their reasons are in harmony with the MTP law.

It is equally important to remember that despite MTP being legal in India, a large number of abortions are still done under unsafe circumstances. Unsafe abortion is the third biggest cause of maternal death in India, after hemorrhage and sepsis. Denying access to abortion per se will only aggravate the problem of unsafe abortion, and risk women's lives.

The PCPNDT Act prohibits sex determination for non-medical reasons since it can result in an act of discrimination. It does not make abortion per se illegal. The MTP Act intends to prevent unsafe abortions. Both, the PCPNDT and the MTP Acts, need to be complied with in their true spirit, recognizing their intent.

When a woman comes to me under tremendous pressure to have a son, I know that she may be deserted or subjected to violence for not undergoing sex selection. Isn't it human to recognize this and offer the service that the woman needs?

Yes, women are in distress and under pressure to have sons. But, is the family's pressure on her justified, and is their discriminatory attitude a reason for you to further propagate discrimination? Do some medical practitioners not use the reason of sympathy with the client as a cover for

what is actually a very lucrative option? Doctors who are committed to fighting sex selection often express that those who give this 'sympathy argument' would not be willing to do sex selection if it did not generate a lot of income.

Where being human is concerned, it is also human to help an individual who wants to sell his organs to deal with poverty. But, the question is, is it ethical for the practitioner to offer this service?

Keep in mind that by providing this service you will be breaking the law and exposing your reputation and livelihood to risk. You could explore if there is any assistance in the form of emotional, financial or other support that the woman can access.

Isn't it a good idea to provide families with the option of giving their daughters in adoption rather than opt for sex selection?

Whether a family gives up its daughter in adoption because she is a girl or opts for sex selection, they both amount to the rejection of daughters. Adoption per se is a beautiful way of building one's family. However, suggesting adoption only as a means to selectively give up daughters deepens discrimination. Any practice that further devalues the girl child should be discouraged. As opposed to encouraging a family to give up their daughter for adoption, doctors are in the position to counsel the family to accept daughters and sons as equal. Showcase everyday role models of girls who have indeed moved beyond the stereotypes that families still clutch so tightly.

Check your pulse

- ♦ Some doctors say, "I don't believe in abortion, but I also don't believe that I should confuse my personal morals with medical ethics. My professional ethics dictate that I cannot deny abortion if the reasons are within the law. ***As an IMA Ambassador, is this my stand too?***
- ♦ Fewer girls may just help to erase dowry and enhance their value. ***What is my view?***
- ♦ With growing violence, it is but natural that couples don't want daughters. It's too risky. Can we assure daughters a safe society? And if we can't, then may be we should let couples choose. ***Which side am I on?***



- ◆ Lack of financial support from daughters during the old age of their parents, dowry, daughters moving away to their marital homes, all these things are a reality. As parents, we too have these concerns. So what is wrong if we empathize with parents not wanting daughters?
What do daughters mean to me?

Taking action

- ◆ Doctors can be agents of change and positive role models. After all they are held in high regard by society
- ◆ Talking about the issue of sex selection will not hurt you as a doctor.
 - ▶ Positive steps are always recognized. Your actions will not go unnoticed. The 2009 IMA President is a living example of this fact. He spoke about the issue fearlessly and his work was recognized. It was no hindrance to his election as President.
 - ▶ Doctors know who is indulging in sex selection but they feel it is not their job to point them out. But, isn't that exactly our job if we are members of IMA, Ambassadors fighting sex selection, doctors who would not like to see the profession's image tarnished due to the actions of a few.
 - ▶ Social boycott of erring doctors and suspending their membership is not about adopting an 'extremist path'. Some actions are necessary to serve as a deterrent. The belief that doctors will never oppose

Quoted from Medical Council of India, Code of Ethics, 2002

1.7 Exposure of Unethical

Conduct: A Physician should expose, without fear or favour, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession.

7.6 Sex Determination Tests: On

no account sex determination test shall be undertaken with the intent to terminate the life of a female foetus developing in her mother's womb, unless there

are other absolute indications for termination of pregnancy as specified in the Medical Termination of Pregnancy Act, 1971. Any act of termination of pregnancy of normal female foetus amounting to female foeticide shall be regarded as professional misconduct on the part of the physician leading to penal erasure besides rendering him liable to criminal proceedings as per the provisions of this Act.

doctors needs to be changed. If the action is taken in good faith and in the interest of preserving the integrity of the profession, it is not an extremist stand. Professionalism and integrity are the spirit of the oath that guides the medical community.

Complex Issues, Innovative solutions – doctors talk about their experiences in communicating with clients

“I agree. Saying ‘No’ to a woman trying to choose between sex selection and her own desertion from the family is difficult, but not impossible. There are many ways this can be done. And, this doesn’t mean it will affect your practice; clients will go to other doctors. Absolutely not, I am a qualified gynaecologist, I don’t have an ultrasound machine either. Some feel, how can we practice without a machine? But my practice is flourishing nonetheless, despite the fact that I actually counsel clients when I sense that they are trying to opt for sex selection”.

“When a woman cries in front of me and expresses her desperation, I ask her why she feels forced to have a boy. I tell her, if you go to a quack who kills you, who will look after your surviving daughters. When you die, your husband will probably marry someone else. So what are you killing yourself for? You tell me about the pressure and the violence at home. I feel a violent husband or a partner will be violent anyway; if not to force you to have a son, then for something else. Sex selection is an unlikely answer to stopping his violence”.

“I feel it is emotional blackmail by the client, if she speaks of her desperation, the pressure on her or even the violence. At times, a client may not be facing violence at all. But it is probably used as a way of pressuring the doctor. We should have the courage to say no. Only greed makes us accept such cases, when we know it is unethical. The number of cases handled doesn’t necessarily speak of the doctor’s successful practice, if the practice itself is unethical. The end does not justify the means. It is not just about what you do, but also how you do it that determines success.”

“We all know who is opting for sex selection. When I know that the woman or the couple wants to terminate a pregnancy because the foetus is

female, I buy time. I tell them to come back later after some tests. I use the time to counsel, and quite often the couple does change their mind about the procedure. I am aware that I should not deny abortion to a woman who needs it and my intent is not to disallow lawful abortion. After I counsel, it is up to the woman to decide, not up to me.”

“I have heard so many doctors say that clients are important, we cannot drive them away. Especially young doctors feel that medical education is expensive and so is medical equipment; they have loans to repay. I feel one can make money in other rightful ways, on other procedures. Does it have to be sex selection? I often advise that if you are starting your own practice and investing in expensive equipment, buy on the basis of your ability – your skills and education. Don’t justify unethical practice as the means to run and equip your clinic!”

Role and expectations from IMA Ambassadors against sex selection

- ◆ To be the face of IMA in the fight against sex selection
- ◆ To make IMA action a movement and not a project
- ◆ To ensure a consistent IMA response to the issue
- ◆ To lead IMA action on the ground
- ◆ To build linkages with the wider medical and social community – a functional forum -Doctors Against Sex Selection (DASS)established
- ◆ To nurture a cadre of at least 5 more crusaders to keep up the momentum
- ◆ To set an example in creating daughter-friendly medical communities

Specific tasks and responsibilities

- ◆ Monitoring implementation of the PCPNDT Act
- ◆ Ensuring facilities/clinics are Act compliant
- ◆ Sensitize medical colleges, both faculty and students, and be a resource person on the issue
- ◆ Through branch activities, motivate a drive amongst the medical community to stop the practice
- ◆ Create awareness about the malpractice at every opportunity, whether everyday practice or at specific fora

- ◆ Build linkages and influence social groupings – legislators, community groups, schools, corporates, etc.
- ◆ Raise resources for the movement through government, civil society bodies, corporates, through other IMA activities/fund raising drives

Use of terminology – speaking with caution

Use the term 'sex-selection' and not 'female foeticide':

Personhood is attained after birth; a foetus does not have independent life until born. The terminology of 'female foeticide', though commonly used, is misplaced in its emphasis on 'killing of a foetus'. Use of such terminology undermines the MTP Act and wrongly equates every legal abortion with killing. It is also detrimental to women's access to safe abortion, further adding to the stigma and misconception that abortion is illegal.

How does use of the term 'sex selection' help?

There is widespread agreement about the need to prevent discrimination against girls. As opposed to other terms, the term 'Sex-selection' i.e. selecting one among the two sexes, rightly focuses on the discriminatory aspect of the practice.

Similarly, in visual communication, certain imagery (such as blood, daggers, strangled fetuses, etc.) stigmatizes abortion, even that which is done for lawful reasons. Therefore it should not be used. On the other hand, positive messaging around daughters and their value has often enabled an emotional connect with the issue.

Violence Against Women, a consequence of sex-selection:

It is important to break the myth that a deficit of girls in a society will enhance their status. Newspaper reports and field based studies show that abduction of women, trafficking, forced marriages, polyandry and other such incidents are on the rise in areas where sex-selection is rampant. In an environment of pre-existing inequality, a fall in the number of women would not increase their value, but instead further increase inequality and reduce autonomy. Increased violence against women is a disturbing consequence of sex-selection. Sex-selection may also be considered a violation of woman-kind. But keeping in view the MTP Act and legitimacy of safe abortion, sex-selection should not be positioned as 'violence against the female foetus'. It is more correct to talk about the act of sex selection as an act of discrimination rather than an act of violence.

It is important to remember that,

- ◆ Sex selection in the Indian socio-cultural context of son preference results in discrimination against girls, and women, as a community
- ◆ Sex selection should not be positioned as violence, but its consequences lead to increased violence against women.



I.M.A. House, Indraprastha Marg, New Delhi 11 0002, Phone: +91-11-23370009,
23378819, 23378680, 23370473, 23374092, Fax: +91-11-23379470;

email: inmedici@vsnl.com, website: www.ima-india.org