

Minutes of the Meeting of Leicester Medical Society held on
13th April 2021 using Zoom Technology

Our Wonderful Students Past and Present.....

Intercalated degree Presentations

ANASTAMOSE

Rashi Malhotra, Vice President Leicester Medical Society, introduced

Ray Kee

Ray, a fourth year student outlined his career to date which includes obtaining a BSc in Business followed by an MSc in Accounting at New York University. This was followed by working for Price Waterhouse Cooper as a Management Consultant before embarking on his Medical Career here in Leicester. Ray explained that he had developed an App called **ANASTOMOSE** which allows greater communication between students, junior doctors and their teachers. He saw a gap emanating from the transient nature of attachments to wards or hospitals which allowed little interaction between students and staff.

The current platforms being used eg. Facebook and LinkedIn, are only partial solutions. In addition to sharing events with 70 organisations currently, the system provides information and opportunities about early access to research. Although the App was only launched in February 2021 it has attracted a lot of interest. Initially, Ray wished to promote its use in the East Midlands but then more widely. Several other Medical Schools are utilising the facility. He is hoping that the Clinical Education Team in Leicester will approve its use following a pilot study. Funding for the project is being sought and there will be a need for verification of material in due course as the organisation expands from his solo efforts.

Do No Harm : The Physician-Researcher Dilemma

Catherine Jones

Ten years on it was found that Dr Roger Poisson had falsified patient information as one of the researchers undertaking a large clinical trial in 1985. He argued that he did this for the good of his patients, to ensure that they could receive the trial treatment. It is believed that he was struggling with the **physician-researcher dilemma** when the the responsibilities and ethical frameworks of being a doctor clash with those of being a researcher.

Doctors aim for the greatest benefit to one individual, the researcher the greatest good for the greatest number. A doctor is obliged to provide the best possible treatment whereas a researcher has no obligation to provide benefit for individual participants.

Difficulties for the doctor involved in research include personal belief in a trial drug, taking consent, spending time in a laboratory which could be spent in practice and the issue of the c.v.

A case study in which a comparison between the well funded Makerere Infectious Disease Institute and the linked Mulago Hospital next door highlighted the issues.

Catherine commented that within the Physicians' Pledge to which many medical students commit on graduation the first two contradict each other in the case of physician researchers - the service to humanity vs the well-being of the patient being the first consideration.

Similarly the Declaration of Helsinki concerning the enrolment of patients in clinical trials only if it has potential value to the patients which begs the question regarding placebos.

Dr Poisson argued that he was a good doctor but a poor researcher as his action was to obtain the best treatment even if it affected the trial outcome.

Potential solutions include splitting roles - head researcher and head physician and the taking of informed consent by someone other than the physician. In addition uncontrolled clinical trials might be appropriate where there is no effective treatment to use as a control.

Is it Ethical to Sell a Kidney ?

Anam Assad, Vice President Leicester Medical Society, Introduced

Alireza Majlessi

The ideal time for a renal transplant is 6 months before expected dialysis - which is expensive. However the kidney demand far outstrips the supply. Alireza questioned whether a regulated kidney market might be the answer. This does incorporate individual autonomy, informed consent and a voluntary decision to sell. This does not necessarily make the decision right. People most likely to sell a kidney are poor, in debt, with the rich most likely to buy. It is possible that the decision may have been coerced. Regrettably the results of a study from Chennai, India in 2001, revealed that family income declined, poverty increased and although a vast majority of donors had sold to pay off debts 75% were still in debt. 86% of donors reported a deterioration in health status and 79% did not recommend that others sell a kidney. In short, the poverty gap may increase.

The only country in the world where kidney sales are legal is Iran (1988). The Government reports a significantly reduced transplant list and that there was no difference in socio-economic status between sellers and buyers although the information has been challenged.

Allireza set a case study to question how the audience might make a decision pointing out that there are strong arguments on both sides of this complex topic.

Do we really need animals in Cardiovascular Research ?

Ross Kaszuba, Vice -President Leicester Medical Society introduced

Rohan Mehra

Rohan was surprised by the huge numbers of animals used in medical research in the UK - 4.3 million in 2019 *. Of this number 70,000 - mainly rodents, are required for cardiovascular research projects.

Establishing further the neurological pathways in cardiac function is one area of focus.

Valve transplants rely on a supply of animal replacements and mice are used as models in the research of Aortic Aneurysms. The testing of medications and drug eluting stents also relies on the use of animals.

But there are problems with the animal model including the expense, the question of translating results to humans as well as genetic and anatomical differences.

Rohan surmised that the scales were still in favour of the use of animals in research when reflecting on the ethical components and that a majority of the public are still in favour.

Nevertheless careful consideration about the models needs undertaking and a critical evaluation of animal research translation is key. Rohan felt that although animals play an important part there can be compromise. Over the past few years there has been a **Reduction** in numbers of animals used. There should be a **Refinement** in animal husbandry eg avoiding death as an end-point and adopting a more compassionate approach. **Replacement** should be considered eg. by using surrogate data and novel imaging and a strict criteria for animal usage.

New avenues of research will still require animals eg cardiac xenotransplantation.

In conclusion he asked the audience 'Do you agree with using animals in Cardiovascular Research ?'

On being questioned Rohan answered that he had changed his approach and had spent more time with the animals.

*(2.88 Million 'procedures' in 2020 - animals may be used in more than one procedure - down by 15% on 2019 - source speakingofresearch.com - check by Minutes Secretary).

Dr Darren Jackson, President, Leicester Medical Society next announced the **Winners of the Essay Prize** competition.

Dr Darren complimented all entrants on their excellent submissions which were marked by a panel drawn from the Society Council. Clearly decisions were difficult.

3rd Place Aneesa Sheikh Awarded £125

How a difficult year turned her enthusiasm for Medicine around

2nd Place Ayushi Ramjee Awarded £250

Humour shone through her experience

1st Place Helen Gardener Awarded £500

A trainee GP juggling with maternity leave and her role on returning to practice.