

## Need for a Study

*“To never simplify what is complicated or complicate what is simple”<sup>1</sup>*

*Arundhati Roy*

Here is the physician’s predicament. In the last few months he has seen five male children with syphilis probably contracted as a result of sexual abuse. He has also treated adult males with STDs (sexually transmitted diseases). He suspects this may be the tip of the iceberg. There may be many more victims of abuse and people living with STDs. All these patients belong to a particular community which maintains a façade of normality. Issues of sexuality and child abuse are taboo in this closed society.

The physician faces stark choices; ask government agencies and NGOs to intervene in the community, or undertake a research study on his own to assess the magnitude of the problem before deciding on the plan of action. If he decides that a study needs to be done then he is on dangerous ground and he should tread with caution for such a venture is fraught with risks. If not done properly the physician and his healthcare team can lose their credibility. Even more importantly stigma to the individual and the community can do more harm than good.

Having said this, the overwhelming reasons to carry out research far outweigh the risks in this case. This case highlights the role of a physician as a researcher. He is obligated because of responsibility towards his patients. The doctor wants to maximise benefit, minimise harm and protect a populace who is defenseless. He wants to do a study on a vulnerable group of people made even more vulnerable because they are victims of abuse. These children will carry physical and emotional scars. If not addressed immediately, long-term victims would further burden society in future. The victims of today could become abusers of tomorrow who could fuel prevalence of STDs like syphilis and HIV.

In research of such a sensitive nature great caution must be exercised. Entry into the community must be done in a subtle manner. This can be achieved by engaging with the gatekeeper as well as NGO and social organisations. The physician should strengthen ties with the community. If possible locals should be inducted into the research team.

In order to prevent stigmatisation of this community the study could be done on a wider basis involving more communities to generalise an epidemiological study. A risk factor assessment must be done to find out the controllable and modifiable factors. Confidentiality and privacy must be maintained at all costs. Systems must be in place to provide health information and emotional support even after the research is completed.

This study reiterates the role of the physician as a caregiver and a researcher. Research is the only effective way of dealing with this particular societal crisis.

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### **References**

<http://home.clara.net/heureka/art/arundhati-roy.htm> (accessed on 16 May 2009).