



What asks the public sector – Voices from within

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Abstract

Medical profession which was once held in high esteem is now quoted as the second most corrupt profession after Indian police. This article is written to make us realize that it is high time to institute corrective steps before the pristine image is lost forever.

Starting from medical college with a curriculum that lacks emphasis on ethical aspects and a subjective, obscure examination system, paves the way for dishonest behaviour later in life. When these doctors step out to work they find it hard to make ends meet without alliances and kickbacks. They refrain from joining government hospitals because of poor infrastructure, low pay package and mediocre work environment. The unaccountable growth of quacks coupled with callousness on the part of government leads to the further decline in the quality of health care.

If the Indian medical fraternity wishes to improve ethical conduct amongst practitioners, it is mandatory to start from the basics. Including medical ethics in the curriculum, checking growth of substandard medical colleges, regular hospital audits, computerization and digitalization of the patient records, transparent employee appraisal and rekindling defunct watchdog agencies may help in this journey.

Keywords: Corruption in medicine; Medical Education

*“Why hang’st thou lonely on yon withered bough?
Unstrung for ever, must thou there remain;
Thy music once was sweet — who hears it now?
Why doth the breeze sigh over thee in vain?”*
The Harp of India[1]

Similar to the anguish expressed by the poet, after reading the articles by Dr Amar Jesani, Dr David Berger and Dr Samiran Nundy highlighting the sorry state of affairs in the Indian medical profession, we feel the same anguish over the lost image of the once pristine profession which is now quoted as

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the second most corrupt profession after the Indian police by Transparency International.[2-4]

The roots of Indian medical ethics can be traced back to the time of the Vedas. The Rig Ved, Sam Veda, Yajur Veda and the Atharva Veda laid the principles of an ethical medical practice and embodied the qualities of a physician and a medical student. However, these principles are now in shambles. We write this article, not as an obituary to the profession but to make us all realize that there is hope to revive the tradition before the sublime image is lost in oblivion. There is no denying the fact that the face of medicine in India has changed over the years and several ills plague the once revered profession. However let us realize that a complex interplay of intertwined factors serves to create the current perception.

Role of medical education

In most cases, a medical student starts his life's work with an aim to provide care to patients. No one chooses a career path which requires at least 8-10 years of painstakingly hard work with the sole aim to earn money, when there are easier and shorter alternatives available. It is only later when he goes through the grind with unstructured curriculum and has frustrating experiences as a clinical clerk, intern or resident, made to compensate for the shortage of class 4 staff in the various public hospitals that dilutes this initial enthusiasm to always "do good," and he is faced with the reality of sometimes conflicting choices over what is in the patient's best interests. Moreover, our flawed curriculum does nothing to improve the situation. The curriculum lacks focus on holistic growth of the student. Left choking by the sickeningly tight schedule with next to no opportunities to let off the steam and pursue hobbies, stress on didactic learning as opposed to development of skills, most students are disillusioned with the course. Most medical schools lack an objective transparent examination system and at some places under the table bribes, political contacts and parents social status influence the pass rate.[5] Not discouraging such practices early paves the way for dishonest behaviour later in life, even when they are involved with patient care. The recent technological advances promoting online tutorials and home based learning, diminishes personal interaction with mentors and patients, leaving the students unexposed and under trained in clinical practicalities and

ethical aspects of medicine, which can be learnt only by example and emulation. Instead of practise of scrupulous ethical principles during patient care being a pre requisite for passing; it is only rote knowledge that gets a student through and at the end of the training most doctors are only academically sound, unaware and unempathetic to the moral and ethical aspect of medicine.

Despite this, at the end of training most doctors still turn out to be individuals who wish to care for their patients. Now, when they step into the actual world, they are faced with the constant struggle to survive. Most talented doctors shy away from joining government hospitals for dual reasons of low grade infrastructure and low pay package. Except for a handful of premier institutes in the country which offer an opportunity to grow and have a good infrastructure with a decent pay scale, the majority of such institutes face the problem of rotting buildings and equipments, poor work environment and no incentives to work hard. Some who make the effort find themselves blotted out by individuals who make their way into the system by pulling strings and drawing favours from political contacts, irrespective of professional calibre and competency, spoiling the culture and introducing mediocrity in the institution for years to come. What takes the worst hit is teaching. We cannot expect such teachers to preach morality when they cannot practise it.

Growth of unregulated private sector

The growing affinity of the people for seeking health care services in the private sector, more and more doctors entering the private health sector and disillusionment with the public healthcare system has led to a substantial increase in unhealthy, unlawful practise based on cuts or fee splitting. This is despite specific prohibition of fee sharing in the Code of Medical Ethics 2002 by Indian Medical Council. Counterparts in this private sector who work without alliances and kickbacks find it hard to make ends meet. Lack of a set protocol for ordering investigations compounded by the absence of surveillance on part of the government and nonexistent watchdog anticorruption and insurance agencies, helps such practices to foster. The unregulated and unaccountable growth of unregistered practitioners or the quacks coupled with the government or the state's reluctance to take responsibility and adequate chastisement for such activities,

leads to the further decline in the integral quality of health care.

A great force behind expansion of unregulated private sector is the lack of sufficient number of well staffed and equipped government health care centres in the periphery. Arguably, it is easy to say that though government has taken steps to set up such primary health centres (PHCs) in rural areas, the doctors are not willing to serve there. However, these PHCs are located in areas which lack basic facilities conducive for a living –a clean environment, electricity and even water supply. Poor living conditions and lack of any monetary/ promotion incentives serve as deterrents for people who wish to serve there. Rather than doctors being made a scapegoat, the government should also aim to encourage migration of other professions of the society who are critical for developing and providing habitable conditions for living.

The Role of Medical Council of India (MCI) and regulatory bodies

Even though the MCI, the apex body for doctors and medical practice in India lays down a code of conduct for medical practitioners ((Professional Conduct, Etiquette and Ethics Regulations, 2002), the enforcement of these laws seems a critical missing step. Battling with the charges of tainted officials, MCI and its official have a poor track record of following the rules themselves and making sure that these laws are respected and defaulters suitably charged. [6] The state councils similarly are in a dismal state of affairs. Even though these bodies are vested with the power to take appropriate steps when necessary ranging to levying minor fines to permanently removing the name from the medical register, the functioning has been redundant. Influenced by personal motives and contacts, required disciplinary action is rarely undertaken. In a situation such as this, it is essential is for the members of MCI to put the needs of the patient population and the medical students before their own, set examples to be emulated, take adequate corrective measures and to carry out the responsibility they are entrusted with.

Conclusion

If the Indian medical fraternity wishes to improve ethical practice and conduct amongst the practitioners, it is mandatory to start from the basics. Introducing medical ethics as a part of undergraduate and postgraduate curriculum with periodic assessment and

reinforcement of the concept will help in ingraining such essential habits for lifetime. Teachers are the pillars for any system of education and selecting them appropriately and their adequate training will go a long way in improving the quality of teaching. Keeping commercialization of medical education at bay and checking unplanned growth of substandard medical colleges is equally important.

Hospitals should be subject to regular audits, not only financial but also in terms of external death audits, so that callousness on part of the health care workers is addressed. Mandatory computerization and digitalization of the patient records, electronic prescriptions, use of standard treatment bundles and operating procedures will help in reducing human errors and at the same time make things transparent, streamlined and accountable. Easy transfer of record between hospitals will reduce duplication of unwanted investigations and procedures. Appointment of floor managers to ensure smooth running of the floors, availability of telephonic help lines for post discharge queries, monitoring and follow up will also reduce burden on the hospitals and physicians enabling more equitable and efficient use of limited time and resources and reduce unnecessary shortcuts undertaken due to logistic constraints. Further, a transparent employee appraisal based on objective criteria with due weightage to academics, clinical care, research and administration is critical.

It is also time that the defunct professional councils are rekindled and take their task of regulating the health sector seriously with strict action being taken against practitioners' liaoning unethically with diagnostic centers and pharmaceutical industry. It is important to take note that there are people involved in the medical profession apart from doctors who play a critical role in fostering unethical practices for their own well being. These people should be equally targeted. Before anything else, it is important that we accept that corruption is something real and is crushing the innate moral strength and humanity of our profession. It is important we initiate some long overdue proactive measures and free our profession from the stranglehold of corruption to restore its once glorious image.

*“Those hands are cold – but if thy notes divine
May be by mortal wakened once again,
Harp of my country, let me strike the strain!”*

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