News from here and there

President of the Medical Council of India (MCI) arrested for corruption; MCI dissolved

On 22 April 2010, Ketan Desai, President of the Medical Council of India (MCI), was arrested and charged with accepting a bribe of ₹2 crore (₹20 million), allegedly to grant recognition to the Gyan Sagar Medical College in Punjab, though it did not meet the MCI standards. Also arrested were Sukhwinder Singh, owner of the medical college, Kanwaljit Singh, one of the professors, and J. P. Singh, reported to be a tout negotiating the transaction. On 22 June 2010, Desai was released on bail but rearrested for possession of assets of ₹24 crore (₹240 million), disproportionate to his known sources of income.

On 15 May, the Central Government issued the Indian Medical Council (Amendment) Ordinance, 2010, superseding the MCI and replacing it with a governing council of 7 persons chosen by the government. This council will review clearances already granted by the MCI and also look into new applications. The ordinance states that the members of the governing council must declare conflicts of interest in any matter under consideration. The inspection of medical colleges that have received clearance is expected to be completed by the end of June. According to a government notification dated 22 June 2010, all information provided by colleges seeking permissions will be posted on the MCI website. The college trustees/promoters/owners will certify the authenticity of information submitted by the institution, as will faculty regarding the details about them given by the college. Action will be taken against any college providing fraudulent information.

Earlier, in 2000, Ketan Desai had faced action from the Delhi High Court following an investigation by the department of income tax that found ₹65 lakh (₹6.5 million) in demand drafts in the names of Desai and his family members. In the judgment of the tax authorities, the drafts concealed cash payments made for illegal transactions. The Delhi High Court ordered the Central Bureau of Investigation (CBI) to inquire into the case and forced Desai to step down from the presidency of the MCI. The CBI report eventually cleared Desai, but critics have suggested that this was done on instructions of Desai's contacts in high places.

Desai has been on the boards of a number of academic bodies at the national level as well as in Gujarat, and one medical college in Punjab. At the time of his arrest, he was president of the MCI; member, governing body, National Board of Examinations; president of the Gujarat Medical Council; member of the executive council of Gujarat University; member, clinical board of studies, Gujarat University, and court member, Gujarat University. On October 2009, he was elected president of the World Medical Association.

The MCI was established in 1933. In 1956, it was given the responsibility to regulate the medical profession, and define and maintain standards of undergraduate medical education. Its powers have expanded over the years and now include certifying medical colleges, approving new courses, giving permission to increase the number of seats in medical colleges, and regulating postgraduate medical education. The growth of private, for-profit educational institutions has raised the stakes: these colleges charge high fees from a proportion of their students, with additional much larger unofficial payments. These colleges have financial interests in getting MCI clearance. Over the years, numerous reports of alleged corruption in the MCI have appeared in the press.

SANDHYA SRINIVASAN, *Mumbai, Maharashtra*

Medicine becoming a less popular career choice in Andhra

For a long time, pursuit of a career in medicine was a popular choice in Andhra Pradesh for students who complete the Intermediate course (equivalent to Class XII). A review of the number of applicants to the engineering, agriculture, medical, common entrance test (EAMCET) over the past 4 years shows a sharp declining trend in the number of applicants seeking admission to the MB,BS course. The fewer seats in MB,BS courses in the state (total 3850 seats—1800 seats in 13 government medical colleges and 2050 seats in 20 private medical colleges); longer time and money required to complete the course (5.5 years compared with 4 years for engineering); need for a prolonged study period with fewer seats to compete to achieve the highest degree (DM/MCh); compulsory rural service, all seem to act as deterrents for the students to choose medicine as a career option.

This phenomenon is not new; the number of aspirants for medical colleges has shown a steady decline across the nation since 2006.

ALLADI MOHAN, *Tirupati, Andhra Pradesh*

History repeats itself: UK NHS staff shortages lead to renewed efforts to recruit doctors from India

A large number of unfilled vacancies within the UK National Health Service (NHS) have led to a renewed drive to recruit doctors from India. This has come on the back of major changes in immigration rules for doctors in training in 2006 which led to a forced exodus of a large number of foreign doctors aspiring to train within the NHS. Along with this, the implementation of the European Working Time Directive, limiting doctors to work no more than 48 hours per week has led to major gaps in rotas. Medical staff shortages are threatening service closures, especially those outside big metropolitan areas. The BBC reports examples of overnight closure of an Accident and Emergency in Kirkcaldy and suspension of the Obstetric and Gynaecology unit in Enniskillen for several weeks due to the shortage of junior doctors. In the new recruitment drive, UK deaneries are reported to be recruiting Indian doctors in several specialties including paediatrics, obstetrics and gynaecology, anaesthesia, and accident and emergency. The British Association for Physicians of Indian Origin (BAPIO) is understood to have been approached by the UK Department of Health to help with recruiting junior doctors from India. BAPIO is reported to have agreed to help on the condition

that the junior doctors would have the right to complete training programmes that usually require 4–5 years, rather than be used to cover rotas and then be forced to return in 2 years due to current visa restrictions. However, failing to get this reassurance, BAPIO refused to engage in this process. Dr Ramesh Mehta, the president of BAPIO, told the BBC that the department of health was willing to extend the visa period, but the block was at the Home Office. Migrant doctors find this outcome as not unexpected, they believe that it reflects poor planning and hypocrisy of a system that abandoned a large number of migrant doctors when there was a perceived oversupply; without much regard to the effect this would have on the careers and ambitions of doctors who were forced to leave the UK. While history repeats itself, doctors taking up these posts are advised to carefully research the terms and conditions offered and the implications of visa restrictions on their training and future careers.

DHEERAJ RAI, *Bristol, UK*

First synthetic self-replicating cell generated in laboratory

Scientists from the J. Craig Venter Institute (JCVI), a not-for-profit genomic research organization based in Maryland, USA, announced on 20 May 2010, that they have created an entire synthetic bacterial genome and used it to take over a cell. This has been described as the construction of the first self-replicating, synthetic bacterial cell. The founder of the institute, Dr Venter in a press conference described it as 'the first self-replicating species we've had on the planet whose parent is a computer'. Funding for this research came from Synthetic Genomics Inc., a company co-owned by Dr Venter (who had sequenced the human genome a decade ago) and Dr Ham Smith.

This scientific feat has required a team of scientists working for nearly 15 years. Daniel Gibson from the institute stated in a press statement that to produce a synthetic cell, the group had to learn how to sequence, synthesize and transplant genomes. He added that they could now begin working on their ultimate objective of synthesizing a minimal cell containing only the genes necessary to sustain life in its simplest form. This would yield a better understanding of how cells work.

Clyde Hutchison, also a part of the research team at JCVI commented that the most remarkable thing about the synthetic cell was that its genome was designed in the computer and brought to life through chemical synthesis, without using any pieces of natural DNA. The team copied the genome of *Mycoplasma mycoides* (which infects goats) and have named the new strain *M. mycoides JCVI-syn1.0*. Fourteen genes believed to be pathogenic have been excised so that the new strain is safe.

The research group has highlighted that this breakthrough coupled with the decreasing costs of DNA synthesis would make the technology useful for the development of new applications and products including biofuels, vaccines, pharmaceuticals, clean water and food products.

JCVI has also received grants and been engaged in research on the societal and ethical considerations of introducing such technologies in science. Concerns have been raised that this technology could mean scientists are playing God by creating artificial life, and also the possibility of misuse of the technology for bioterrorism.

In response to this development, President Obama has asked his newly constituted Presidential Commission for the Study of Bioethical Issues to consider the implications of the advance and report back to him within 6 months. The request asks the commission to 'consider the potential medical, environmental, security, and other benefits of this field of research, as well as any potential health, security or other risks'.

The project has cost the JCVI about US$ 40 million.

ANANT BHAN, *Pune, Maharashtra*

The politics of Medicare: The (no longer) annual yo-yo

The Medicare programme is a social insurance programme, providing health insurance coverage to people who are 65 years of age and above. Although financed by the US government, the kitty is filled by Medicare taxes paid by all workers. Medicare payments lay the basis for medical reimbursement and provide a yardstick to private insurance companies as well, making Medicare payment rates a central factor in the US healthcare industry. Back in the 1990s, US lawmakers passed a law to control Medicare spending and prevent these expenses from surpassing economic growth as a whole, to ensure a sustainable growth rate (SGR). This was proposed to be achieved by cutting the reimbursement to doctors for services provided. However, doctors protested and the Congress kept passing temporary legislation to delay these 'Medicare cuts'; yearly cuts have been deferred 9 times since 2003, almost always at the eleventh hour. Over time, the cuts called for under the SGR formula have added up and, in October 2009, the Centers for Medicare and Medicaid Services (CMS) announced a 21.2% pay cut for 2010 for physicians participating in Medicare. Last week, this physicians' nightmare came true when CMS told its contractors to start paying claims at the reduced rate beginning 1 June 2010. However, after another week of tough political wrangling and 'more twists and turns than a roller coaster', lawmakers provided another 6-month fix for rescinding the Medicare cut. Before the vote in the House, members of both parties accused each other of negligence for not enacting a permanent fix. In December 2010, Medicare reimbursement will be cut 23% increasing to nearly 30% in January, the American Medical Association (AMA) said in a statement. 'Congress is playing Russian roulette with seniors' healthcare,' said the AMA President Dr Cecil B. Wilson. The AMA has called for the repeal of the SGR formula and replacement with 'an update system that reflects increases in physicians' and other health professionals' practice costs'.

HARESH MANI, *Hershey, PA, USA*