Speaking for Myself

Prisoner of war: Sold for six lakhs

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The mind is its own place, and in itself can make a Heav'n of Hell, a Hell of Heav'n.

—JOHN MILTON

This story began on 27 December and ended on 1 January.

On 27 December, I was attending a continuing medical education (CME) programme at Gurgaon when, around noon, the organizing secretary came up to me and said, 'Can I suggest your name to chair the next session? Our regular chairperson has not reached yet.'

I consented and soon landed up on the dais. I was pleasantly surprised when I saw someone familiar walking up to the dais to co-chair the session. During this session, there was to be a guest lecture by a foreign speaker—Japanese, to be precise. Our guest speaker was a famous basic scientist who had done path-breaking research in the molecular biology of subcellular disease process. The conference had been organized by the hospital at which my co-chairperson was now working.

I could understand very little of the complex and advanced techniques that our guest speaker was describing, especially since he spoke in a heavily-accented and droning voice. I felt it would be disastrous if the chairperson fell asleep, so, switching off my mike, I leaned towards my co-chairperson and said, 'Hi, BD! Seeing you after a really long time. How are you doing?'

BD and I used to be very close at one time. He was younger and smarter than I, and was at the peak of his career in the Army when he left service. The Army did not want to let go of him, but he forced the issue. He had done his MD (Medicine) when I was a Reader in the department. He was the most striking student of his batch. He was almost militant in his approach to medicine and favoured evidence-based practice. His first letter to the editor was published in the *New England Journal of Medicine* when he was still a postgraduate student. While speaking to my colleagues in the department, unknown to him, I had predicted an extremely bright academic career for him. And his early days as a junior specialist seemed to be proving me right. I lost touch with him when he went on study leave to specialize in cardiology. He eventually became a popular cardiologist, and continued his 'evidence-based war against empirical practice', as he called it.

One day, he suddenly decided to leave the Army. This was around the time when I had been moved from a purely clinical to an administrative post. His application for release reached my desk and I was not happy with his decision, especially because the Army would be losing such a gem.

'Why?' I asked him. He looked at me and said bluntly, 'When I get my promotion, I don't want to take up an administrative job like you. So I want to leave when I am still an active interventionist.'

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I gave him my standard line about loyalty to the organization, and said that having taken from the organization all my life, I felt it was time to give something back. My words did not make a dent on him. I used to love him as my favourite student, but that day, I recommended the rejection of his application for release from service. Dynamo that he was, he got his release sanctioned by convincing and coaxing my superiors.

Later, I learnt that his children had secured admission in foreign universities, and the salary he got from the Army did not suffice to pay the fees and other expenses. That was three years ago. Today, he was well settled in the private sector, working for a famous chain of corporate hospitals.

All this flashed through my mind as I looked at his face in the reading light on the chairman's table. In a firm and very reserved voice, he answered, 'Very well, thank you. How about you?'

'More than half of my job continues to be non-clinical and linked with administration. How is your evidence-based war against empirical practice?' I referred to the statement of his mission which he had repeated so often while in the Army. In his days in the Army, he was always a model of commitment, a fiercely devoted cardiologist who talked only of ethical practice. I was proud to have him on our team.

Presently, he laughed, and after several moments of silence, muttered in a very low voice, as if to himself, 'Sometimes I feel I am a prisoner of war.'

Maybe I was not supposed to have heard that, but I had and I was perplexed. 'How come?' He remained quiet.

I tried to persuade him to speak more. 'Do you have enough work?'

'Ya-ya, enough to keep me busy, but we rarely get complex challenging problems we used to see at the Army hospital every day.' I perceived a twinge of regret in his voice.

'You are happy with what you are doing?' I asked him.

His reply was too pat to be natural. 'Of course I am. I am earning six times what I was earning in the Army!'

I looked in the direction of our guest speaker. 'But your practice appears as interesting to me as this talk!'

He smiled weakly and said, 'My interest is kept alive by the thought of the moolah that I see moving into my bank account. And now we are starting Diplomate of the National Board (DNB) courses as well.'

The conversation could not proceed further as our guest speaker ended his talk three minutes before the scheduled time. I requested BD to deliver the vote of thanks. I thought I would catch up with him during the ensuing lunch break, but he rapidly said his byes and left the conference hall. 'Time is money,' I thought, and kept wondering what he had meant by that remark about 'prisoner of war'.

We met again very soon. On 1 January, we celebrate the Army Medical Corps anniversary and invite all our ex-service brethren

for a cocktail party at the mess. When I came up to him, he had had a few and was already in a talkative mood and greeted me with, 'Hail General, how is your army doing?'

'Fighting fit and still plodding along! How are the mercenaries doing?' I retorted.

'Bloody well, too bloody well, literally,' was his cryptic reply.

'Does that mean you have opened a blood bank too?'

He smirked and replied, 'No, no, I am not talking about giving blood. That's what you all do. I am more in the business of what you will call... sucking it.'

I know many of my friends did not like my unpopular writings. But this comment of BD's stumped me. Was he being sarcastic? 'What does that mean?'

He suddenly became serious. 'The story about my so-called "mercenary" life is a long one and I cannot share it with anyone.'

'I have plenty of time, if it will make you feel better.' I showed a keen interest in what he had to say. I asked a waiter to refill his glass and kept looking at him expectantly. After remaining silent for several moments, he asked, 'Do you remember KD? He left service a couple of years before me.'

KD was another brilliant colleague of ours who had taken voluntary premature retirement and was practising in Delhi. 'I do. He is also here today. I met him just a few moments ago.'

'Well, he is the one I had consulted before I left service'. He said. 'You know, being in service, we do not know the dynamics of practice in the civilian world, especially in these big hospitals.'

'He would be just the right candidate to seek advice from because he is doing so well,' I agreed with BD.

'Well, KD did explain a few things to me, but not everything. Maybe I did not ask him specific questions due to my ignorance. I was more interested in the pay that I could get at that time.' He added, 'KD told me he was getting 5 lakhs-plus (over ₹500 000) per month. And he had already been in business for a few years. He also told me that to start with a high salary, I should go to the hospital owner with a money-spinner scheme.'

'Money-spinner scheme? What had he gone with?' I asked.

He replied, 'Being a neurophysician, KD had gone to his employer with a plan for early thrombolysis for acute brain attacks, which was a new thing then. Now he is in-charge of the new stroke unit in that hospital.'

'So what did you do?' I was curious.

'I thought about it for a long time and finally came up with a scheme to use stem cells in treatment.'

I could not hold myself back. 'But you never believed in stem cell therapy. You used to say it is the biggest hoax of this century!'

He looked down and replied, 'I knew you'd say that. I had moved out of an established job. I was well into my middle age, and I badly wanted to get a good job. I had to impress my employer with something plausible. Stem cell therapy seemed the perfect idea for the occasion.'

'Was your employer impressed? I asked.

'Lallaji was a fat businessman-turned-politician, who started the hospital as a side business. My first meeting with him was at his corporate office. It was arranged over the phone through his hospital manager, Ria, who was also present at the meeting, though she did not speak much. Maybe she had briefed him about me earlier. Lallaji gave me about 5 minutes to talk about my proposal, and then hurriedly said that I could join from the first of the next month. He did not give me any indication of whether he had understood even a bit of what I had said. He started gathering up his papers and files, which signalled that I had been dismissed.'

'Then what happened?' I asked.

'I asked him point blank about my emoluments. Lallaji continued peering into some files that he had picked up and said Ria would explain that to me.' After a pause, BD went on, 'It was now that I looked at Ria for the first time. She was a slim girl who wore a black business suit, and looked my daughter's age. She took me to the outer office and addressed me with great respect. She asked me if I would like to work on a fixed salary or on a percentage basis. She told me helpfully that doctors in my situation usually start with a fixed salary and switch to a percentage system by the end of the year, when their practice has picked up.'

'What did you say?'

'I asked her how much she thought I was worth.'

I was curious to know the answer and asked, 'What did she have to say?'

'She said it depends on how much I felt I was worth! I did not realize at that time what she meant. I had a figure in my mind that had been prompted by KD's briefing. So, I said, "How about 6 lakhs (₹600 000) a month?" '

'She agreed?' I asked.

'Not immediately! She said she would get back to me within a day or so, and she did. When she did, she said okay. She asked me to come to her office to sign an agreement and collect the appointment letter.'

'Excellent! So you started higher than KD.' I felt happy for him.

'The agreement was a 6-page document which I could not fully understand due to legalese. My appointment letter showed various allowances which totalled up to a cost-to-company of 6 lakhs. I was very happy that day. And I joined on the first of the next month.'

'So, how was your first day? Did you report to Lallaji?' I asked.

'No, Lallaji was nowhere to be seen. I had spoken to Ria on the phone and she came to see me a few minutes after I reached the hospital. She showed me my chamber. "This will be your chamber on Mondays, Wednesdays and Fridays from 0900 to 1130 hours, and on Tuesdays and Thursdays from 1800 to 2200 hours," she told me.'

I tried my best not to smile. In the Army, he had been so possessive about his swanky-looking cardiologist's chamber. He even used to sleep there sometimes while waiting for emergency procedures to be set up. I let him continue.

He said, 'I was taken aback and asked who would be in that chamber the rest of the time. She simply said "other cardiologists"! Then I asked her, "And where will I be the rest of the time?" She replied, "The rest of the time, you will attend our catchment clinics in the periphery and meet all the general practitioners (GPs) around the catchment clinics to convince them to refer their patients to you here. I will also arrange for you to give some talks at the small meetings we organize for GPs in hotels." '

When BD found me staring at him with a melancholy face, he hurriedly added, 'To cut a long story short, she arranged for me to give talks on health issues to various corporate business houses, with pre-prepared slides. The aim was to attract executives to the hospital for medical check-ups by telling them about the risk of heart attacks and offering them "attractive packages". I also addressed various forums of GPs to convince the GPs that referring patients to us would benefit them the most.'

'Hmm…' I kept quiet. I knew BD was a forceful speaker.

'They obviously wanted to use my skills of presentation.' After the waiter had refilled his glass, he continued, 'It was my first day of being re-employed, so I said to myself, "Hold on, things will get better." I asked Ria when my "cardiac-cath" time was. She replied flatly that I was to contact Dr Banerjee whenever I had a case, and

he would arrange for me to have the cath lab for a limited period. He would also discuss with me how the revenue generated from the procedure should be distributed.'

BD kept looking into the amber fluid in the glass for several moments, and then said, 'I started my work with this briefing. I soon realized that nearly 80% of what I would earn, well not earn but generate, in the "cath lab" would go to others in the initial months. No patients came to see me the first two days, and then KD referred a few. Now I started realizing the importance of what you had written earlier'.[1]

After this, BD kept quiet for a while, as if contemplating whether to stop there. But a few moments later, he hesitantly ventured again, 'About a fortnight into practice, Ria phoned me one day and said that she would like to schedule a meeting with me to have a brief chat. I asked her to come straightaway as I did not have any patient.'

After another silence, he continued, 'She came within 10 minutes and placed some papers in front of me. I asked what the papers were about. She replied very meaningfully that they pertained to my performance!' At this point, BD looked at me and appeared emotionally charged. 'I broke into a cold sweat. This chit of a girl, who was not even a doctor, was going to judge my performance? I felt very angry.'

I, too, felt miserable thinking of his plight. 'What happened then?' I asked.

'She was surprisingly perceptive. She said that she could come for a chat some other time if I was not feeling well. I controlled myself and asked her to continue. She explained that the revenue generated by me during my first fortnight was only ₹55 000. If she was to subtract the investment in me in terms of vehicles, the wages of the paramedical staff and so on, the net earning would be negative. She also added that the hospital would not be able to afford me given this performance.'

Then BD looked up at me and said, 'AC sir, I have never failed in my life. Ria's unemotional sentences really cut me to pieces. I felt I should chuck everything and just leave.'

'Did you?' I asked him.

'I flatly asked her if she was asking me to leave the job. She said in a soft voice that I should not misinterpret her statements. This chat, she explained, was not meant to force me to leave, but to improve the bottom-line, i.e. the hospital's profits. She then very gently advised me to stop thinking like a public sector doctor who has very little choice as far as investigations and therapeutic modalities are concerned. She went on to remind me that I had not made any progress with my stem cell therapy scheme yet.'

'What did you say?' I prodded him.

He said, 'I protested, telling her that no suitable case had come along. She smiled and said that my friend [KD] was giving thrombolysis to almost every patient with stroke, and I could do the same with stem cells. If the patient survived, it would be credited to the success of the therapy.'

I looked at BD. I knew this was a revolting suggestion for him. 'What did you say?' I asked.

He was playing with his half-filled glass, looking down into the bottom. 'I remonstrated with her and said that I had not yet formulated the selection criteria. But her response forced me to think again.'

'What response?' I asked.

He answered in a very low voice. 'Her parting shot that day was "if you want the rainbow, you gotta put up with rain".'

I nudged him to have him look up at me, saying, 'What about your evidence-based war against empirical practice?'

He did not look up. He said in a surprisingly hoarse voice, 'I have become a prisoner in a different war. The warrior you knew was sold for ₹6 lakh.'

'But I heard that you left that hospital after some time?' I asked him.

'I didn't,' he said. 'You see, I kept getting fortnightly visits from Ria. She is a remarkable businesswoman. She would pick up one of my cases and describe how my colleagues would have generated more revenue from that patient. Gradually, I began to find her chats more and more practical. I started following her cues and began getting more money for the hospital, and her visits became less frequent. In my eleventh month at that hospital, I treated a highly placed government official with stem cell therapy. Maybe he would have improved even without it, but it caught his imagination. A few months thereafter, I was invited to be a part of a multicentre trial, funded by a major funding agency, for the use of stem cells in cardiology. I was now being introduced to GPs as a pioneer in stem cell therapy in India! And now, within a year, I am a part of several international drug trials!'

I was still puzzled. 'But why did you leave that hospital?'

'I told you I didn't,' he repeated. 'Last year, Ria tied up with another tycoon to start an even bigger hospital. She gave me a better offer and I moved with her.

We kept looking at each other for some time. He appeared to be sleepy and relieved. Somewhere inside myself, I felt like crying. He had been among the best of my students. As he stood up to go, I was wondering what the real problem had been. Had it been the need to earn more money, or had it been a question of vanity—the desire to live up to the successful reputation one has created. And what was Ria doing? Pure business? Meeting targets? Is thinking about poor patients no longer fashionable?

I am sure that this is not a universal phenomenon. Many of my close friends are earning a good amount of money without sacrificing ethical practice. But one thing is certain: over-investigation and possibly, over-treatment or treatment with unproven agents are becoming fairly commonplace. Every specialist doctor vying for an exclusive niche in practice today is supposed to create a USP! It could be 'endoscopic ultrasound,' 'gene therapy', 'stem cell therapy' or the use of the latest 'biological drugs'. The drive to 'overdo' is partly encouraged by business managers, who tutor doctors to be scared of lawsuits and think of every patient as a potential plaintiff. I wondered if this dark side of organizations would inevitably lead to medical disasters and misconduct on the part of doctors.[2] Some years ago, what used to come to our notice was the public outcry over poor-quality medical care and the concomitant rise in medical litigation, but now the balance has tipped in the other direction and people are crying out against 'over-care'.[3] It has been said that fear of litigation can supplant care, reduce care and often replace care.

My thoughts were interrupted by KD, the neurophysician, who was also one of our honoured guests that day. He gave me a mischievous smile and said, 'I was waiting for BD to finish with you. I knew he was going to corrupt your mind. He has been fighting a lot of ghosts. Ghosts of his own creation!'

I looked up at his confident smile. He was as suave as ever. I asked him, 'Has BD ever talked to you about what he is going through?'

'Yes, he has. And I can guess what he has been telling you!'

'What is your guess?'

He laughed. 'He must have told you how difficult it is to work in corporate hospitals. And how they lure you into commercial practices. Isn't it?'

'Not really.' I sounded non-committal, though there was no conviction in my voice. KD was smart, so he caught on. He said, 'BD is a confused mass of protoplasm! He should realize that, as someone has said, "Life is not a struggle. It's a wiggle".'

'Why do you say that?' I asked.

'He owes his living to corporate hospitals and still isn't convinced about their importance.'

'Importance?' I asked again.

He snapped, 'Yes sir, importance! You should realize this more than anyone else, because all this has happened before your own eyes!'

I was alarmed. 'What do you mean?'

'Before these big corporate hospitals came in, what did you have in India? Poorly equipped government medical colleges, with revered, legendary professors who had studied abroad, but had failed to develop modern systems of management in public sector units. They practised "eminence- or vehemence-based medicine",[4] but hardly anyone did cardiac bypass surgery, or for that matter, renal or liver transplants. Most of them did not even keep abreast with the latest developments in medicine.[5] And in the private sector, there were "single family"-run nursing homes, which provided primary or, at best, secondary level of care, with no one to oversee what exactly they were doing! Will you disagree with that?'

I looked back. He was talking about the 1980s and maybe the 1990s. I could clearly glimpse what he was referring to and I could not fault him for what he said. 'Maybe you are right,' I agreed.

He continued, 'It was a famous corporate hospital in south Delhi, a hospital which set the benchmark of care for cardiac bypass surgery. It was efficient and innovative, and provided care of a high quality. Seeing the standards of care offered by this corporate hospital, clients started demanding the same standards from public sector hospitals. It was the yardstick against which every hospital wanted to measure itself. You could say that it brought about a revolution, leading the public sector hospitals to scurry for new equipment and strive to improve themselves. Look at liver transplants! Where are your public sector hospitals and mighty institutes? It is the private sector that has led the way. Isn't it true?'

I nodded. 'It's true, to a large extent.'

He added, 'And now even better hospitals have entered the fray, providing flagship programmes, such as cardiac surgery, transplants, joint replacements and so on.'

I was inclined to agree. 'But does this justify what BD was describing? The mad rush to earn money?'

KD did not even bat an eyelid. 'You in the public sector have got too used to free treatment. Government servants, if I may say so, are *mufatkhors* (freeloaders). My dear sir, excellence does not come cheap. You have to learn to respect and value excellence. You must be willing to pay for an innovative therapy.'

'But what about Ria's role?'

KD was not amused. 'What about it? She is a highly qualified business manager; her job is to increase profits. She is doing an honest job!'

I still had doubts. 'But is it ethical to teach doctors to over-investigate?'

KD laughed. 'First, medical ethics does not apply to her as she is not a doctor. Second, when teachers like you fail to train doctors to be ethical, do you think Ria can change anyone's behaviour? Everyone does what he thinks is good for him. Doctors do what they think is right for them to do. Don't blame Ria for what I may be doing or for what BD may be doing. I can speak for myself and I can assure you that I have never crossed any ethical line. I even waive my fees for people who cannot afford it. But look at it this way—every civil servant and every minister wants treatment at a corporate hospital today, and here too, they demand free treatment. Is that ethical?'

I slowly said, 'I agree with what you have said. But there is a lot you have not said. The private sector may be better, faster and more efficient than state-run monoliths, but it is also replete with instances of excessive intervention and iatrogenic harm. Corporate hospitals, just like the pharmaceutical industry, are more obsessed with marketing than with innovation.[6] I believe that the fiduciary duty of corporations legally binds them to prioritize not the needs of the patients, but of the shareholders.[7] How else does one explain a situation in which it is only after promoting anti-depressants and writing 16.2 million prescriptions a year for a decade that you learn that these medicines are no better than placebo, except in severe cases of depression?[8] In this system, success is measured by activity, or what you called wiggle; and corporate medicine is defined by over-investigation, over-diagnosis and over-treatment.[9] Aggressive screening programmes for the diagnosis of breast, lung and colorectal cancers are all too common, even though science says that such screening causes harm through over-diagnosis and over-treatment, and may increase survival figures without affecting overall mortality.'[10,11]

KD laughed and got up. 'You really are stubborn!' he said.

I could have countered him with a few more examples, but I kept quiet. I could not pick a hole in his basic reasoning that corporate hospitals have set a benchmark for us. And that if a doctor does something unethical, you cannot blame the system for it. The onus must lie with the doer. I now think that BD was not a prisoner of war, but a 'prisoner of wares (read six lakhs)'.

Once KD walked off to talk to another friend, I was left alone to ponder over our conversation. Man has been on this planet for well over 900 000 years in about 50 000 generations. Modern medicine, in its present avatar, has been around for only about 50 years, although it started in the form of mumbo-jumbo and witchcraft nearly 5000 years ago. Thus, it is clear that man survives mainly because of his inherent capacity to live, for as long as he is built to last, unless he meets with an accident and dies prematurely.[12] It has been said that a physician's job is to keep the patient amused with frivolous speculations and often, unnecessary interventions till nature heals him. Some patients feel more satisfied if these interventions are more expensive. And so medical muddling is a very good business. New tests, devices and drugs continue to proliferate and if you have no patients, you can always screen healthy adults to detect or even invent abnormalities to worry the patient with. A published audit of 60 000 coronary bypass operations performed on asymptomatic people in the USA has shown the futility of the procedure, in terms of survival benefits, in the case of well over 84% of the recipients. In an editorial in the *New England Journal of Medicine*, Professor Krumholz of Yale University opines: 'The one procedure that nets billions of dollars in cash as also prestige for the doctors, hospitals, and the equipment manufacturers, the cardiac interventions, is basically done with that motive.'[12,13] How does it matter that an additional imaging test can cause physical harm to patients?[14] Or that an abnormal result of a laboratory test may play havoc with the mind of the patient?[15]

Medicine was supposed to be governed by ethics. But when medicine becomes a business, can it remain ethical? At the bottom of this question is the basic debate of whether a successful business can ever be ethical.[16–18]

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