Letter from Mumbai

SICKNESS IN OUR PROFESSION

When we see a patient, one of our major concerns is the nature of his/her illness. Once this is established, the next concern is the gravity of the disease and whether it is amenable to treatment.

These concerns can also be applied to our profession.

In his paper published on 8 May in the *BMJ* (2014;**348:**g3169), Dr David Berger described the corruption that ruins doctor–patient relationship in India. He narrated his experience as a volunteer physician in a small charitable hospital in the sub-Himalayan region. His first-hand experience of the 10%–15% kickback sought by the young resident doctor helping him was supplemented by the arrival of the marketing executive of the nearby private heart clinic with an envelope full of cash—the doctor's commission over the past few months. Dr Berger concluded, 'It is no surprise that investigations and procedures are abused as a means of milking patients.' He saw desperately poor patients being charged ₹1000 each time for totally unnecessary tests. Worse, he obtained a first-person account from a former pharmaceutical sales executive who resigned from his job when his manager told him to oblige the doctor who had asked him to arrange prostitutes at his home. Dr Berger described some of the consequences of this corruption witnessed by him. Instead of seeking guidance from doctors, poor patients preferred relying on pharmacists. The latter compounded the already terrible situation by selling inappropriate drugs at exorbitant prices. Dr Berger ended his essay with a suggestion that if India does not reform, medical licensing authorities of the UK, the USA, Canada, Australia and New Zealand should withdraw recognition from all suspect private Indian medical colleges.

On 25 June, the *BMJ* published an editorial by Anita Jain, Samiran Nundy and Kamran Abbasi. While reiterating the facts narrated by Dr Berger, they also referred to widespread corruption in all fields of activity in India and in other countries. 'No country is exempt from corruption.' They suggested that 'good governance, transparency and zero tolerance must form the basis of any anti-corruption strategy'. They appeared to exempt patients and doctors from 'taking on a system mired in corruption'. They announced a 'plan to launch a campaign against corruption in medicine which will begin with a focus on India'.

Of the other responses in the *BMJ* was one by Dr Shyam Ashtekar on behalf of 'Medico Friend Circle'—a respected, public-spirited body consisting of lay-persons and doctors. 'We suggest some major systemic reforms: (a) improve the public hospitals to match people's needs, especially the medical colleges for tertiary care; (b) create regulatory systems consisting of protocols, audits and reviews of private and public hospital effectiveness from the patient's perspective; (c) only non-profit hospitals (rather than private hospitals) committed to affordability, service and transparency must be enlisted for services under national assurance schemes; (d) streamline procedures of payment in private care; (e) implement strict guidelines on use of generic drugs and lab-tests, X-rays, CT scans and MRIs.'

It is unfortunate that neither Dr Berger nor correspondents following his lead referred to the efforts of successive editorial teams of the *Indian Journal of Medical Ethics (IJME)* and other contributors since 1992 on the subject under discussion. Since Dr Nundy was the editor of the *IJME* during 2003–04, this neglect in the *BMJ* editorial dated 25 June is striking. A search done at *http://www.issuesinmedicalethics.org/index.php/ijme/search/search?query=corruption&searchField= query* yields scores of essays, comments and suggestions, which highlight the efforts made by the founders of the *IJME* and others at improving the Indian situation.

Equally striking is the failure of the editorial to refer even once to the agencies intended to monitor medical education and practices in the country—the Medical Council of India (MCI) in New Delhi and the various state medical councils. These statutory agencies, akin to the General Medical Council in London, England, have abrogated the very principles of medical education of the highest possible standards and medical practices of the highest ethical standards that they were expected to uphold. (It is to Dr Berger's credit that he does refer to the arrest of Dr Ketan Desai, the then president of the MCI, dissolution of the council and the abrupt transfer of Mr Keshav Desiraju, Secretary in the Ministry of Health and Family Welfare, 'possibly in response to his resistance to moves to reappoint Desai to the reconstituted MCI'.)

I summarize suggestions made in the *IJME* over the years:

1. Since the medical councils remain under the control of the governments in New Delhi and in the states, it is imperative that they be freed and reinstated as independent bodies, accountable to society at large. This is a crucial step as these councils can uphold or destroy standards of medical education and practice.
2. Medical colleges and hospitals in the public sector must be upgraded to their historic pristine glories. Modern medical education in India started at the three public sector medical colleges in Calcutta, Madras and Bombay. These and subsequent medical colleges set up by governments and municipal corporations, retained high standards and were internationally reputed till the 1960s. Their decay followed political interference in appointments to their staffs and selection of medical students, the evil weapon of transfer of teachers to favour politically well-connected but academically mediocre teachers and the setting up of private medical colleges.
3. All medical teaching institutions (private and public) must be accountable to society with public disclosure of their activities, finances and other relevant details. Such disclosures were made annually as a matter of course when the three pioneering medical colleges were set up.
4. New medical colleges should only be set up when they raise standards of medical education and care of patients above those in existing institutions. Most of the private medical colleges set up since the 1970s have come into being for the enrichment of their patrons. In most instances, glaring deficiencies and malpractices have been documented when they started their operations. Despite such documentation, governments and medical councils have permitted expansion of their activities.
5. Private clinics and hospitals must function under clearly enunciated guidelines and their operations rendered transparent by public disclosure of their balance sheets, reports of periodic inspections and evaluations by independent, unimpeachable groups of experts. They must be made liable for their shortcomings in patient care and infringement of commitments made for the treatment of poor patients.

6. For these and other suggestions to be implemented we need a complete revamp of government and judicial priorities and operations.
7. Such far-reaching changes can only occur through the mobilization of *vox populi* and coordinated action by professionals—medical, legal and others—to cleanse what currently resembles the Augean stables.
8. The effort required for such action is great and must be sustained over a long time. Progress will be slow.
9. Failure to act will result in worsening degradation. One indication is the fact that the students of today—in substandard and deficient medical colleges—will be the teachers and practitioners of tomorrow.

RELEASE OF AN UNUSUAL BIOGRAPHY

A modest function in Jaipur on 3 September 2014 was the site for the launch of the book *Healing the body: Touching the heart. The life and times of Dr L.M. Sanghvi.* Written by his daughter, Dr Nita Mukherjee PhD, the book tells us the progress of a young man born to a Jain family of modest means in Ahmedabad to the position of Emeritus Professor of Medicine and Dean of the Sawai Man Singh (SMS) Medical College and Hospital in Jaipur.

Dr Mukherjee describes Dr Sanghvi's studies at the Grant Medical College and Sir Jamsetjee Jejeebhoy Hospital (JJH), work at the London School of Hygiene and Tropical Medicine and the Postgraduate Medical School at Hammersmith Hospital, the move to Prince Bijay Singh Memorial Hospital in Bikaner (prompted by Dr S.R. Moolgavkar, Professor of Surgery at JJH) and the transfer to the post of Reader in Medicine at the then fledgling SMS Medical College and Hospital.

The rest of the book describes his training in cardiology in the USA, the setting up of the section on cardiology in the Department of Medicine at SMS Medical College, Dr Sanghvi's researches in the field, published in journals such as the *British Heart Journal* and *Circulation*, his appointment as Dean and retirement as Emeritus Professor of Medicine.

The audience at the book launch was fortunate in being able to listen to some of Dr Sanghvi's students—now senior and respected consultants in their own fields.

Dr Goutam Sen, cardiovascular surgeon, narrated two interesting anecdotes that illustrated Dr Sanghvi's method for impressing young minds:

On one occasion, Dr Sanghvi's resident doctor prescribed an intravenous infusion of glucose-saline to make the patient feel that something was being done for him by way of therapy. There was no medical indication for such an infusion. During his rounds the next day, Dr Sanghvi, as usual, studied the case sheet and prescription for this patient. He noted the infusion. Without a word to the erring doctor, he asked the nurse to prepare a bed for a new patient. Once this was done, he got the resident doctor to lie down on it and started an infusion of glucose-saline, instructing the nurse to let the infusion proceed very slowly.

On another occasion, the resident doctor prescribed a diuretic to a patient, to be administered at bedtime. This doctor too was admitted to the hospital for 48 hours and given the diuretic each night. The ensuing sleeplessness and the need to run from cot to toilet all night were salutary.

Neither doctor ever forgot the experience.

Dr Sen also described the changing equation between the doctors and the politicians in the 1970s. Doctors could now be transferred to any of the six medical colleges in the other cities in Rajasthan. Most wanted to remain in Jaipur—close to the seat of power. Some doctors began to kow-tow to politicians for postings that they considered either powerful or lucrative. Dr Sanghvi was out of government service by then, but he was pained to see his own students fall prey to this culture of seeking political patronage, losing self-respect and besmirching the honour of the medical profession.

On a personal note, Dr Nita Mukherjee recalled: 'Home visits by doctors were common when he practised. Dad was so approachable that he would attend to a patient at any time of the day or night. I recall quite vividly that his doctor's bag would always have a complete emergency kit. Sometimes, he would wake us up in the dead of the night to boil a syringe—no disposable injection kits were available then—especially if he was going to a middle-class or a poor home where he knew it would be difficult to get boiling water readily. The only fuel that ordinary people used was firewood or coal and it would take too long to light a stove. If it was an emergency, Dad would even drive the patient to the hospital and ensure admission.'

Others spoke of Dr Sanghvi's high standards of ethical practice. He was known all over Rajasthan as the '*do goliwaale daaktar sahib*'. Practically all his students remember him for his brief prescriptions. One of them said that if he saw a page-long prescription written by another physician, Dr Sanghvi would say that it reflected the *dimagi diwaaliyaapan* (bankruptcy of intelligence) of that doctor.

When he started seeing private patients in his clinic at home after retirement from government service, he continued his practice of recommending the bare minimum of tests. He was horrified when one of the many diagnostic centres, which had proliferated in Jaipur by the 1980s, sent him an envelope containing cash-for-referring commission. An observer remembers the tongue-lashing Dr Sanghvi gave to the patients. No medical representative dared to give him the kind of gifts that many doctors are plied with.

Dr Sanghvi is a role model we would do well to emulate.

SUNIL K. PANDYA