India’s doctors should be helped to expose poor practice or misconduct

Protection for whistleblowers under new law is still inadequate

Healthcare professionals should be helped to speak up if they become aware of threats to patient safety or wrongdoing. But as journalist Patralekha Chatterjee reports in The BMJ today, it’s not easy for doctors in India to raise such concerns in practice.

After years of delay, India’s Whistle Blowers Protection Act 2011 became law on 9 May 2014, but no date has been set for it to be enforced. The act will cover anybody who wishes to disclose fraud, corruption, or mismanagement in a public office, but it offers no protection to those who wish to raise concerns about private sector healthcare.

Christine Liu, a New York lawyer, said that the law is an important step but “not enough.” She points out that the law lacks specific criminal penalties for physical attacks on whistleblowers and does not provide civil penalties for workplace retaliation.

In theory, bodies like the Medical Council of India (MCI) and the Indian Medical Association (IMA) have an important role to play, but in reality, they have shirked it, Anant Bhan, an independent researcher in bioethics and global health in Mangalore told The BMJ.
Many health advocates also point to controversies surrounding the MCI and say that it needs to do a lot more to protect those who want to blow the whistle.

But Krishan Kumar Aggarwal, senior national vice president of the IMA, disagrees, saying that members of the IMA can “raise their issues in respective branches, in state branches, or to the central IMA through elected representatives” and that non-members can also bring grievances to the association.

Chatterjee explains that hospitals do not have whistleblower policies and that the media and non-governmental organisations - such as the National Whistleblowers Center in the US and Whistleblowers UK - often campaign on behalf of healthcare whistleblowers.

Brave doctors and health advocates are also pushing things forward slowly, she writes. Sunil Nandraj, an independent health researcher, launched the website Medileaks in November 2014. It offers a platform where anyone can “share information about various malpractices, scams, irrational practices . . . in the public domain without their identities being revealed.”

Nandraj hopes that eventually the publicity of “a critical mass of ethical doctors who are against such practices” can “lead to changes in the way medicine is practised.”

“As far as we know, there is no public or private organisation in India to give advice to doctors for whistleblowing,” adds Kunal Saha, a doctor based in the United States who set up the campaigning group People for Better Treatment after his wife, Anuradha Saha, died from proved medical negligence in India.

“We welcome and encourage the ‘good’ doctors to step forward for cleansing the system. Of course, we also provide help for the alleged victims of malpractice to find justice.”
Feature: Whistleblowing in India: what protections can doctors who raise concerns expect?

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