

# Doctors criticise Indian Medical Association for ignoring unethical practices

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New Delhi

Some doctors in India have decried what they say are attempts by the Indian Medical Association to deny the prevalence of unethical practices in medicine and to resist key government initiatives that are expected to improve healthcare services in the country.

The Forum for Medical Ethics Society and the Medico Friend Circle, two health groups established by doctors, have jointly called on the association's officers to "do some genuine introspection" and tackle the problems rather than deny them.

Their appeal comes after the association earlier this month criticised a television talk show hosted by a popular "Bollywood" actor, Aamir Khan. The show had highlighted what some doctors themselves have described as unethical practices: sharing fees for referring patients to specialists, accepting gifts from drug companies, and irrational prescribing of drugs and diagnostic procedures.

"Many of us in the medical fraternity have been worried about the state of affairs," said Sunil Kaul, convener of the Medico Friend Circle and a trustee of the Action Northeast Trust, a charitable organisation involved in community health activities in the northeastern state of Assam. "We felt it was important for doctors to support key messages that the television show tried to convey," Kaul told the *BMJ*.

The association has demanded an apology from the talk show host, claiming that rare instances of unethical practices had been blown out of proportion to tarnish the image of the medical profession. But in an open letter to the association the two health groups have said that most practising doctors would "admit in private" that unethical practices are a "pervasive trend and not limited to a few isolated individuals." They said that unethical practices seemed to be driven by the unregulated commercialisation of healthcare in recent years. Citing examples, they described how hospitals were "inducing" doctors to advise patients to undergo unnecessary investigations and to admit them to hospital and intensive care.

The association's officials reject claims that such practices are widespread. "Every field has black sheep. The association will never support anyone indulging in unethical practices. But it is wrong to brand the entire community because of them," said Dev Raj Rai, the national secretary general of the association. "Most doctors selflessly serve humanity," Rai told the *BMJ*.

"The association's stand that there's nothing seriously wrong with the medical profession is seriously flawed, indeed bizarre,"

said Sanjay Pai, a pathologist and a member of the editorial board of the *Indian Journal of Medical Ethics*.

"In the absence of hard data, it is difficult to say what proportion of doctors are guilty of unethical practices, but this much is abysmally clear: all are not angels, and our governing bodies have done little to improve the situation," Pai told the *BMJ*.

Some doctors are also unhappy about the fact that the association called on its members—250 000 of India's estimated 600 000 practitioners of modern medicine—to observe a strike on 25 June against the health ministry's attempts to regulate the quality of care in clinical establishments.

Rai said that the strike was a "grand success," with a large number of private doctors across the country keeping their outpatient clinics shut and examining or referring only patients in emergency cases to hospitals that were exempt from the strike.

The association is opposing a law notified by the government earlier this year to make it mandatory for all clinical establishments, including clinics run by single doctors, to maintain minimum standards of space, equipment, and infrastructure. The law also makes it mandatory for clinics to stabilise any patient who is brought into hospital in an emergency before recommending a transfer to another clinic.

"They are trying to impose unrealistic conditions on clinics run even by single doctors," said Gowda Ramachandrappa, the association's national president. "This is likely to increase the cost of healthcare for patients."

He asked, "What about a situation in which a patient with suspected stroke or a heart attack seeks help from a family physician. Would it not be best for the family physician to refer the patient to a better equipped hospital or specialist?"

Health ministry officials and public health activists have said in the past that the new rules would help ensure a minimum quality of standards across all private and public healthcare institutions.

The association said that the strike was also called to express opposition to a two year old government initiative to introduce a three and a half year course to train rural people as healthcare providers for village health centres.<sup>1 2</sup>

"Nowhere in the world does anyone get trained in modern medicine in such a short time," Ramachandrappa told the *BMJ*. "Even a veterinary medicine course takes more than five years. We cannot allow this to happen."

The rural healthcare providers are intended to serve in villages without doctors. The short course has backing from the health ministry and from several medical expert groups set up by the government. A committee is currently drawing up the curriculum for the course.

The association's officials say that the proposed rules for clinical establishments as well as the new education programme will end up hurting patients.

"If small clinics run by single doctors are forced to implement the new standards for space and equipment, the costs of medical care will go up," said Milind Naik, the state president of the association in Nagpur, Maharashtra. "And the rural healthcare course will mean rural inhabitants will receive substandard healthcare," Naik said.

"The association's opposition isn't surprising. It has always tried to resist regulation of the medical profession and has

opposed the rural healthcare initiative by trying to reach out to various levels of the government," said Kunchala Michael Shyamprasad, a cardiothoracic surgeon who was a member of a government's task force on medical education that had recommended the alternative medical curriculum.

Pai said that although a course of three and a half years might not be long enough to train someone for fully fledged medical practice, it was justifiable given the severe shortage of doctors in rural areas and might help achieve universal healthcare coverage.

- 1 Mudur G. India decides to train non-medical rural healthcare providers. *BMJ* 2010;340:c817.
- 2 Mudur G. Indian Medical Association tries to stall rural health course. *BMJ* 2010;341:c6199

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