

“Declining standards and unethical practices of the medical professionals”.

Part one

The gravity of decline

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Dissenting Diagnosis- Why? How? What for?

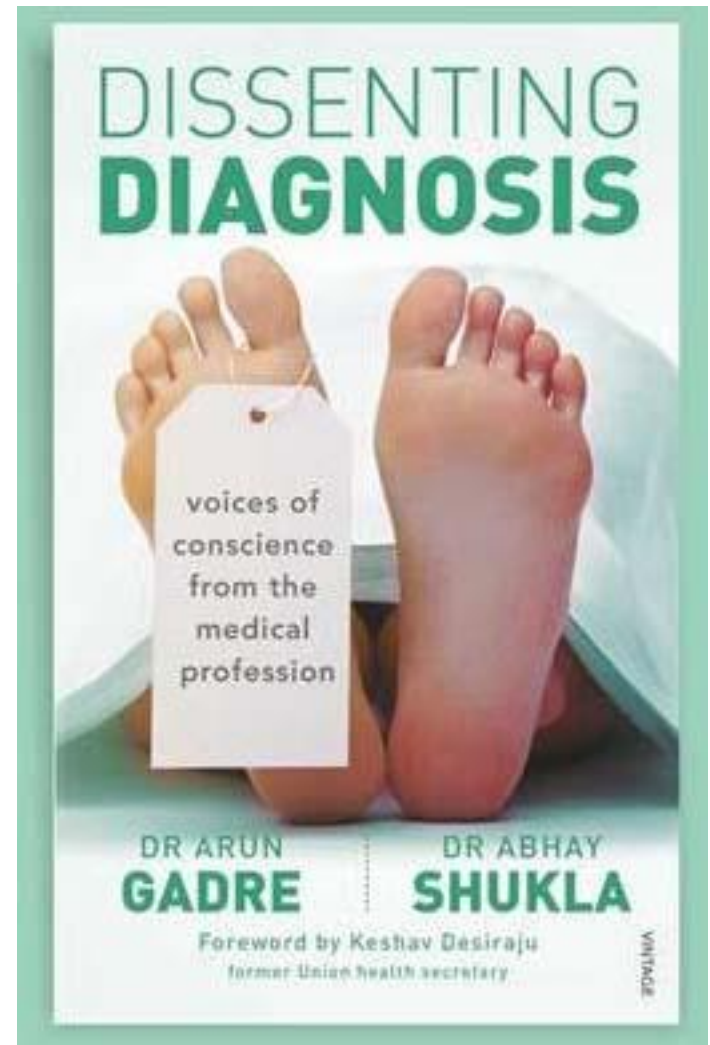
- Why? - History of the book
- How? – Methodology in short
 - Through personal contacts, snow ball effect and through contacts of Jan Swasthya Abhiyan
- What for? – call of conscientious doctors to society at large to save this endangered species

You have interviewed only 78 doctors? How can you generalize?

- Qualitative purposive study with a structured questionnaire
- Remember – In epidemiology of Cholera – single proved case is an epidemic.
- In a profession that deals with life, pain and sufferings – why even 78 doctors should feel restless?

Is the revelation in the book a surprise?

- Postulation of economist Kenneth Arrow (1963)
- Health care as an economic commodity would end in market failure.



Characteristics responsible for market failure

- **Uncertainty in a context of risk**
 - Cost
 - Effect of treatment
- **Information asymmetry** : The customer has no or inadequate information
- **Derived demand**(To maintain health)
- **Externalities**

What Kenneth Arrow did fail to mention:

- *Fear in mind of the patient for death, pain and suffering*
- Originated with Ninazu, who was associated with serpents, the underworld, and healing. His name means 'Lord Healer' and he was steward of the underworld.
- *Element of magic – healing as blessing – and fear of death, fear and sufferings*



What Kenneth Arrow did fail to mention:

Power asymmetry

- However powerful the patient might be, she is always vulnerable and powerless with her doctor especially in pain/ suffering and when facing death
- That is why in this profession only is Hippocrates oath – that asks the doctor to think on behalf of the patients

The gravity of decline

**Selected quotes from
medical professionals**

- Even in the case of some ordinary business or trade, there is a clear distinction between business conducted ethically and business conducted unethically. Even that sense no longer exists in the medical profession.
- Dr Arjun Rajagopalan, Surgeon, Chennai

- Every week I come across 2-3 elderly persons who have just need spectacles. But they have been told to get operated for cataract (which they don't even have), for which they are told the charge is Rs 30-40,000. Those who have insurance fall into the trap and go in for the surgery. Those who don't have insurance come to me for a second opinion and are saved!
- – **Ophthalmologist, Metropolitan City**

- They perform a sonography, manage the length of the cervix. Even when it is normal, some doctors scare the patients – get admitted immediately! Get stitches, or you will have a miscarriage! It's an emergency!
- Once stitches have been put in, that patient usually ends up having a caesarean. Another source of profit.
- Gynecologist from a big city

- One gets Rs 30-40,000 commission for referring for angioplasty.
 - Dead patients are kept on ventilators till their relatives' anger dissipates.
 - As soon as an accident takes place on the highway, seven or eight of these fellows go running to the site. "This one is mine, this one is mine," they say as they lift the patients.
- Dr. Rajendra Malose, General Practitioner
Chandwad, Dist Nashik, Maharashtra.

- Corporate hospitals and large hospitals admit bogus patients under the Rajiv Gandhi Health Scheme. They prepare records showing that an angioplasty or angiography has been done. In a situation where there is no regulation, such schemes become mechanisms to loot for hospitals to loot the government.
- – General Practitioner, Small Town

- There was a patient, a 4-year-old girl. The mother was taking her to a BHMS doctor. That fellow was prescribing steroid drops, and the mother was administering them for a full year.
- She came to me saying that her daughter cannot see properly. She had developed cataract. I performed a cataract surgery on a 4-year-old girl!
- – Ophthalmologist, Big City

- Since the past 8 months, I am running my private practice, One has to do all kinds of things: giving cuts, throwing parties with liquor thrown in, giving doctors whatever reports they want. Out of 150 doctors, there are at most 3-4 doctors send me patients without expecting anything.
- – **Pathologist, Big City**

- Actually, after 25-30 years of practice, **we should develop newer technologies and facilities here**. But then it does not work out financially for me if I take a loan for lakhs of rupees to buy a machine, and then do not pay **cuts**. Then I end up with no choice but **to decide not to buy the machine!**.
- – Dr Hemant Kotwal, Radiologist, Nasik

- When setting up a new hospital, they assign space to a **pathology lab and a pharmacy**. They **pay Rs 50-75 lakh as deposit**. Nowadays you **don't even need to take a loan from a bank** to raise money for setting up a hospital. It is even ensured that the money they have kept as **deposit is recovered from the patients' pockets**.
- **Dr Shyam Astekar Public Health Expert Nashik**

- Then I joined a corporate hospital and worked there for seven years. In order to benefit the hospital and meet its needs, one has to do things like keeping patients in the hospital longer than necessary, and doing unnecessary investigations and procedures (including angioplasty). There was pressure from the management of the hospital. My conscience began pricking me, and I left that hospital
- – Dr Gautam Mistry, Cardiologist, Kolkata

- “Whenever there is any discussion of malpractices in the medical profession, doctor’s associations reply that every profession has some black sheep. Maybe some such elements are involved in such acts. But overall, the medical profession is clean! I feel that we will now need a microscope to find any white sheep that remain! This is the level to which this profession has sunk.”
- – Dr George Mathai, Physician, Alibag, District Raigarh, Maharashtra

- I once asked the members of all-India bodies of medical professionals why they hide the fact that pharmaceutical companies have sponsored them to attend this conference. Each doctor who has come with such sponsorship should wear a tie of that company! Why are they coy about this? At least one will be able to identify those few who have come on their own money!
- – Dr Sanjib Mukhopadhyay, Gynaecologist, Kolkata

Unaddressed policy issues which fuel the rot

- Rate standardization
- Cost – MRP difference
- Pharmaceutical sponsorship for CME and conferences
- Corporate hospital industries out of purview of MCI
- Corruption in bureaucracy – any regulation needs to be social and participatory, otherwise – BABU RAJ

Rate Calculator

- I was a Member, Union Health Ministry Committee on Methodology for defining costing in Clinical establishments
- Ran my own small nursing home

Basic assumptions

- The investor in the hospital will not earn any profits beyond EMI and maintenance expenses. Only Practicing doctors would earn.
- The EMI will be on 100% Investment for – real estate./ equipment/ everything
- Drugs, stents, consumables and like will be charged at actual cost (only 20% more than cost to cover investment and wastage) and not at MRP

Costing

- A: EMI: 20 years - 10 years - 5 years - in year categories of infra structural expenses
- B: Recurring monthly expenses like human resource, electricity at actual per month
- C: Bed charges: The bed charges will be expenses per month/ 180. (60 %occupancy)
- The fundamental principle here is – it includes everything. Patient will not pay a rupee more for any other thing.

Basic assumptions:

- The deluxe and semi deluxe categories would be kept out of rate definition.
- The general, semi private and private rooms (duly defined) are covered under rate standardization. It is assumed that a minimum proportion of beds in each hospital would be in this group.

Solution suggested by doctors: Universal Health Care

- We definitely need to bring in medical-services system in India, wherein there will be no direct financial dealings between doctor and patient. As long as money is paid and accepted, doctors will be tempted to engage in unethical practices. Universal health care (UHC) is such a system, and it is being implemented in around 40% of countries globally
- – Dr Punyabrata Goon, General Physician, Kolkata

Society's last moral bastion is falling...

- When Doctor does wrong and that too with impunity – remember it is the last fort of moral fabric falling among us. We need to awaken as a society and look also within. We all need to change. .

Thank You !