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Editorial Office: 6-3-1243/156, M.S. Makta, Opposite Raj Bhavan, HYDERABAD - 500 082.
Ph: **23300284**; E-mail: mani.bal44@gmail.com

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CORRUPTION, SPORTS AND EDUCATION

are hot news again, perhaps they will be ever so in our Indian conditions, with what the Coal-gate Scam stalking and stalling the Parliament now, with our country failing to get even a single gold medal in the London Olympics and the fee reimbursement imbroglio for higher, more specifically engineering, education in our State, rocking the governmental and judicial boats. To take up the last first, the very scheme was ill advised from inception, introduced out of populist vote bank considerations; it is doubtful whether it would really promote the cause of better education for a better society. Linked to the all pervasive corruption, the beneficiaries will in general be from relatively better-off sections only with the general public that cannot afford even a decent primary education burdened with the bill. Strangely when public or state sector education is being cherished and fostered in avowedly capitalist West, 'we the people' of India opting for a socialist democratic republic have settled for a greedy capitalist private educational system and criminally neglected the public education with even the judiciary singing the tunes of a LPG economy of the globalization phase of a degenerate capitalist system which is being loathed now by the agitated 99% all over the awakened world. Likewise, when common people can't have even moderate school buildings with necessary playgrounds – even the 'model' Raj Bhavan Govt High School in Hyderabad has not a playground since decades – and requisite physical education training, how we can dream of Olympic medals. The 'investment' by State in education is quite meager compared to that in the developed or even many developing countries. The beneficiaries of populist schemes rarely contribute to the real development of the nation with themselves drawn into the vortex of corrupt systems of the day while the more meritorious and deserving candidates are left in the lurch. Even Anna Hazare's anti-corruption campaign has also, sadly, taken a U-turn with virtual desertion from the battle-field, to plunge into the cesspool of the rampant corrupt politics in the name of starting a political party, contesting elections, etc. Here we only express these laments in which, of course, our readers can, hopefully, find some suggestions too by 'necessary implication'. ♣♣♣

HOW TO HEAL HEALTH CARE

- Dr. Punyabrata Gun*

AAMIR'S 'SATYAMEVA JAYATE'

One has struck a hornets' nest. The May 27, 2012 episode of Aamir Khan's reality show *'Satyameva Jayate'*, simultaneously broadcast in many of the television channels and in many Indian languages, has launched a severe attack on a very mighty system. Moving on from criticizing rampant female foeticide, institutionalized dowry system and sexual abuse of children – this time Aamir has raised a basic question – "Does Healthcare need healing?" – thus trying to point his attack against the unbridled corruption that runs through the veins of the healthcare system. There has been severe criticism of this show by several offended doctors who have claimed that Aamir has not only vindicated the corrupt doctors, but the show has also insulted the entire medical profession. On 2nd June, the Indian Medical Association demanded that Aamir Khan should apologize or else it would resort to legal action against him.

On the other hand, many doctors are of the opinion that IMA's statement is immaterial as less than one third of the doctors trained in modern medical science are members of the IMA. The IMA does not represent the voice of the entire medical profession.

Where else can a professional stand as a wall between the life and death of a human being? He/she can diagnose the disease, in many cases can cure it, and where cure is not possible can relieve the patient's agony and pain, even if temporarily. **It is no wonder that doctors have been regarded as Gods from time immemorial. How can one tolerate the fall of the Gods?** Being a member of the medical profession, this writer can vouch for the existence of many such corrupt practices in the profession, which have been brought to the limelight in this show. In a social system where most of the politicians become millionaires overnight just by becoming an MP or an MLA, laws and the judgment can be bought and bent, the police and the government offices function only through an offer of appropriate bribes, **it is unreasonable to expect the medical profession to be free of corruption.**

On successfully becoming a doctor, before being inducted into the Medical Council, all doctors have to swear **an oath of ethics - the Hippocratic Oath**:

1. I solemnly pledge myself to consecrate my life to service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to the laws of Humanity.
3. I will maintain the utmost respect for human life from the time of conception.
4. I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity.
6. The health of my patient will be my first consideration.
7. I will respect the secrets which are confined in me.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will maintain by all means in my power, the honour and noble traditions of medical profession.
10. I will treat my colleagues with all respect and dignity.

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* A general physician and an activist of the Public Health Movement; together with Dr. Binayak Sen played an important role in building up the Shahid Hospital in Dali-Rajhara under the inspiration and organization of the martyred working class leader Comrade Shankar Guha Neyogi of Chattisgarh Mukti Morcha and now built up a rural health centre near Kolkata for treating the poor and working class families almost free of cost and propagating the cause of people's health movement. Courtesy: *Frontier* [July 29-August 4, 2012] & Dr. P.B. Gun; Emphases in bold generally ours - IMS.

11. I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002.

Many a time doctors fail to follow the code of ethics. Some incidents have been narrated in this episode of *Satyamev Jayate*.

Some of them did not appear to be ... entirely believable –

* A diabetic patient was interviewed, who was admitted to a hospital for the treatment of a sore on his foot and later one of the toes was surgically removed. He later consulted another doctor who was of the opinion that antibiotics would have been sufficient to cure his sore and the surgery was unnecessary. Those, who have the bare minimum knowledge of medical science would know that in some patients of diabetes mellitus it is not very uncommon for the fingers or toes or even the limbs to be amputated to prevent the spread of infection.

* One Major Rai and his daughter were interviewed in the show. Major Rai lost his wife to a kidney-pancreas transplant operation. Some of the critics have taunted Mr Rai claming that he had put up a drama in front of the camera. Though this writer doesn't agree to this criticism some parts of the interview are not very believable, because Mrs Rai went through of a cadaveric kidney and pancreas transplantation. In these cases, consent of the patient and his/her relatives is usually obtained a long time before the operation and hence it cannot be true that the operation took place without proper consent from the patient or her family. The amount of blood that was claimed to be transfused to Mrs Rai, does not match with the statement of the nephrologist of the transplant team. According to the nephrologist, Mrs Rai faced a condition named DIC (disseminated intravascular coagulation), where blood extensively clots in many blood vessels. Nobody knows before the operation that which patient will be facing this condition and if this happens then the only way known to medical science now is to transfuse blood.

* A rural area in Andhra Pradesh has been highlighted where there was an alarming number of cases where the uteri (wombs) of the women were removed unnecessarily. True, all of these operations were necessary, but in most cases hysterectomy is regarded as not the preferred choice but an unavoidable choice due to lack of infrastructure required for a better medical procedure. The said patients must have visited the gynaecologists with some complaints or else how would the doctors get the chances to operate on the patients. In many cases, hysterectomy needs to be performed because of dysfunctional uterine bleeding, when a disbalance in the levels of hormones leads to excessive bleeding and can be very dangerous. In bigger cities with better infrastructural facilities and where the patients are affluent, the doctors sometimes have better options at their disposal. The inner lining of the uterus can be burnt in a special way or an expensive intra-uterine device (something like the copper T) can be inserted into the uterine cavity to stop the bleeding. But where these procedures are not possible, hysterectomy remains to be the only viable option. What were the complaints of the patients which brought them to the doctors, and what do their records say about the cause of their operations – these needed to be properly looked into before criticising the doctors.

Now let's come to the issues to which this writer agrees to wholeheartedly –

* A pathologist was shown talking about the malpractice of giving/ taking commissions. **Not only in pathological tests, but in all kinds of tests this is an ubiquitous practice. Often doctors**

are offered up to 50% commission for advising pathological tests, 25% for ultra-sonograms, 33% for CT scans and X-rays can fetch up to Rs 20-25 per plate as commissions. But Mr Khan missed out on highlighting the **parallel truth about the doctors who refuse to take commissions and force the labs to reduce the costs of the tests accordingly.**

* A super-specialist surgeon was interviewed on the show – who had to leave for abroad after refusing to pay commission to his colleagues and eventually getting disgusted with the prevailing system. Similarly, in this case too, it was not highlighted that a huge percentage of doctors are practicing in this country without taking or giving commissions to their colleagues for referring patients.
* A retired army doctor and an erstwhile chairman of the Medical Council, spoke about the instances of abundant corruption in the Council itself, specially those involving the recognition of the Medical Colleges of the country. **Even the current chairman of the Committee agreed about the cases of corrupt doctors and on the lack of action on part of the Council in dealing with such cases.** This makes the matter abundantly clear.
* Delhi-based MIMS (Monthly Index of Medical Specialties) editor, Dr Chandra Mohan Gulati talked about **the corruption present in the pharmaceutical industry and about the practice of offering bribes to doctors for prescribing medicines of the company's brand.** Dr Gulati is at the forefront of India's movement for rational use of medicines.

The solutions as advised by Aamir –

* Some people know about the case of Chittorgarh in Rajasthan, where because of the zeal of one dedicated doctor-IAS officer Dr Samit Sharma, low-cost drugs are made available to people in 17 government cooperative stores through open tender procurement of quality generic drugs. There are such instances in Tamilnadu too. On 19th June Aamir Khan was invited to the meeting of a Parliamentary Committee where he proposed the countrywide opening of stores selling generic drugs.
* Another proposed solution is the Narayana Hrudayalaya model of Dr Devi Shetty. Narayana Hrudayalaya and the government's joint efforts have been able to initiate a health insurance system in some states of Southern India. Citing the example of a girl with a congenital-heart disease, Aamir has been all praise for this insurance model on his show. Dr Shetty is undoubtedly a skilled and enthusiastic cardiac surgeon. He also happens to be an important member of the committee, which has the place of MCI after dissolution of MCI. He is equally successful in the medicare business and also in the business of paramedical (possibly medical in the future) education. The treatment standards in his hospitals are quite high, the costs are not low by any standards too. After profiteering from the operations of numerous patients, sometimes they operate few patients at nominal or no cost. But Dr Shetty is so famous that these few cases are presented in the media as acts of his benevolence. Very soon people are going to witness him in another role, in the role of a private partner in private-public partnership with the Government of West Bengal where his organization will provide medical services and make profit from the hospitals, set up on land allotted by the Government and with infrastructure provided by the Government.

These are not true solutions –

* If the government of the country does not force the pharmaceutical companies to stop the production of drugs that are unnecessary, harmful, banned in foreign countries or suitable to be banned, and to start the production of generic and essential medicines – then how can one expect just the doctors to prescribe medicines with

their generic names (the actual term being INN or International Nonproprietary Name)? The true route to solution came up 37 years ago, when a Parliamentary Committee led by Jai Sukhlal Hathi was able to pinpoint 117 out of about 60,000 available formulations as essential drugs for the country, and had also proposed decreasing the level of foreign investment in the pharmaceutical companies leading to the subsequent nationalization of these companies. Today, if only the necessary medicines in their generic names are prescribed by the doctor , then most of them will not be available in the pharmacies. Most of the medicines manufactured by the generic divisions of most of the pharmaceutical companies now have their brand names, and they are now known as branded generics. If medicines are prescribed by their generic names, then which brand of medicines will be available to the patient would depend heavily on the pharmacist and it goes without saying that this brand would be the one which is most profitable to the pharmacist. In such a situation, it would be more beneficial to the patient if the doctor prescribes the brand with the lowest cost. In trying to oppose the show, many doctors have opposed the use of medicines with generic names too. The author's experience of 30 years in the profession urges him to differ with them in this regard. There is practically no difference, in terms of effectiveness and quality, among the medicines with a high or low brand value or those coming with generic names. If one tries to carefully look, at the fine prints on the packaging of an expensive branded medicine, one will find that in most cases they are manufactured at some smaller companies and marketed by some well-known companies.

* **Health insurance is not the solution.** This is evident from the fact that not everyone can avail of an effective treatment even in the United States of America, which can be regarded as the hub of the health insurance model. **The real solution lies elsewhere. The healthcare system of the country, on which model Indian modern healthcare system is broadly based is Great Britain. Though it is not a socialist country, but still from the late forties, National Health Scheme has been responsible for providing healthcare to the citizens of this country.** It will not be grossly incorrect to say that **in Great Britain, doctors do not have private practices and are mostly government employees.** The general physician who will tend to a particular patient depends on the area from where the patient has come as all the sectors have their own appointed physicians. NHS also has sector based certified labs for carrying out pathological tests. The specialists and super-specialists who can be consulted, if need arises, are also previously earmarked by the NHS. The doctors can prescribe medicines only from a specific list of medicines known as the British National Formulary (BNF), editions of which are published quarterly and is available online. All the doctors are also provided with a printed copy of the same every three months.

Only such a system can be the true solution. **A system where the relationship between the patient and his doctor will not be governed by business mindedness - only such a system can rid itself of all the above discussed corruption.**

The state is withdrawing itself from its duties and responsibilities towards the healthcare system, **healthcare is transforming into a free hunting ground for the national and foreign investors.** One cannot hope to get rid of this problem, by turning a blind eye to that side and just by putting the blame entirely on the medical professionals. People should, undoubtedly, be thankful to Aamir for bringing this important issue into the limelignt, irrespective of whatever are his earnings per episode of this show.

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