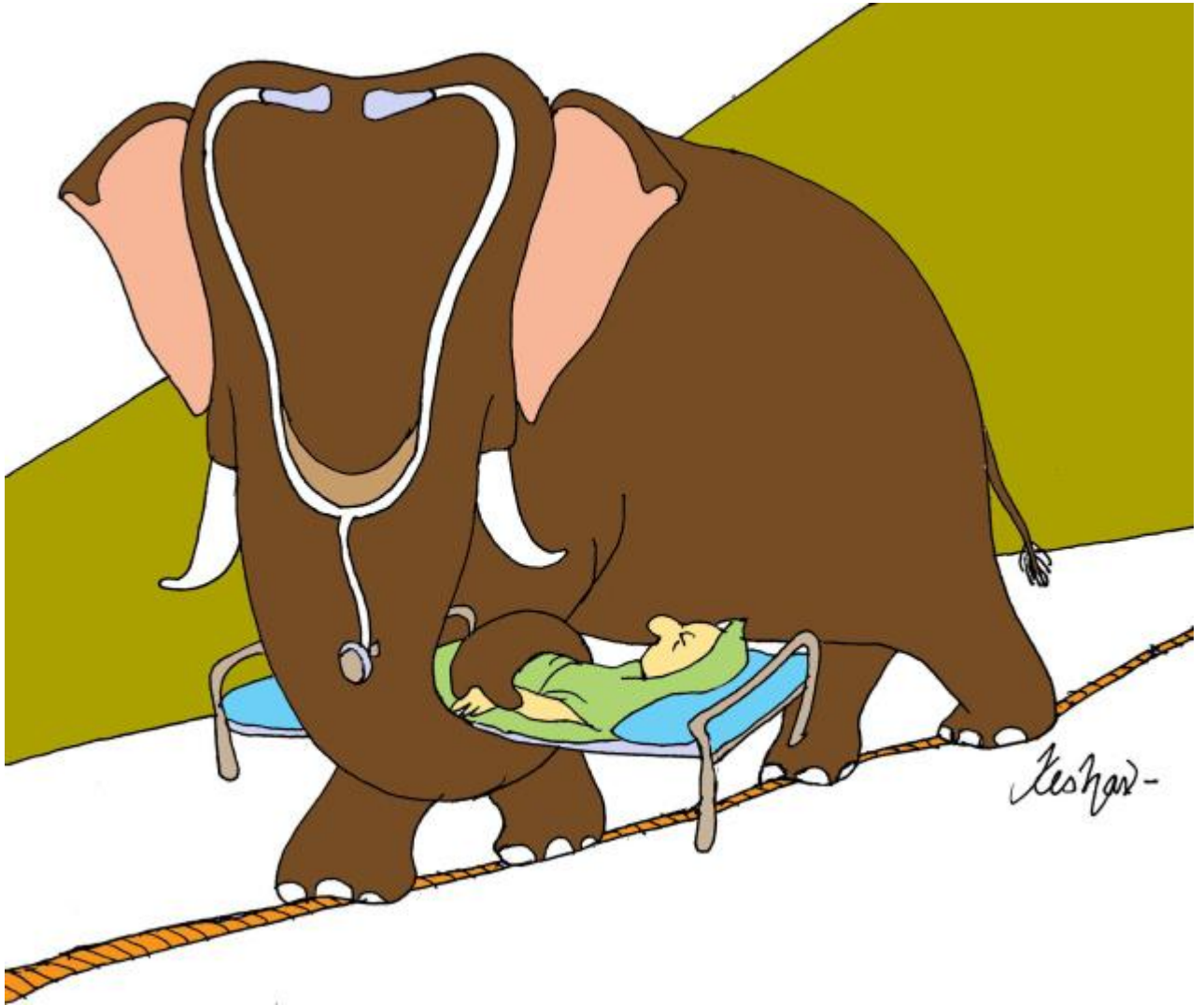


Doctors, let us care for the sick, not look at their purse

Dr. Araveeti Ramayogaiah



Dr. Subba Reddy, my classmate at the medical college, practises in a village in Kurnool District of Andhra Pradesh. A decade ago, a patient came to him for treatment of hydrocele. After examination, Dr. Reddy suggested surgery costing Rs. 500. The patient asked Dr. Reddy to refer him to a bigger hospital in a city. Dr. Reddy suggested a city hospital. After a few days, he received Rs.1,000 from the hospital!

A patient approached a doctor at Vijayawada for liver abscess. The doctor said he would treat him and the fee was Rs. 2,000. The patient left him and got treated in a corporate hospital. Our doctor received Rs. 6,000 from the hospital.

Dr. Krishna Reddy, another classmate is a whole time paediatrician at Jammalamadugu, a medium town in Andhra Pradesh. One day, to his surprise he received Rs. 2,000 from a corporate hospital. He did not refer any child there, but children are his regular patients. Two decades ago, I received a letter from a fertility centre in Hyderabad asking me to refer women with fertility problems. The letter said: you will be well taken care of!

Called cut practice/fee splitting, this is a totally unethical practice. It represents a conflict of interest which may adversely affect patient care. Whose money is this? What is the health derived by the patient by parting with this money? Nothing. Do you know, dear physicians, that in our country every year 290 million people are pushed into poverty owing to exorbitant medical expenditure? Let us stop this obnoxious trend and the Medical Council of India has a responsibility in this regard.

We, doctors, know for sure from our long years of gruelling studies that most of the symptoms are self-limiting, most others are trivial and very few are serious. In the name of evidence-based medicine and defensive medicine, we order a battery of investigations even for trivial symptoms. The cut practice and cost recovery of hospital equipment play a prime role in decision-making. Unnecessary tests are a loathsome burden on patients and, at times, result in false positive results leading to unscientific treatment.

“It is in the ordering of laboratory or radiological investigations that rational thinking is necessary. Why do I order this investigation? What do I look for in the result? If I find it, will it affect my diagnosis? How will it affect the management of the case? Will this ultimately benefit the patient?” said Richard Asher, a critical medical writer. Let this be the guiding principle for all of us.

“Bring this coupon to get 10% special discount,” read a recent advertisement of a cancer hospital. Another advertisement proclaimed: “Basic health check-up including ECG, etc. — Rs. 500 only and valid till June 30, 2011. As I pass through the streets of any city, I see large hoardings of hospitals beckoning patients and some of them even display the photos of physicians.

Many vernacular newspapers/magazines publish articles with the photos of doctors, their phone numbers and addresses of the hospitals. A decade ago, a friend in the media told me that there was a culture of 'paid articles.' 'Paid articles' were born prior to 'paid news'!

I recently saw a chemist shop displaying the signboards of a paediatrician and an obstetrician. The MCI clearly prohibits such practices. Advertising is permitted only for notifying change of address, temporary absence of the doctor from duty, etc. A physician's photograph should not be displayed anywhere if it is for promoting medical practice.

Giddalur in Andhra Pradesh is a town near my village where I had my school education. Pharmacies nowadays pay lakhs of rupees to clinics they are attached to. "What is the cost of the doctor this year?" is the normal jargon among the healthcare people. It may be true of other towns and cities as well. Pharma companies shower doctors with gifts, arrange their birthday parties and trips to conferences at home and abroad. This is a serious professional misconduct.

Again, whose money is this? It is the blood and sweat of millions of our sick brothers and sisters. The World Health Organisation report 2008 clearly laments the influence of the pharma industry on doctors. Dear doctors, let's not be stooges of the industry and let us be saviours of the sick.

The child sex ratio, as per Census 2011, is 914 girls for every 1,000 boys. In 1961, it was 976 girls for 1,000 boys. An unpleasant truth, it will lead to a lot of social turmoil in future. It is all owing to the abominable practices — sex determination, female foeticide and female infanticide. We are largely responsible for this heinous situation. We have violated both the MCI act and the Pre-natal Diagnostic Techniques (PNDT) Act. What a shame!

The emblem of the International Red Cross is "The Red Cross on White Background." This originated in the 1864 Geneva Convention. It is also known as the Geneva Cross. This is inscribed on humanitarian and medical vehicles and buildings to protect them from military attack on the battlefield.

Unfortunately, we are using the Red Cross emblem wherever we like. Our paramedical personnel and even chemists use it. It is a gross violation and punishable as per the existing laws of the nation. Most of us are not even aware of this.

The common symbol to denote medical services is the caduceus, a figure that comprises a short staff rod with two serpents curled around it, sometimes surmounted by wings. It is the staff of Aesculapius, the ancient mythological god of medicine. Let us use this symbol and stop using the Red Cross symbol.

At all times, physicians should notify the public health authorities of every case of communicable disease under their care. We hardly do that. We are not above the law. Our responsible action helps formulate national and international strategies to control communicable diseases.

The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. The people of this nation are kind and generous. They sustain us even in adverse conditions.

“Restore a man to his health, his purse lies open to thee,” said Robert Burton. Come what may, let us be ethical.

(The real names of persons and places are changed to protect privacy. The article relates to practices in allopathic medicine.)

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