

percutaneous management of prosthetic valve thrombosis and low-dose slow infusion of alteplase under the guidance of serial TEE should be the first-line therapy for PMVT patients unless contraindicated.

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Letter to the Editor



Dear sir,

Read with great interest your article in the IHJ on the 'ills of current medical practice'. I believe you have held the pulse of the topic excepting highlighting the following factors:

1. Impact of fees in private medical institutions on minds of young doctors

When I was a medical student 1987 or so, there were very few capitation based medical training institutes. Hence the number of graduates from these institutions were also few-most were wards of rich parents who did not bother spending money. This payment of hefty fees was not a compulsion. This is in contrast to the scenario today where parents are forced to pay capitation fees out of compulsion; to find space to train their wards-to exemplify-a doctor working as a chief medical officer in a small hospital payed Rs 1.1 lacs to get tuition coaching for his daughter and then arranged (with great humiliation) Rs 20 lacs for capitation at a private medical college. I happened to meet this young budding doctor after 2 years into his college and asked him how is life? The answer slipped ground under my feet- '*uncle am waiting exit from the college so that I can earn the amount my father spent on my fees*'.
(I felt that this boy has already developed apathy towards the society which has put his parents into a fix.) You

can imagine what agony this student would have undergone at his home hearing his parents discuss ways and means to arrange money for his admission into a medical college. How terrible those vicarious travails must have been for him!

This event actually summarises the impact of commercialisation of medical educational on the youngsters and the perpetuation of business like attitude in them-a departure from the soft and kind hearted care provider attitude. Let us remember that most of these private institutions are owned either by politicians and rich businessman or the "opinion leaders" of this society. When it comes to fleecing capitation fees for the seats in management quota, they consider it as their rightful earning and when the doctors they produce here indulge in business of medicine it becomes unethical!

2. Impact of self aggrandisement and one-upmanship – role of industry

Who does not enjoy limelight? In our medical profession great advancements have occurred and industry plays an important role in these advancements both in terms of developing new drugs and hardware and provision of funds for the research. Any product, be it medicine or a device once developed needs to be tested and researched. Again the 'first' or 'amongst the first users' gets fillip from the industry-*he/she is projected as*

researcher and a pioneer- and the goodies follow. As far as scientifically researched items are concerned it was acceptable but now it has become a *show business*. The largest and most voluminous operators again find lot of mention and importance whether their acts are justified or not. This creates a sort of competition where one tries to use this medicine/investigation/device and then project his or her experience with the latest-whether it is useful or useless is obviously decided later. By this time the industry makes its *mullah* and the concerned individual gets his share of limelight and goodies. Again it is the self-restraint and strict adherence of Hippocrates oath which one has to practice to serve the mankind ethically. The lure of money and limelight is usually blinding for many.

3. Impact of corporatisation of healthcare

There is no denial of the fact that corporate have invested money in healthcare and provided us with the latest of technology to deliver the best possible health care. It is a win-win situation-best technology provided to the best physicians in the world. But there is a problem-the reigns of these hospitals have been handed over to the business management graduates. These talented guys have twofold purpose-to recruit the best of talent and to earn maximum profits. This is done by selling skill which is provided by none other than the doctors. They talk of *the PPP- or per patient profit*. Let me highlight what it means (based on the inputs from a friend at a business school)-when you admit any person in a hospital maximum investigations are done in the first 48 h and hence the maximum earning accrues in this period. So the dictom is discharge as soon as possible so that the bed can be occupied by another patient who would again give profits. This results in shorter stay packages and breeds discontent in many patients once they reach home and realise shortcomings in their treatment. In some cases, when the occupancy is low, it is just the reverse, the patient is retained longer so that the motive of

occupancy can be fulfilled. Another way to achieve this 'PPP' is to over-investigate (in name of zero error in treatment), to use generic medicines charged at MRP which is atleast 300% of the purchase price and re-use where ever possible (while charging full), optimise nursing and supporting staff. Maximum cross references need be given so that the salary of your colleagues gets justified. Whom do you think the patient blames for this PPP- **only the doctor not the MBA!**

Now how does the doctors become involved into this game plan? It is very easy to understand-we physicians are most insecure people financially. The fear that our monthly salary would be slashed or you would be asked to leave if your earning for the hospital is below a particular level, drives us insecure and confused. This statistics is intimated to the concerned people monthly. The morality takes a beating here-there is after all a human side of every doctor. I challenge anyone irrespective of profile-come out in practice and see how hard it is to get even a single patient to treat in your comfort zone. It takes years and years of hardwork to establish practice but only a few seconds to tarnish this reputation.

I believe firmly, we are a part of this society and morals and ethics have to be seen in light of the standards prevailing in the society in general. *I leave it to your wisdom to decide who is responsible for the plight of medical profession in this country.*

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