

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: [www.elsevier.com/locate/ihj](http://www.elsevier.com/locate/ihj)

## Other Side of Moon: The Atlas has Shrugged – Rebuttal

### The medical practice: Still the sun shines...



I read with great interest the article written by Professor Mishra and congratulate him for raising the issue which was published in Indian Heart Journal, otherwise this issue has almost become propriety of foreign journal. The article has discussed about the evils of the modern practice and discussed its definition and details including some legal aspects.<sup>1</sup> But at the end, I felt depressed and distressed as no concrete solution was suggested and felt that the coming generations were abandoned to their fate. It is unfortunately true that the health care has become industry therefore we often use terminology health-care industry. Since the introduction of these “black sheep” and “traders” the health care system has taken a turn from moral and ethical practice to health care business of achieving targets. Our profession is very noble one and related to human life and their well being, therefore to call it as industry itself is unethical. Sir, I am writing from the perspective of a young clinician and would endeavor to discuss the causes and the probable solution for the degradation of clinical practice both in terms of knowledge and morality. These are the thoughts put into words discussed among the young clinicians at various forums.

The change in the practice behavior of the physicians cannot be seen in isolation. The fact of the matter is that the problem is unfortunately more administrative rather than clinical and starts before entering medical schools and continues during the practice. The government as well as medical council of India is constantly trying their level best in raising the standards of medical teaching and practice but still there are problems which are discussed below with some possible solutions.

#### 1. Government level

Both mental and physical health of the population is the first sign of the wealth of any country. It cannot be a state subject as far as the policy making is concerned but yes, the execution may be a state matter. There are problems at various stages. First, the medical entrance policy in different states both at the level of graduation and post graduation is different. There have been partially successful attempts made by the government to nationalize the entrance examination. All India

common entrance test for both graduation and post graduation is a welcome step and the states should actively participate after having desired regional quotas. Secondly, the two parallel systems of post graduation courses (National board of examination and Medical council of India) running in the country has not achieved its primary purpose to raise the level and standard of the medical education and training. The government should reconsider this dual post graduation policy and make uniform policy not only for entrance to these specialized courses but also during completion. Thirdly, the policy for increasing the number of medical seats for graduation and post graduation courses is not very clear. Increasing the number of seats in spurts is not helpful as the available infrastructure is always lacking for such sudden “jumps” and may result in deteriorating the quality of medical education. The government can make the policy of increasing some percentage of seats every 5 years and work accordingly to provide that level of infrastructure. Fourth, the increase in number of private medical colleges is a welcome sign as there are limited resources at the government level to start new colleges. But the admission to them is out of reach for the most of students because of high tuition fees. The probable solution is start new colleges with Public Private Partnership (PPP) model and admission should strictly be based on merit and those who can't afford the reasonable fees, should be supported by government rather than denying the admission. The fund needed to start new medical college is huge and in PPP model this fund can be used for helping poor students or for giving scholarships to them. Such small measures will help in improving the infrastructure of the medical education and also in developing the confidence of the society towards the profession.

#### 2. Medical council level

The prime responsibility of the Medical Council of India (MCI) is to keep the standards of the medical education and recognition of medical qualification in India. Here are the few suggestions which may help in improving the system. First, in most of the government medical college there is lack of infrastructure and in private medical college there is deficit of faculty. The reasons are well known to all of us. The council has to be very strict for giving permission not only to the private medical college but also to the government

DOI of original article: <http://dx.doi.org/10.1016/j.ihj.2015.02.013>.

institutions although it is difficult without strong political will. Second, teaching of medical ethics with moral and social responsibility should be the part of medical curriculum. And it is not only the students even the practitioners should be regularly updated through various forums about the medical ethics. Like a pledge we used to do in school times, the Hippocratic Oath should be taken by all delegates at every conference. The dress code should be compulsory during clinical practice as it always reminds you of your profession and helps not to become “traders”. Third, the problem of fee splitting, overuse of investigations and implants can only be regulated with self discipline. The policy in India can't be made according to developed countries and putting clinicians and doctors in the ambit of consumer protection act has achieved nothing but increased the cost of treatment. The council should pitch strongly to keep medical practice out of consumer protection law or else let the patient be “consumer”. Once patient becomes consumer the role of clinical acumen goes down and scope for “traders” increases. Finally, the relationship with various pharmacological or other technical industries should be allowed by the council with legal provisions and all financial relationship should be disclosed to the council every year (like income tax return) by all practitioners whether in government or private.

In this modern era of evidence-based practice there are three types of relationships with doctors. First, the doctor-patient relationship which is the keystone of patient care is most important in clinical practice. The two new relations emerged in last two decades is between the patient and his doctor (patient-doctor relationship) and between the doctor and industry (doctor-industry relationship). These two newer relationships have emerged simultaneously. The increased ‘doctor-industry’ relationship has made the patient-doctor relationship at its low and has not only decreased the trust of the patient towards their doctor (patient-doctor relationship) but also of the students towards their teachers. So the time has come to think ourselves and be self disciplined. All doctors are clinicians and are also teachers not only for students but also for the society. Let's have healthy relation with our patients, society and also with industry.

Apart from all these flaws and foibles, still I feel the profession is having great respect in the society. The ‘doctor–patient’ relationship is still maintained as all doctors are doing their best to treat their patient. The only need is to introspect ourselves and be self disciplined in practice to keep the sun shining. Therefore, I request all medical fraternity to do ethical and moral practice and unite to keep these “black sheep” or “traders” out and maintain the status of Demi-Gods.

---

### Conflicts of interest

The author has none to declare.

### REFERENCE

---

1. Mishra S. What ails the practice of medicine: the Atlas has shrugged. *Indian Heart J.* 2015;67:1–7.

Surender Deora\*

Assistant Professor, Department of Cardiology, PGIMER Dr RML Hospital, New Delhi 110001, India

\*Department of cardiology, PGIMER Dr RML Hospital, Baba Kharak Singh Marg, New Delhi 110001, India.  
Tel.: +91 9413063063.

E-mail address: [drsdeora@gmail.com](mailto:drsdeora@gmail.com)

20 April 2015

Available online 12 May 2015

<http://dx.doi.org/10.1016/j.ihj.2015.04.015>

0019-4832/Copyright © 2015, Cardiological Society of India. All rights reserved.