



## FEATURE

## CORRUPTION IN MEDICINE

# India's unofficial medical watchdog shows its teeth

Doctors from all over the country have joined forces to counter ubiquitous corruption in medical practice, and they're having some success. **Dinsa Sachan** reports

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The Alliance of Doctors for Ethical Healthcare, a group of some 300 professionals, organised its first national conference in New Delhi in April. The group's leaders said that they're proud to be "a part of the emerging global movement for more humane and non-commercial healthcare." Members come from all over India and represent many specialties in the public and private health systems, although few are primary care doctors.

The alliance came into existence after 2016, when two doctors published a book, *Dissenting Diagnosis*. Arun Gadre and Abhay Shukla work at Support for Advocacy and Training to Health Initiatives, a non-profit organisation based in Pune that pushes for universal access to healthcare. Based on interviews with more than 70 Indian doctors, their book explored medical malpractice countrywide, including financial targets for doctors, kickbacks for referrals, and bribes from pharma companies to prescribe, all of which encourage unnecessary and potentially harmful medicine.<sup>1</sup>

Monica Thomas, a member of the alliance and a consultant neurologist at New Delhi's Holy Family Hospital, told *The BMJ* that the alliance's principal mission—to expose unethical practices in India's booming but largely unregulated private health sector—resonates with the Right Care Alliance in the US and the Slow Medicine Movement in Brazil and Italy.

The Right Care Alliance's doctor and patient members have been championing ethical healthcare in the US since 2013. The Slow Medicine Movement was founded in Italy in 2011. It emphasises listening to patients empathically and offering treatment that takes into account the socioeconomic and cultural factors affecting their lives.

## Healthcare: for patients or investors?

Speaking at the New Delhi conference, Shukla said, "Since the 1980s, healthcare in India has changed from being a professional service to a market driven commodity and a field for capital investment."

Indeed, an article in the news magazine *Economic and Political Weekly* last November said, "Healthcare is considered to be a

recession proof and a blue eyed sector for investors, partly because of the large profits that had been made by some private equity firm exits." For example, the international private equity firm Apax Partners quit its financing of Apollo Hospitals in 2013 after making huge profits.<sup>2</sup>

The economic recession of the 1980s led countries such as India to cut public sector funding, creating room for the private sector to mushroom. The rise of big pharma and medical device companies coincided with this development.<sup>3</sup>

India's healthcare market is expected to grow by 16% a year, reaching \$280bn (\$211bn; €240bn) by 2020.<sup>4</sup> The private sector has come to supply most healthcare services in the country—now two thirds of inpatient and three quarters of outpatient care.<sup>5</sup>

But practice for profit brings incentives that conflict with optimal patient care and can encourage overdiagnosis and overtreatment, which are wasteful and harm patients.

## Practice for profit brings conflicts

The government launched the Clinical Establishments Act in 2010. It requires all public and private medical facilities to adhere to standards of care, but malpractices have continued.

"It was a hurriedly passed law," said Gadre. "There is no political will to implement it, and states have been slow to adopt it." News media is filled with reports of malpractice complaints against hospitals. One high profile case last year, for example, concerned prematurely delivered twin babies at a Max Hospital in Delhi.<sup>6</sup> The babies had been declared dead; the family later discovered that one was alive.

The overall crisis in healthcare has led to a dilemma for practising doctors, Shukla said. "The average doctor has become dissatisfied with the conditions in which he or she has to practise," he said. "They still love medicine but find themselves trapped by situations that are out of their control." Consequently, Shukla said, society's faith in doctors has hit an all time low.

Shukla was referring to practices such as having monthly targets for doctors to order magnetic resonance imaging (MRI).

Shukla said that the global pharma and devices industries are also part of the “gang” that is leading to the increasing commercialisation of the healthcare sector. “There’s a financial incentive,” he said. “It’s not accidental that unnecessary MRIs and prescriptions are taking place,” he said.

Indeed, a study in the *Journal of Pharmacy and BioAllied Sciences* found that 50 of 81 doctors in a Tamil Nadu hospital who responded to a survey thought that medical representatives had influenced their prescribing patterns and 51 said that they had received gifts from companies, which evidence shows affects prescribing.<sup>7</sup>

## What will the alliance do?

The alliance has already begun to bring about real change. According to Thomas, two months ago, the alliance lobbied the government to add a section on ethics to the National Medical Commission Bill, which will replace the Medical Council of India with a new regulatory body for doctors and their education. The council has attracted controversy since the arrest of its head on corruption charges in 2010.<sup>7</sup> The alliance drafted a section on ethics and submitted it to the parliamentary panel. It proposed that the ethics committee should include non-doctors, such as activists and journalists as well as medical representatives. The panel accepted many of the alliance’s recommendations, said Thomas. “That was a clear victory.”

This year, the alliance, with other civil society groups, sent a petition to the chief minister of Uttar Pradesh to demand the release of a doctor who was wrongly prosecuted for the deaths of dozens of children in Gorakhpur last year. A court granted the doctor bail.<sup>8</sup>

## Champions of universal health coverage

Universal health coverage is at the core of the alliance’s mission. If the government provides affordable healthcare, citizens’ reliance on the private sector will fall. In its declaration, released at the end of the conference, the alliance urged the government to “develop a system of universal health coverage in every state, which enables every resident to access good quality healthcare free at the point of service.”

Of India’s 1.3 billion or so people, less than a third have any healthcare cover; the rest must pay for healthcare out of their own pocket. A fifth live on less than \$2 a day.

The government announced a nationwide Ayushman Bharat (national health protection mission) earlier this year. It claims the scheme will provide health cover to 100 million families in the country.

“It’s the same old public-private partnership with insurance companies, which has already failed,” Thomas told *The BMJ*. “It will definitely benefit the private sector more—not you and me or the poor.” Shukla described the scheme as a “non-starter” and pointed out that it’s not universal because it covers only 40% of the population.

## Who’s in the alliance?

The alliance uses referrals to try to limit membership only to ethically practising doctors. Some members have already exposed malpractices independently of the alliance. For example, Gurinder Singh Grewal, former president of the Punjab

Medical Council, led an investigation in 2015 that found 400 “ghost faculty” in private medical colleges in and around Punjab. These professors barely went to classes and picked up their cheques as faculty.<sup>9</sup>

Vikas Saini is a cardiologist and president of the Lown Institute, the US think tank that advocates for better doctor-patient relationships and against inappropriate care. He described the emergence of the alliance as “inspiring.” Saini is also the co-leader of the Right Care Alliance.

“Physicians in India are grappling with many of the same problems we are facing in the US, but with an Indian historical and social context,” Saini told *The BMJ*. He was referring to the practice of prescribing more expensive drugs and overprescribing tests. The US has an insurance based healthcare system but people in India mostly pay out of their own pockets for expensive care from the private system. If the alliance is to succeed, it must put the public above all else, Saini said.

“Any group of doctors that is advocating in the public interest must make very clear the differences between public interests and sectional interests,” he said.

Local public health experts have also approved the alliance. “It is really at the core of the crisis we’re facing in healthcare today. There is a need for a platform like this,” Ritu Priya, a professor at the Centre of Social Medicine and Community Health at Jawaharlal Nehru University in New Delhi, told *The BMJ*.

However, Priya added, different doctors—general practitioners, specialists, and super specialists—have different problems—chronic understaffing in rural primary care settings, for example. The alliance seems focused currently on specialists, and Priya called for more representation of general practitioners.

The alliance says that it will release “position papers” in the next six months to help physicians take ethical decisions for treatment—when and when not to do a caesarian section or an angioplasty, for example. Six subcommittees (medicine, general surgery, paediatrics, orthopaedics, neurology, and obstetrics-gynaecology) are drafting these papers.

Thomas told *The BMJ*, “You could call us the unofficial medical watchdog of the country.”

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