

EDITORIALS

Ketan Desai and the Medical Council of India: the road to perdition?

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"The Medical Council of India is a statutory national agency charged with several responsibilities. Sadly, it is plagued by inefficiency, arbitrariness and lack of transparency. It has been functioning for some years as the fiefdom of one person, Ketan Desai. He has been re-elected president of the council despite strictures against him by the High Court of New Delhi. This essay provides data that may help the reader identify the rot within the Council. Permitted optimism, we may hope that this essay and similar observations by others will prompt a change for the better. At present, such optimism is not justified." (1)

Thus went the abstract of a lead article by Sunil Pandya in the July- September issue of this journal last year (1). Within a few months of this piece, in April 2010, Ketan Desai, president of the Medical Council of India (MCI), ex-president of the Indian Medical Association (IMA) and president-elect of the World Medical Association (WMA), was arrested by the Central Bureau of Investigation (CBI) on charges of corruption and sacked by the central government as president of the MCI, and the entire council was dissolved (2). If Lalit Modi and the Indian Premier League scandal needed a competitor in the sheer audacity of its main player, India's medical establishment had one to offer. Whilst cricket is just a game and medical education is another matter, both scandals reflect the stark reality of contemporary India; you can subvert and hijack entire institutions for personal gain with impunity, if you have the right amount of power, money and connections.

We shall not elucidate the gory details of Dr Desai's modus operandi and the extent of the loot. For those readers who like horror stories (mental skills for understanding large figures are also needed) this information is available from various sources in the media and on the internet. Suffice it to say that Desai amassed crores of rupees – one estimate pegs the amount of money recovered from the raid on his home at Rs 1,800 crore (3) – essentially from the lucrative business of recognition of medical colleges. Thanks to some soul in government, rumoured to be the Prime Minister's Office, giving the CBI the go-ahead to lay a trap, Dr Desai was caught red-handed whilst accepting a bribe of Rs two crore from a college in Patiala (2). The immediate provocation for the government action on Desai will never be known but perhaps he dug his own grave by overdoing things even by the usual standards of what is permissible in the corruption index of the Indian establishment. At present, as he cools his heels in prison, the government has disbanded the MCI in its present form and appointed six senior medical professionals to sort out its affairs. Of course, readers would be interested to know that while this piece is being written, the World Medical Association's website still lists Desai as its "president elect". Somebody needs to tell the WMA that it's not nice for their president's office address to be "Tihar Jail, New Delhi".

But, folks, lest we get carried away with just Desai-bashing (of course we, in this journal at least, can't be accused of doing it in hindsight) we also need to start asking some searching and urgent questions. The obvious one is: how did an individual, time and again convicted by courts not just survive, but actually thrive and prosper for an entire decade, at the highest levels in the Indian medical establishment? And what form of the MCI that emerges from the ashes of the previous one will prevent such brazen corruption in the future?

Individuals like Desai can survive and thrive only due to a certain permissiveness and complicity on the part of their constituency, subordinates and peers. The Indian medical establishment and the profession (which includes all of us) have therefore to take part of the blame for Desai being allowed to run amok all these years. In the case of the Medical Council of India, one can argue that he could have bulldozed or bought people; but what about organisations like the Indian Medical Association, whose national president he was for three years? As a large, democratically-run body of professionals from the entire country, how did it accept Desai as its president when it was common knowledge that he had a tainted past? It is also a reflection of a certain tolerance that we, as a society, have developed towards corruption as an issue. It is also a reflection of a certain ambivalence that many medical professionals have towards mainstream medical associations and their activities, with the result that they are prone to easy capture by vested interests. Many senior professionals who have the capacity and credibility to take on such elements have chosen to remain silent or to work outside the sphere of mainstream organisations. The very basis for the formation of the Forum for Medical Ethics Society which runs this journal was an attempt to contest the Maharashtra Medical Council elections in 1993 on the platform of "ethical practice". However, many of those who rallied around during that effort have moved away out of despair, and buried themselves in professional work, in academic writing or in nongovernmental organisations.

The other explanation for Desai's long bull-run lies in something that the Indian state has permitted, nurtured and patronised from the 1980s: a monster called private medical education. This animal has grown over the years to a size so humungous, and a presence so all-pervasive, that state-run medical institutions have started looking small and peripheral. Hundreds of private medical colleges (and "deemed universities") offering both undergraduate and postgraduate studies have been established, which need recognition and re-recognition from the Medical Council of India. Many of these lack the minimum standards and are willing to pay large sums for recognition. It must be noted that in many states these institutions are owned by political bigwigs for whom they are also centres of power. Thus, the Medical Council of India can spoil the party if it actually enforces standards. On the other hand, this is a veritable cash cow if someone wants to profit. A large amount of Desai's power and money came from doling out favours to these willing customers. This may not be the appropriate place to discuss the politics of the private medical college industry; but the fact of the matter is that successive governments, often under the ideological shelter of the new economy, have been willing partners in the growth of this industry. People like Desai have just fed on its corrupt core.

Finally, an issue that we need to urgently engage with is the form and structure of the new edifice that may emerge from the rubble of the present MCI. Will it be a government-controlled body, filled up with yes-men picked up from the existing power structures of Delhi? Or will it be representative of the aspirations of the various constituents of the medical profession in this country? This may be the right time for the people's health, consumer and ethics movements in this country to make a pitch for some external representation of civil society on the new body. And for the IMA and other large professional associations to take up the challenge of re-establishing their credibility with the Indian medical profession by ensuring that the new body is truly representative in character and not just a bunch of government lackeys.

In the meanwhile, the council will be run by six appointees comprising a board of governors. Some of them are individuals in good academic standing and a record of honest careers. They have been given the task, for now, of cleaning up the stables, although they may not necessarily measure up to Dr Pandya's standards of the Indian Hercules. For this, they will, on the one hand, engage with government to assert the independent nature of this body and, on the other, take on the private medical education monster lurking in the shadows to strike at anyone who dares to challenge it. This is by no means a simple task and will need support from all those who want to see a genuine and honest self regulatory body emerge from the present crisis.

In Sam Mendes's classic 1992 film on the Chicago mafia *The Road to Perdition*, the hero Michael Sullivan, a gangster, whilst seeking violent revenge by a series of killings, desperately tries to save his son from becoming a part of the cult of violence that he has been sucked into. In the final scene of the movie he is shot in front of his son by a hired assassin. As his son picks up the gun to shoot the assassin, the almost dying Michael pulls the trigger. The movie ends with the young Michael realising that even in his death, his father was desperate to keep him away from the hell that he had been in. In a sense, the sheer brutality and violence he has experienced makes him choose a new life for his son. If not the shame of it, will the sheer scale of the Ketan Desai saga provoke the Indian medical establishment to change course from what, at present, seems to be a journey towards perdition?

References

1. Correspondent. 'Dissolve medical councils for transparency'. *Ludhiana Tribune*. [Internet]. 2010 Apr 27. [cited 2010 Jun 17]. Available from: <http://www.tribuneindia.com/2010/20100428/ldh1.htm>
2. Staff reporter. Assets case against Ketan Desai, family. *The Hindu*. [Internet]. 2010 May 21. [cited 2010 Jun 17]. Available from: www.thehindu.com/2010/05/21/stories/2010052153931600.htm

Seeking interviews on the people's health movement

Sarah Hodges, a historian based at Warwick University (UK), is writing a contemporary history of India's progressive health movement.

She seeks people to interview about their life histories (with special reference to their involvement in people's health movements and organisations in India).

Please contact Dr Hodges on s.hodges@warwick.ac.uk if you would be willing to share your experiences with her.

She will also be attending the National Bioethics Conference in Delhi in November 2010 and would be delighted to meet there.