

LETTERS

Corruption in medical education: time to introspect

A recent editorial in *IJME* (1) highlighted the scandalous actions of office bearers of the Medical Council of India (MCI). The MCI's image was tarnished following reports of corruption concerning its president. When a person noted for corruption has manned the post for so long, the standard of medical education is inevitably adversely affected, as mentioned in the editorial.

Criticism is essential, but it must bring out the deficiencies of governance and indicate the road to recovery. It is not possible for a huge country like ours to depend only upon the government to start, run, and maintain medical education in India. It is also the responsibility of individuals, associations like the Indian Medical Association, private and public college management associations, and academic bodies.

It is true there are many deemed universities which run medical colleges. Many students study in such institutions. Professors who served in government institutions as directors of medical education too join such institutions. Such institutions are monitored by inspectors from the MCI every year to regulate their functioning. There are many good inspectors who visit these colleges, scrutinise and write honest and accurate reports. These reports over the years have made most institutions improve their infrastructures, staffing patterns, hospital services and teaching facilities.

It is also true that during inspection time, many institutions bring in hired patients and hired equipment to fulfil MCI norms. To deal with this, we must reorganise the structure of medical inspection teams to include medical graduates and non-clinical professors with experience in the respective departments. Such experienced professors have the knowhow to improve the preclinical departments.

Every medical college has preclinical, paraclinical and clinical departments along with a teaching hospital. Therefore an inspection team could include: 1. a professor of a preclinical subject to inspect the preclinical departments (they could be medical or non-clinical Ph D professors); 2. a professor of a paraclinical subject; 3. a professor from a clinical department; 4. a professor qualified in hospital administration, and 5. a medico-legal professor. These inspection teams can be formed in every medical university in different states. Teams from the south can visit the north, and vice versa

With all our drawbacks, we have unique institutions both in the public and private sectors. We are a democratic country. One of the drawbacks of the democratic system is the election of office-bearers by the electoral process. We cannot have Aldous Huxley's Democracy by Aristocrats.

People with money channel their capital and influence into starting institutions. Every businessman wants to make easy money. For that matter, every one of us does. Yet it is our

responsibility to maintain the standard of medical education in India by instituting, say, a Common Qualification Examination for all graduates of India.

Yes, we are a great nation with many stalwarts to boast of in the field of medicine. Extraordinary students join the medical profession through merit and through the All India Entrance Examination in the primary centres of medical education --. The graduates who come out of the All India Institute of Medical Sciences (AIIMS), New Delhi, Postgraduate Institute of Medical Education and Research (PGIMER) in Chandigarh, the Chennai Institute of Medical Sciences, and other private and public institutions make Indians proud. These medical professionals serve, want to serve, and are committed to serving the public with integrity and honesty. A few incidents cannot tarnish the image of medical education in India. The Medical Council of India is a body that maintains the standard of education of all medical colleges, particularly upcoming institutions. Institutions like AIIMS and PGIMER need no guidelines for these institutions have set high standards for themselves. These standards make them comparable to the best institutions in the world.

Medical education is rooted in practical and social values unique to our country. Ethics is built into Indian culture which, time and again, gets tainted with the soot that emanates from policy makers and political gamblers. Let us be proud of our medical education. Professors who teach in private and public medical schools have character and integrity. In a world filled with corrupt corporate institutions, including global banks, there is a ray of hope because of the great medical educators of India.

Reference

1. Nagral S. Ketan Desai and the Medical Council of India: the road to perdition? *Indian J Med Ethics*. 2010 Jul-Sep;7(3):134-5.

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Boundary violation?

I have been practising medicine for 50 years and I have always considered myself a stickler for medical ethics. I learned from your issue of April-June, 2010 (1) that, at least in two aspects, I have been guilty of unethical practices. I have no intention of changing my habits in the rest of my professional life, and so must continue to violate the boundaries you have laid down. From the day I saw my first patient, I always thought I should be a friend to my patients. I must confess that many of them have become lifelong friends of mine, some over several decades. I stay in their houses when I go to their cities, and they stay in mine when they come to Chennai. We actively socialise. I attend weddings in their families, and they attend functions in mine. We exchange presents on occasions. I receive presents, and I give presents too.

I have been a patient too, and have been treated by doctors all my life for ailments major and trivial. When I was a child