

A semi-noble profession

Unlike in the West, few of our medical professional bodies have bothered to lay down guidelines or to implement them. Nor are there any serious attempts to set standards in any field. The National Accreditation Board for Testing and Calibration Laboratories, New Delhi (NABL), has been in existence for a long time, but has had its scope widened about three years ago to include clinical laboratories. In this time frame, only three laboratories – all in the private sector – in the country have been accredited. Interestingly, the institutions to which the members themselves belong, are themselves not among the three. Accreditation is currently not compulsory (unlike in the West). However, as Dr Kanangasabhapathy, one of the convenors, states, “It is better to get your laboratory accredited when it is voluntary than when it is compulsory.”

A meeting on the topic of accreditation of laboratories was recently held at a private diagnostic laboratory in Bangalore. Many pathologists and laboratory physicians attended this informal meet where they were able to clarify their doubts and clear misconceptions. A substantial number were persuaded by the speakers to consider applying for the accreditation programme, after, of course, completing the necessary paperwork. Although there is a long way to go, this is at least an encouraging beginning.

At the same meeting, a Dr Bhattacharya, a non-medical person associated with the NABL, made a comment: “Medicine is now a semi-noble profession.” Indeed, it is so. The other word, apart from ‘noble’, used for centuries to describe the medical profession – ‘learned’ – is also in danger of being in disuse, because of past misuse.

Most of the people attending the seminar were those from the private set-up, either with their own laboratories or from the corporate hospitals. I suspect that – as and when the ruling does come into force – government establishments will be exempt from it. After all, even with the COPRA, government hospitals are not covered under the Act.

It is a matter of shame that such a meeting has to be held by a private medical establishment and not in a government hospital. This establishment, by the way, is one of the best known ones in the city and state and maintains excellent standards. For instance, their library (yes, a foreign concept to many in private practice) would shame most ‘leading’ Indian medical libraries.

Contrast this with two separate news items that have appeared in the newspapers recently. In mid-April, it was reported that the Karnataka cabinet had approved of a new medical college and had increased seats in various medical and dental colleges across the state. (A proposal for an Ayurveda college in Mangalore, though, was rejected). Twenty-one new medical colleges will be given Essentiality

certificates soon. The Karnataka Junior Doctors Association and the Indian Medical Association oppose this because it will be detrimental to the interests of doctors and would create unfair competition among doctors. While the Bhole Committee had recommended a doctor: population ratio of 1:3,000 (and WHO recommends 1:3,500), it is already 1:1,100. Besides, according to the Mudaliar Committee’s criteria, there should be only 12 medical colleges in the state (one medical college with 100 seats for a population of 50 lakh). Currently, there are 2,700 new doctors graduating every year from 23 colleges. Twenty-one more colleges – help!

A report about a month and a half later is telling : two medical colleges – the Father Muller’s Medical College, Mangalore and the Khwaja Bande Nawaz Institute, Gulbarga – have been barred from admitting students to the MBBS course for the academic year 2001-2002. Further details are, unfortunately, not given.

An article in *The Hindu* refers to the fact that doctors often keep their patients waiting. This of course has been true for decades and most doctors – and many patients, unfortunately – explain it away by saying: “Was caught up in an emergency”. This is undoubtedly true in some cases, particularly say, when a surgery takes longer than expected. The vast majority, unfortunately, simply don’t care. “Patients must learn to be patient,” as somebody recently put it to me. Many doctors give appointments to patients knowing fully well that they will be elsewhere at that time. Principle 10 of the Code of Medical Ethics, 1972, states, “A physician should endeavour to add to the comfort of the sick by making visits at the hour indicated to the patients.”

As I write this, I learn that the Prime Minister’s knee replacement will be performed in a few hours. This time the hype seems to be less than last year. Why is this? Probably because the newspapers have said all that one needs to know about knee replacements already. That the Prime Minister’s office has not paid heed to the beliefs of those few people who voiced their views that the Indian PM should ideally be operated in India by an Indian citizen, is, of course, obvious.

No such problem for Finance Minister Yashwant Sinha. Today’s newspaper mentions that he will undergo renal surgery while in the USA later this week. Apparently Indian urologists are not yet ‘there’.

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