will turn out to be the biggest legalised extortion racket in the world. Obviously people cannot say this on public platforms, which is why there have been many voices saying different things which might sound like irrational ramblings. But the stand of the IMA -- that registration should be online (to eliminate the need to pay any suvidha shulk) and accreditation should be optional and done by an independent agency -- more than speaks for the underlying apprehensions of its members.

Note: *The above is not an official communiqué but the personal views of the writer.*

Reference

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White coated corruption: time to begin even with small steps

This refers to a thought provoking article by Vijay Mahajan (1) and a commentary by Arun Sheth (2).What both authors have stated is, unfortunately, true. Dr Sheth's comments reflect the hopelessness of the situation, as he does not suggest any remedial steps except "time-tested, age-old golden practices in spirituality..." Dr Mahajan states that the list of things that doctors must do is long, and spells out a very long list of do's and don'ts for doctors, authorities and the people. He concludes: "Corruption is spreading its tentacles far and wide in the medical system. To restore its noble and distinct status, all sections of society must work together to stamp out the biggest killer in the medical system - corruption."

Is this corruption rampant and confined to the medical profession only? The answer is: no. Can we justify and continue to tolerate corruption in the medical profession because it occurs in even severe forms in the society? Again the answer is: no. It is high time for introspection and taking remedial steps. It is better to begin with small steps in the right direction rather than wait to work on all out measures all at once. There is an urgent need to make a beginning.

The January-March 2010 issue which published Mahajan's article had two articles on financial incentives for prescribing newer and costly vaccines (3, 4). Both articles highlighted the huge margin between the maximum retail price (MRP) of some vaccines and the price at which they are sold to doctors. GSK, one of the manufacturers of the varicella vaccine, had, in the past, increased the MRP even as it lowered the cost of vaccine to doctors, thus increasing the margin of profit for doctors. Recently, GSK has reduced the MRP by Rs 200 per dose, but has not changed the price for doctors. This reduction in doctors' margin is a positive step and should be welcomed.

Referral of patients, especially for investigations, is a contentious issue that needs attention. Ideally, recommending investigations should be akin to prescribing drugs for a patient. Drugs may be purchased from any drug store; similarly investigations may be done from any diagnostic centre. If facilities exist in the same place that a doctor practises, the doctor may suggest getting these investigations done at that centre, but the patient or caregiver may opt for any other centre. Some doctors insist that investigations be done at a particular diagnostic centre only.

A doctor does not get any financial benefit from a drug store in the form of a cut or kick-back. Similarly a doctor is not supposed to get any financial benefit from laboratories conducting investigations. It is said that some manufacturers give monetary incentives to doctors for prescribing their products, which is outright reprehensible. Similarly, accepting monetary benefits in the form of a kickback or cut from a diagnostic centre is bad, but, is being practised in many places including some hospitals. This issue should be taken up by the Indian Medical Association, the Medical Council of India, or the *Indian Journal of Medical Ethics* by organising a national consultative meet to formulate comprehensive guidelines for the medical profession. The consultative meet should deliberate on all aspects, including guidelines for investigations suggested, accreditation, quality control, charges etc. of the diagnostic laboratory. Should some sort of incentive be paid or not be paid to the referring doctors and also the mode of payment in case payment is made? Thus, if payment is made it should become official, i.e. records be made so that it is treated as expenditure by the diagnostic centre, and payments made to the doctors be treated as income and taxed accordingly.

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