

LETTERS

Medical insurance: promoting unethical practices?

We appreciate the authors of your illustrative and interesting articles (1,2,3) on health care insurance in India for their lucid handling of issues in the medical insurance sector. While the health insurance sector in India is still at a nascent stage and has to meet enormous challenges, insurance policies must be transparent and standardized, and made clear to both patients and medical practitioners.

It is a distressing truth that the ethical values in medical practice are deteriorating day by day. But this is not always the case. There are plenty of complaints of denial of insurance claims on trivial grounds (patient not on parental medications, flaws in documentation etc). This prompts the doctor to modify the treatment plan in favour of the patient. In order to reduce the risk of such denials, the physician is indirectly forced to treat the patient unethically. The patient may be put under unnecessary medication, which is not justifiable even though the intention is to facilitate the payment of a rightful insurance claim. Can we completely blame the physician for this? Doesn't this unfortunate situation arise from the ambiguity regarding the requirements of insurance claims?

There is a definite lack of transparency in the health insurance sector and most physicians and consumers are uninformed regarding the 'do's and don'ts' of these policies. Practitioners should, essentially, be trained in the proper documentation of the mandatory pre-authorisation form. The form carries details of current and past illnesses, the proposed line of management, the expected duration of hospital stay, and the approximate cost of treatment. Any flaw or mismatch in this documentation can result in delay or denial of a claim, adding to the patient's suffering. The client should be fully aware of his rights as also of ethical responsibilities. There are cases of people who get admitted to hospital for minor illnesses just to receive insurance payments. On the other hand, there are cases where insurance has been rejected even in emergency admissions. The reason for denial of claims, is, most often, not even communicated to the patient. The insured person should be provided a comprehensible written explanation regarding the reasons for denial, preferably in the local language.

Community based insurance schemes are doing well and the number of subscribers is increasing particularly in rural areas. The majority are illiterate and poor. Marketing agents highlight the advantages of insurance schemes and consciously underplay the complexities in availing the claim. Many succumb to the lure of cashless private health care schemes, only to be frustrated when their insurance claims are denied and they are unable to pay the heavy medical bills. This highlights the urgent need for an efficient grievance redressal system.

Though medical insurance can be a boon to the consumer, it is promoting unethical practices among treating physicians. This

trend is unacceptable and measures should be taken to curb it.. Health authorities, the insurance regulatory agency, the Indian Medical Association and the Medical Council of India should take the necessary steps to establish a transparent health insurance and a proper monitoring system to ensure good, evidence based clinical practice, doing no harm to the patient and protecting his rights as a consumer.

References

1. Mathur V. Ethical questions regarding health insurance in India. *Indian J Med Ethics*. 2011 Jan-Mar;8(1):23-27.
2. Duggal R. Private health insurance and access to health care. *Indian J Med Ethics*. 2011 Jan-Mar;8(1):28-30.
3. Kasaragod A. Health insurance in India: the need to come together for a common good. *Indian J Med Ethics*. 2011 Jan-Mar;8(1):49-50.

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Euthanasia: ethical risks

I have read the review of the film *Guzaarish* by Dr Natasha Anwar in *IJME*, January 2011. I have not seen the film but would like to put forward my views on the subject of euthanasia, taking off from the concluding sentence of the review.

I am a proponent of euthanasia and saw it being implemented in Australia, when I was in a Sydney hospital. However, its application, particularly in this sub-continent, is liable to be misused and, therefore, likely to have unwanted consequences. This is because most of our doctors, who would decide the merit of a case for euthanasia, are without integrity. In my opinion, almost every doctor (with some exceptions) issue false medical certificates for the availing of medical leave, even though the patient is fit. This can stretch to years of leave. Such doctors issue bogus medical certificates to persons involved in criminal acts to help them avoid going to jail, or attending court. How many court cases are adjourned on the basis of false medical certificates?!

We have all heard of a number of cases regarding the inheritance of property, where our doctors could be manipulated at a price and authorise euthanasia, even to the extent of declaring that the patient has cancer. This loss of integrity and lack of clear medical ethics and conscience is a deficiency in our society. Until that is changed, introducing euthanasia is dangerous to the safety of many defenceless individuals. We can argue that all these cases should be monitored, but those involved in monitoring such cases will be