

LETTERS

Media portrayal of health professionals biased?

Over the last few years, the media have been repeatedly focusing on corruption in healthcare. Sometimes, speakers on television channels fling allegations at the entire medical community. This biased picture of pervasive corruption is resented by a majority of doctors.

Doctors have been charged with prescribing unnecessary and costly medicines instead of generic medicines. While there is a lot of difference between manufacturing cost and actual price of medicines, how can doctors be held responsible for deciding the price of a drug? It is the government that has to regulate the prices of essential medicines in association with pharmaceutical companies, not doctors.

In an alleged case of malpractice discussed in an episode of a popular television show, Mr R has accused doctors of a corporate hospital of mismanaging a case of cadaver transplant of the liver and pancreas of his wife (1, 2). A nephrologist at that hospital contradicted this saying that Mr. R had withheld crucial information which may have made viewers believe his version. He mentions that Mr R had withheld the fact that the state Medical Council had thoroughly investigated the case and found no evidence of negligence by doctors. The nephrologist has also mentioned that: "The patient and her family were all informed about the risks and benefits of transplantation, more than a year prior to the surgery and informed consent was taken. The patient had developed a massive bleeding condition called Disseminated Intravascular Coagulation (DIC). She received platelets and other blood products to correct the DIC. The surgeon was fully qualified to conduct pancreatic transplantation as well as kidney transplantation and had conducted numerous multi-organ transplantation surgeries. The hospital was also registered for multi-organ transplantation."(2). Television channels and other mass media should confirm the authenticity of information before telecasting it to the world.

The numbers of doctors' licences cancelled in some developed countries and in India have been compared time and again by the media; but no comparison is made of the number of physical attacks on doctors while on duty in India and elsewhere, or of the number of people convicted of such offences; or of stipends, working conditions, duty hours, or accommodation provided to medical students and doctors. Even basic infrastructure and facilities like clean drinking water, subsidised canteens, separate toilets for women, are not provided in Indian government hospitals (2).

The media preaches that brilliant students who take up medicine should consider it only as service to mankind; they should go to other fields if they want to live a good life. Why impose the burden of charity and social service only on medical professionals? It takes almost thirteen years for a doctor to reach specialist status, with a compulsory year of government service after graduation. In fact, doctors are the worst paid professionals for the hard work and dedication they put in. Why are only doctors being forced to work in rural and government hospitals after completing their education? The rural sector surely needs the help of other qualified professionals as well. Why aren't they compelled to do public service after graduation, or prevented from going abroad for better facilities as doctors are? In spite of all the hardships, even today, the medical profession has a fairly large number of selfless and sensitive professionals (3).

The media should present a balanced picture of the profession and exert pressure on the authorities to act against corrupt health professionals. If the media continue to mention only the darker side of profession, it will hurt the country's healthcare system - the public will lose faith in doctors and a large number of students who aspire to be doctors will be dissuaded from doing so.

Anupama Sukhlecha, Department of Pharmacology, M P Shah Medical College, Jamnagar, Gujarat, 361 008 INDIA. e-mail: anupama_acad@yahoo.co.in

References

1. Sreedhara R. A letter from Dr R Sreedhara to Aamir Khan [Internet]. *Aaletimes.com*; 2012 Jun 07[cited 2013 Mar 31]. Available from: <http://www.aaletimes.com/2012/06/07/a-letter-from-dr-r-sreedhara-to-aamir-khan/> [
2. Joshi SK. Doctor, heal thyself [Internet]. *Aaletimes.com*. 2012 Jun 01[cited 2013 Mar 31]. Available from: <http://www.aaletimes.com/2012/06/01/doctor-heal-thyself/>
3. Public Health Foundation of India, National Health Systems Resource Centre, State Health Systems Resource Centre. Why some doctors serve in rural areas: a qualitative assessment from Chhattisgarh state [Internet]. New Delhi: PHFI, NHSRC, SHSRC-Chattisgarh. 2010 Apr[cited 2013 Mar 31]. Available at: <http://health.cg.gov.in/ehealth/studyreports/Why%20Some%20Doctors%20Serve%20in%20Rural%20Areas.pdf>

Corruption in health systems: view from Peru

Corruption is defined as the misuse or betrayal of public trust, in order to achieve a personal or private goal, instead of seeking the best for the community or country (1, 2). This is a serious problem for health systems in many places (3). It could lead to a waste of resources, and, even worse, to utterly negative health outcomes (1, 3, 4).

I would like to point out some similarities regarding corruption in healthcare, between India and Peru, two middle-income countries in different continents. According to Transparency International, India and Peru have a Corruption Perception Index of 3.1 and 3.4, respectively (<http://www.transparency.org/country>). This same entity provides the Global Corruption Barometer, in which statistics show that 85% of surveyed Peruvians assess as "ineffective" the current government's actions in the fight against corruption; whereas in India, this opinion is held by 44% of surveyed Indians. In both countries, many cases of corruption are due to overcharging for supplies, infrastructure and new equipment, and to favours that benefit only a few.

Statistics from the Global Corruption Barometer (<http://gcb.transparency.org/gcb201011/>) indicate that in India, 21% of people have come into contact with medical services, and 26% of them have paid a bribe in this kind of institution in the last twelve months; on the other hand, for Peru it is reported that 72% of people have come into contact with medical services, and of them only 4% have paid a bribe. These differences are perhaps a clear indication that, where there is more corruption, less people may have the willingness to go to a health facility. However, this hypothesis should be further explored in different contexts, in order to arrive to a solid conclusion.

Corruption is a global problem, and definitely affects a population's health (3), no matter where. Therefore, it should be included as a research topic worldwide, and among global health researchers, in order to fully understand the relationship between corruption and health, and its determinants (4).

The key is to develop strong programmes and strategies created to address the characteristics of corruption in a country, and that will prevent problems within the health care system, in matters of access, inequity and outcomes (1, 2). These anti-corruption strategies should be based on theory, developed according to the evidence and adapted to suit the specific contexts where they are to be applied (1).

Rodrigo M Carrillo-Larco, Alberto Hurtado School of Medicine, Universidad Peruana Cayetano Heredia, Lima, PERU. E-mail: rodrigo.carrillo@upch.pe

References

1. Vian T. Review of corruption in the health sector: theory, methods and interventions. *Health Policy Plan*. 2008 Mar;23(2):83-94.
2. Huss R, Green A, Sudarshan H, Karpagam S, Ramani K, Tomson G, Gerein N. Good governance and corruption in the health sector: lessons from the Karnataka experience. *Health Policy Plan*. 2011 Nov;26(6):471-84.
3. Nishtar S. Corruption in health systems. *Lancet*. 2010 Sep;376(9744):874.
4. Hanf M, Van-Melle A, Fraisse F, Roger A, Carme B, Nacher M. Corruption kills: estimating the global impact of corruption on children deaths. *PLoS ONE*. 2011;6(11):e26990.

Void in the sphere of wisdom: a distorted picture of homosexuality in medical textbooks

Homosexuality is not a new issue in western medical literature; but an empathetic approach to it in the medical literature in India is a recent phenomenon (1, 2, 3). Equality in providing

healthcare is not being practised, as evidenced by homophobia among doctors (4,5), more so in the Indian sub-continent where religious and social biases contribute to denying proper healthcare to the homosexual - as well as the lesbian, bisexual and transgender - community. The attitudes of young medical students are more amenable to change, and can be better oriented towards providing equitable healthcare, irrespective of the sexual orientation of patients (6). Here the question arises: "What does our curriculum teach about sexuality issues?"

We highlight the misleading information given in the textbooks widely followed by the students of the West Bengal University of Health Sciences. The most affected subjects are physiology, psychiatry and forensic medicine. According to the physiology textbook, in puberty "there develops attraction to opposite sex." (8). This clearly promotes heterosexuality as the only norm. Some forensic science textbooks state that homosexuality is an "offence"; homosexuals "may be psychologically imbalanced", and they are "egoists", who "disregard society" and pose a "social, moral and psychological problem". (9) The term "crime of homosexuality" has been used (9) and "treatment of homosexuality" has been suggested (9). Some books say "AIDS infection is commonly transmitted by unnatural sex acts with the homosexuals" (9) and call sodomy "a sexual offence" which is most popular and widely practised among homosexuals (10). This portrays same sex behaviour as an inferior form of sexuality. In spite of a long debate on the controversial term 'gay bowel syndrome' as it indicates a link between homosexual activity and gastro-intestinal disease, it is still referred to in a standard microbiology textbook (11). A widely followed textbook of psychiatry uses terms like "cross-gender homosexuality" and "ego-dystonic homosexuality" (12).

We suggest substantial revision in the undergraduate medical syllabus and textbooks as these are the main sources of knowledge for doctors. If distorted information is provided from the start of their medical education, any seminars or discussions will be in vain. An unbiased discussion of concepts like sexual behaviour, orientation, identity, sex and gender are much needed. Specific diseases which affect homosexuals must be highlighted rather than providing the "treatment guidelines of homosexuality" (3). Policy makers, educationalists, authors and thoughtful readers must come forward to fill this void in the sphere of wisdom and forge a better patient-doctor relationship.

Subhankar Chatterjee, Fifth Semester Student, MBBS, R.G.Kar Medical College & Hospital, Kolkata, INDIA, e-mail: chatterjeeaspiresubhankar.92@gmail.com **Subhasish Ghosh**, Fifth Semester Student, MBBS, Medical College, Kolkata INDIA

References

1. Rao TS, Jacob KS. Homosexuality and India. *Indian J Psychiatry*. 2012 Jan; 54(1):1-3.
2. Kalra G. Breaking the Ice: IJP on homosexuality. *Indian J Psychiatry*. 2012 Jul; 54(3):299-300.
3. Patel VV, Mayer KH, Makadon HJ. Men who have sex with men in India: A diverse population in need of medical attention. *Indian J Med Res*. 2012 Oct; 136(4):563-70.
4. Geddes VA. Lesbian expectations and experiences with family doctors.