

## LETTERS

### The medical trade

It is disturbing to hear the numerous revelations of malpractice and ethical lapses committed by members of the medical profession. Technology is often misused, with patients being made to undergo unnecessary examinations, hospitalisation and even surgery. In many small nursing homes, doctors have their own medical store and laboratory. Unnecessary prescriptions are issued and no explanation is given to patients or relatives. Large multinational pharma companies regularly supply ECG material and cardiac monitors to some leading physicians who prescribe only their products. This unethical approach has also infected medical colleges. Some professors convey to their students that unethical practice is the right way to conduct oneself as a doctor.

Recently, I received a cheque for Rs 1200 (no. 52185525, dated March 14, 2013) from an MRI centre with many branches in Mumbai and Pune. On enquiry, I discovered that the cheque was by way of a "professional fee for referring a patient to the centre" for an MRI. The patient had already paid my professional fee when I had examined him at my hospital in Mahad. I returned the cheque, which was reimbursed by the MRI centre to the patient at my request by a cheque dated March 31, 2013 in the name of the patient. On April 30, 2013, I lodged a detailed complaint against this practice with the Medical Council of India. Until today, I have heard nothing more from the Council. This is reminiscent of the experience of MK Mani as far back as 1995 (1).

In another case, a 26-year-old married woman had been ill with fever, cough, anorexia; and noticeable weight loss over a period of two months. Her sputum tested positive for acid-fast bacilli, and a chest x-ray showed miliary tuberculosis. She revealed that her mother had pulmonary Koch's disease. In spite of sufficient evidence for a confirmed diagnosis, her physician advised a chest CT scan which cost her Rs 4000 but did not alter the diagnosis. All this only for a commission of Rs 1000 from the radiologist!

There are no free lunches in this world (3). The conference of a physicians' association was held at a five-star hotel at a hill station by a pharmaceutical company to introduce a new molecule acting simultaneously on blood sugar and lipids. Of the 120 doctors who registered as participants, 88 were provided funds for their hotel stay and transport by the company. I refused the offer of sponsorship and attended the conference at my own expense. At the end of the conference, the president warmly felicitated the pharma company boss.

As I have been well acquainted with the practices of such companies for the last 25 years, their medical representatives and managers are not permitted to see me.

An authority and legal adviser of my medical association told me that a company may pay a "cut" or appoint agents and pay a commission to promote business; and nothing is wrong with such a policy. He further advised me not to discuss this. A wise social advocate advised me to collect a few more cases, after which he would file a public interest litigation in a court of law.

We spoke personally with the manager of a nearby centre, who had sent us a Rs 500 note in an envelope for referring a patient for a CT scan. He said he did agree with our viewpoint, but was helpless as the majority of referring doctors wanted a "cut". Such unethical conduct has driven those doctors who believe in practising ethically to close down their nursing homes. The cost of modern medical treatments is beyond the capacity of the middle class partly because of the huge expenses incurred by the healthcare industry in sponsoring gifts, honorariums, conferences, symposia and research grants which are eventually paid by the consumer. In today's scenario, it is almost impossible to be a good doctor (2,3).

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### References

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2. Sheth A. Why I don't believe in referral commission. *Indian J Med Ethics*. 2003 Apr-Jun;11 (2):58-9.
3. Hegde BM. Is academic medicine for sale? *J Assoc Physicians India*. 2001 Aug;49:831-2. doi: 10.1001/jama.287.4.513.

### Breaking bad news in the paediatric ICU: need for ethical practice

Communicating with the parents of children who are extremely sick or dying in the intensive care unit (ICU) is an extremely challenging task. The physician in charge of intensive care, apart from administering the routine medical treatment, has other vital roles to play, such as communicating the poor prognosis, advising the guardians on decisions regarding the withdrawal of life support, requesting permission for an autopsy and initiating the process of organ donation (1). Intensivists play the unique role of helping parents prepare for the child's death and ushering in the grief process which will help the family remain functional and intact. Allowing parents to play an active