

EDITORIALS

The Medical Council of India: need for a total overhaul

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*O, what a fall was there, my countrymen!
Then I, and you, and all of us fell down,
Whilst bloody treason flourish'd over us.*

Shakespeare: *The life and death of Julius Caesar*. Act 3, Scene 2

The Medical Council of India (MCI) is modelled on the General Medical Council of the United Kingdom. The latter agency is intended to subserve crucial functions (1):

- set the standards of good medical practice it expects of doctors throughout their working lives;
- assure the quality of undergraduate medical education in the country and co-ordinate all stages of medical education;
- administer systems for the registration and licensing of doctors to control their entry to, and continuation in, medical practice in the country;
- deal firmly and fairly with doctors whose fitness to practice is questioned.

In 2009, this journal carried an essay describing the rot within the MCI (2). At the close of the abstract of this essay were the following lines: "Permitted optimism, we may hope that this essay and similar observations by others will prompt a change for the better. At present such optimism is not justified."

To our great misfortune, matters have only worsened. The functions of the council are in disarray. Confusion is confounded by the day.

The role of the Government of India

The influence of the Government of India on the MCI has never been greater. Almost every aspect of its composition and functions are dictated by those at the helm of the central ministries concerned with health, family welfare and medical education.

In 2012, the Government of India proposed a move to merge the medical council, the dental council, the nursing council and others to form one body – National Commission for Human Resources for Health. Notwithstanding the fact that the functions of these councils vary widely, the move was widely publicised. The outcome of the deliberations of the Parliamentary Standing Committee and other agencies entrusted the task of deciding upon such a move remains enshrined within the dusty files that fill the cupboards of these agencies and have not been made public. To the best of my knowledge, there has been no informed public debate on the subject.

Arbitrarily and without any public debate on the issue, the government, by administrative fiat, announced a board of governors to run the affairs of the MCI after Dr Ketan Desai was debarred by the courts from presiding over it. We are not aware of any action taken by the Government of India against members of the council who aided and abetted Dr Desai in his activities or, indeed, against Dr Desai himself. The predicament in which Dr Desai finds himself at present has been dictated by the court of law despite the vacillations of the Central Bureau of Investigation (CBI); the latter said to be acting under the directives of the Government of India.

Having announced the first board of governors on the basis of undisclosed criteria, the Government of India saw it fit to summarily abolish the board, again on the basis of undisclosed criteria. In the democracy prevailing in our country, an elected government sees no reason to justify its actions to the public or even to the medical and academic communities.

The second board was also appointed without any justification of why particular individuals were selected as members. The careful nomination to this board by the Government of India of individuals from the private sector to the exclusion of reputed teachers in our national and state institutes of medical education and research in the public sector deserves scrutiny. It was

almost as though the Government of India consciously and brazenly favours the private sector that has flourished as public sector medical colleges and hospitals decay for want of support and encouragement.

Recent steps emphasise the extent to which the government has compromised itself.

It is common knowledge that governors in various states are beholden to those occupying the highest positions in the Congress party and the Government of India. These governors, as chancellors of universities, have permitted the election and nomination of individuals whose credentials deserve close scrutiny (3–5). A glaring example is the “election” of Dr Ketan Desai as the representative of the University of Gujarat to the MCI. As was pointed out by Mr Julio Ribeiro, chairman of the Public Concern for Governance Trust in Mumbai, to the Governor of Gujarat on November 21, 2013, Dr Ketan Desai’s licence to practise medicine was suspended on October 9, 2010 by the MCI (6). He was thus ineligible to enlist as a member of the council. In response to Mr Ribeiro’s letter, Mr Amrut Parmar, section officer to the Governor of Gujarat blandly forwarded, on January 27, 2014, the explanation offered by the ‘I/c Registrar’ of the University of Gujarat. The University – and the Governor of Gujarat – appear satisfied by the reported opinion of Justice AM Ahmadi, former Chief Justice of India, that the MCI has no jurisdiction or authority to suspend the registration of any doctor registered with any state medical council. Neither Dr Ketan Desai nor the University of Gujarat has felt the need to challenge the MCI in a court of law. Instead, they take recourse to the opinion of a retired judge. Not being in possession of the full text of Justice Ahmadi’s opinion, or of the grounds on which the Honourable Judge has drawn his conclusions, it is difficult to comment on the validity of his conclusions. It must be noted that to permit the election of a person under a cloud of suspicion to the MCI is contrary to the very *raison d’être* of the council.

The Times of India (7) describes the latest infamous act in the sordid saga: “The story of removal of Keshav Desiraju, a 1978 batch IAS officer... as health secretary and his transfer to the non-descript consumer affairs ministry is not only being seen as the influence of former MCI boss Ketan Desai but more importantly of Congress’ courtier culture. In the process, Desiraju, considered one of the finest officers known for his work in education and health sectors, paid the price... Desiraju ... played a key role in the cleaning up of the Medical Council of India that led to the ouster of Ketan Desai...”

A later report suggests the involvement of the Bharatiya Janata Party (BJP) and Samajwadi Party, in addition to the Congress, in restoring Dr Ketan Desai to the MCI. It also quotes from a note written by Mr Desiraju on January 7, 2014: “It is widely believed that all decisions within the Medical Council of India are being taken by the group led by Dr Ketan Desai.... There is every likelihood that we will be forced to approve and notify decisions regarding courses, new admissions etc which have been made on the grounds other than merit alone. This would be a very unfortunate position for the Government” (8).

A recent detrimental decision by the MCI

In its infinite wisdom, the MCI has recently suggested the exemption of medical associations of professionals from scrutiny by the council or its ethics committee.

In the recent past, the council itself has found some associations to be guilty of endorsing specific commercial products. In 2010, it suspended Goparaju Samaram, president, and Dharam Prakash, secretary of the Indian Medical Association (IMA) for such practices. The efficacy of this step was obvious. Devendra Shirole, national vice-president elect of IMA for the period 2011–12 stated, “There is no denying the fact that IMA endorsing food products is unethical. However, this is a hard fact that IMA as an association requires funds for carrying out various social and awareness related activities for the public. But the money should be raised ethically and not by indulging in commercial activities” (9). A similar salutary effect of the step by the council was seen in the editorial published in the *New Indian Journal of Pediatrics* in 2012 (10). Among other steps, the editorial advocated “... Restriction or banning of health claim advertisements in publications of scientific organisations. Such products or companies should not be promoted during their conferences...” This was especially welcome in view of the advertisement promoting a cereal preparation for babies in the *Indian Journal of Pediatrics* (10).

The new dispensation at the MCI apparently disagrees with those in the same council who had promoted medical ethics. By keeping associations and organisations of medical doctors outside the purview of the council, office-bearers and members of the MCI do a great dis-service. The question can be asked: “What provoked the council to take this disastrous step? Is it to curry favour with these associations and organisations so that they, in turn, continue to turn a blind eye to the goings on within the council? (see below). Or is there something even more sinister?”

Senior statesmen in the world of science and medicine

Elsewhere, eminent scientists such as presidents of and respected scientists in academic institutes, research centres and think tanks are quick to voice alarm when they diagnose disease in watchdog and policy-making agencies. Their commanding positions and membership of such exalted bodies as the US President’s Council of Advisors on Science and Technology, the President’s Science Advisory Committee, and the President’s Commission for the Study of Bioethical Issues ensure attention to their observations and criticisms. Quick action on their recommendations follows.

Alas! In India we see no such reactions from those advising and guiding the Prime Minister of India or agencies such as the Planning Commission. Certainly, if any dismay is felt by these worthies, it is never made public and if made known in confidence to the powers-that-be, appears to make no impact.

Associations of medical doctors

As with the senior statesmen of science, so with the associations, societies and organisations of medical doctors such as the Association of Surgeons of India, the Association of Physicians of India, the Indian Medical Association and the specialty groups – the decay within the MCI elicits no response. Their presidents and office-bearers are oblivious to the destruction of the central agency in the country, which was once the watchdog of the medical profession and guarantor of ethical medical practice and education of the highest standards in our medical colleges and teaching hospitals. These appear to be matters of no import to the profession at large or to those who claim to be their leaders.

Marc Antony was able to state:

*O, now you weep; and, I perceive, you feel
The dint of pity: these are gracious drops...*

Shakespeare: *The life and death of Julius Caesar*. Act 3, Scene 2

Would that we could say something similar with regard to our peers!

What is to be done?

1. The conscience of our grey eminences in science, technology and medicine must be awakened. They must bring their collective intelligence to bear on the sorry state of the MCI and the state medical councils and use their considerable influence with the highest levels of government to stem the rot and set in place a system that is as near incorruptible as possible. Should the powers-that-be fail to heed their recommendations, they must withdraw their support, advice and labours from the advisory and other committees they have served so faithfully.
2. The medical profession at large and its leaders in associations and societies must bring pressure to bear on the government to effect change for the better. These associations are potent by reason of their numbers and the services they offer the nation and its sick VIPs. Were they to come together on a common platform they would form an irresistible force. Their widely read journals and platforms available at annual and other meetings, workshops and conferences could be used with great effect to alert their members on the consequences of the downward slide of the council.
3. Professionals – as individuals – also cannot shrug off their responsibilities. They wield the powerful weapon of the vote – to offices in their associations and to seats in the MCI. Used wisely, these can make a significant difference in the current state of affairs.

The public at large also needs to be made to understand that deteriorating standards of medical education and unethical medical practice is to the detriment of all citizens. The menace of worsening healthcare can only lead to medical disasters as poorly trained and unethical doctors emerging from substandard medical colleges and hospitals become teachers and administrators.

A concerted move must be made to bring about radical changes in the structure and functioning of the MCI:

- The appointment of members to the council must be made by a committee composed of medical, legal and lay experts of unimpeachable integrity. The creation of this committee must be open to public scrutiny. Office-bearers and members of the MCI must be appointed by this committee for a four-year term through a transparent process. Politicians and bureaucrats must have no say in the composition and operation of the council.
- The process of election has been proven to be riddled with corruption and malpractice. It must be abolished.
- The present mammoth council of 85 or so members must be trimmed severely. The General Medical Council of United Kingdom has 12 members. Why do we need any more? Why is it necessary for each university to nominate one member? The supervisory body referred to above can select three members of national and international eminence from our medical institutes and colleges for this purpose, at least one of them being a woman.
- The credentials of all office-bearers and members of the MCI must be impeccable and open to public scrutiny.
- All proceedings of the MCI must be open to public scrutiny. There is no place for secrecy or hidden dealings when the future of medical education and the health of the nation is at stake.

I strongly commend a close study of the structure and function of the General Medical Council of United Kingdom. There is much to be learnt from it (11).

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The Prevention of Parent-to-child Transmission Programme: Is it fair to women?

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In February 2014, the Government of India launched a multi-antiretroviral drug regimen to treat infected women and infants in efforts to reduce parent-to-child transmission (PTCT) of the human immunodeficiency virus (HIV) (1). The announcement has been long awaited because the multidrug regimen can reduce the risk of transmission during childbirth from 30%–35% to less than 2% with replacement feeding (2). Multidrug regimens to prevent PTCT have been used in high-income countries since the 1990s and in many low- and middle-income countries (LMICs) since 2010, when the World Health Organisation (WHO) removed the single-dose nevirapine (SdNVP) regimen from its list of recommended treatments. However, until now, India has been one of the few countries where infected pregnant women and their infants received the SdNVP, which reduces the risk of transmission to 16% in combination with breastfeeding, and to 11% in combination with replacement feeding. Meanwhile, new recommendations from the WHO suggest that for maximum efficiency, antiretroviral therapy (ART) should be given to all HIV-positive pregnant women irrespective of their CD4 counts (3). However, India will initiate the multidrug regimen among women with CD4 count ≤ 350 cells/mm³ as per the recommendations of 2010 (4).

This delay in switching to a multidrug regimen has been ascribed to the need to strengthen infrastructural and human capacity to handle the clinical and monitoring requirements of CD4 counts and treatment adherence involved in this regimen for women and infants (5). Unlike the SdNVP regimen, the multidrug regimen is initiated in HIV-positive women 14 weeks after conception and is continued until after the woman has stopped breastfeeding. Infants are recommended the one daily dose of NVP for about six weeks after birth.

As effective as the multi-drug regimen is in preventing transmission from infected women to infants, the switch does not address the important aspect of preventing infection in women in the first place. This should be an integral component of the programme's design and is the most effective way to ensure zero risk to infants, while protecting the mothers as well. We examine the impact of the Prevention of Parent to Child Transmission programme on women in India, especially because it is the only initiative in the country that targets women outside sex work for HIV prevention and care. We locate our discussion in the wider context of the subjugation of women's autonomy and well-being in national health policies and practices related to population and reproductive health.

Women account for 39% of all infected people in India but the overwhelming majority – over 90% – have been infected after