

Devils, drugs and doctors revisited

The National Law School of India University, Bangalore, has started a one-year post-graduate diploma course in medical law and ethics. The first batch just passed out in October 2000. I am aware of this because I am one of the students in the second batch. Although it is a correspondence course, there are monthly contact classes. It is delightful being a student once again, but it also means studying for an exam soon and submitting a thesis.

There are no restrictions on the dissertation topic, so long as it has legal and ethical aspects and is health- or medicine-based. I sounded out people for possible thesis ideas (before settling for my own topic). One suggestion was to do a study on drug companies' gifts to doctors, and how they influence doctors. I dismissed this idea, thinking that a drug company was unlikely to let me go through their records. It was also difficult to envision doctors enthusiastically confessing to me about freebies that they had received. However, it would make a fascinating topic and I hope someone from the next batch of students considers taking up this subject. I hasten to add that the dissertation need not consist of original data; a comprehensive collection of the literature in a field which may not have been covered in the Indian media or texts is also accepted. The mere unveiling of the fact that a particular subject needs to be investigated further is an acceptable, according to Dr Jogarao, the programme's convenor.

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The topic of drug companies' gifts became all the more relevant when I heard of a pharmaceutical company recently giving leading physicians gift vouchers for a fancy department store. There was no reason given. The gift is merely for "good will", hence there can be no legal problems. Consider this with another experience....

A particular pharmaceutical company sends physicians the tables of contents of leading journals, as a "service to the healing profession", to use their own words. I came across their literature in a friend's clinic and agonised for some time whether it would be proper for me to request copies of some papers. After all, this was not addressed to me, but to a treating physician. I need not have agonised — the company seems to have made up its mind easily enough. Fifteen months after sending in the request, and after many verbal reminders to their director, I have yet to receive even one page. Either they have a bad memory or they do not see even a remote possibility that I, a pathologist, will ever prescribe their drugs.

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Do people read this journal, and this letter? If so, does their reading serve a purpose? I was relieved to learn that the answer is yes. I received an e-mail from a young Indian surgeon in the UK. He is on the verge of returning to India, specifically to Bangalore, and writes "One of the main

reasons for wanting to leave Bombay was to avoid the system of cut practice, without which one just cannot survive in Bombay. Having met a few practitioners in Bangalore, my impression was that this practice was not rampant in Bangalore and with a hospital attachment, one could possibly escape from it. However, it was interesting to read your article on this topic. It makes me wonder whether I am living in a fool's paradise, and there is no such thing as practice without cut practice." I am not certain about this. Undoubtedly, it is difficult to lead life on a razor's edge. Perhaps for those who are truly in dire financial circumstances, or who have major loans to repay, there is some reason to have a "successful "practice as soon as possible. However, the problem often really appears to be that of impatience. Young physicians see the most successful physicians in town, note the large size of their practice — and income — and decide to compete from the very beginning. Undoubtedly, this practice of eyeing the *numero uno* is not restricted to medicine alone and can lead to unhealthy practices in other fields. But the point is this: cuts introduce an obvious conflict of interest in the patient-physician-physician relationship and can modify patient management plans, to the patient's detriment.

It was also interesting to learn how the surgeon learnt of my letter. Did he subscribe to *IME*? I asked. No, he replied, he had seen the issue on the web. Heartening to know that *IME*'s fledgling attempt has succeeded. Other proof that people read *IME*: I received a letter from someone who read "Breaking bad news" (1) and wants the Karunashraya address so that he can start a hospice.

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Not much has happened in Bangalore for the past few months. Medically at least. On another front, of course quite a lot has happened. I refer of course to the Veerapan-Rajkumar fiasco, which affected life in Bangalore for a considerable period of time. It also gave me an opportunity to see something that I had never seen before in Bombay, even in the worst of bandhs — ambulances being attacked by irate mobs. Two ambulances from my hospital had set off to pick up patients — but never reached their destination. They were attacked, the windshield broken and the driver beaten up.

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A letter in *Deccan Herald* points out the evils of private medical colleges. Can add my own friend's experience — he was offered Rs 10,000 to "become" professor for two days during an MCI inspection.

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Reference:

1. Pai SA. Breaking bad news. *Issues in Medical Ethics* 2000; VIII: 127.

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