

ABSTRACT

Practice of medicine is viewed by young doctors as stressful and even dangerous. This perspective has resulted in the younger generation shying away from independent medical practice. The current ambience of consumer litigation, criminal prosecution and violence on doctors has not helped either. The soul of the medical profession was violated when the Hon Supreme Court retitled the patient as a consumer. A score of ambulance lawyers and defensive medical practices were the gain to the society.

The law makers and the judiciary have chosen to characterise healthcare as an industry thus relegating the profession to a secondary role. The trade unions conjured to de enforce a parliamentary decision to nullify a Supreme Court verdict calling health care an industry. The current impasse is an inevitable gravitation directly traceable to mindless legislation flowing out of such layman's perspective.

The identity crisis of medical profession is complete as to whether it is still a profession as the fraternity claims or is it a trade or industry as the courts and governments insist. This dichotomy is the reason for the doctors and hospitals being taxed and regulated as an industry while the public expectations hover around services rendered in a highly ethical and professional manner. The resultant stress on the system is squarely borne by the medical fraternity.

HEALTHCARE SHOULD NEVER BE TARGETED AS INDUSTRY

Then Industrial ethics will prevail which is dangerous to Public Healthy Life.

Let all the stake holders of health come together, restore the nobility of the profession & make medicine as a worshipful often wanted profession.

INTRODUCTION

Medicine is a noble profession. But today viewed as a serious business by doctors & Youth. Why this seriousness? Why this Traders culture & consumerism? What is the role of doctor, public, media & government in restoring the nobility of the profession. Let us analyze the above itineraries & arrive at the way forward.

WHY SERIOUS?

Serious is defined as having an important and dangerous outcome and needing lot of attention and energy. Medicine is a career one is expected to make zero mistakes, the toll of which is borne by the poor doctor. One of the sociology professor in Delhi comments, "a doctor will always find

the sword of Damocles hanging over his neck". When Death knocks at the door the Doctor is looked upon as a God. When he accepts the challenge he is looked upon as an Angel. When he cures the patient he is looked upon as a common man. When he asks for his fee he is looked upon as a devil.

The fear one feels as a doctor should be because of missing a differential diagnosis, not that one will be beaten up if the patients' condition worsens. Assault on doctors and hospitals is on increase. Death, treatment failure and perceived high treatment cost evoke violence. Doctors and hospital staff are beaten up and even murdered¹. Hospitals are smashed violently. No wonder practice of medicine has moved over to a serious high risk category.

BUSINESS ?

Business is defined as enterprise, agency or entity involved in provision of goods or services to customers. Modern world has approached health care as an industry and a high voltage business. The phenomenon of doctors establishing small hospitals typically called nursing homes is unique to South Asia and South east Asia. Most of them provide primary and secondary care. They provide scientific care at affordable cost with the homely ambience of the family doctor. Technology and laboratory are used appropriately and minimally. The art of clinical medicine sustains them.

The bludgeoning Tertiary care hospitals provide cutting edge technology and run on evidence based medicine. The art of clinical medicine is disappearing throughout the world. Evidence based medicine is in the forefront for doctors & society. Needless to say these tertiary care hospitals are for profit institutions and are accountable to their share holders. Without the corporate investment the type of technology made available for patient care would be non existent. The expanding frontiers of modern medicine would grind to a halt. It will be unrealistic to expect these hospitals not to take a business approach. The idea of patient as a commodity is complete. The dilemma of the medical profession begins here. Where does the profession end and industry start? Where is the boundary where the medical profession's ethics ends and business ethics begins ?

THE VERSION FROM DOCTORS (FIGURE 1)

The contract between a doctor and a patient isn't that the doctor promises to cure the patient of the ailment, but that (s)he will do her/his utmost best for the patient, to diagnose the problem, and chart out a treatment line best suited for the patient; "curing" rarely, more often dispensing "care"

NMC Bill 2016

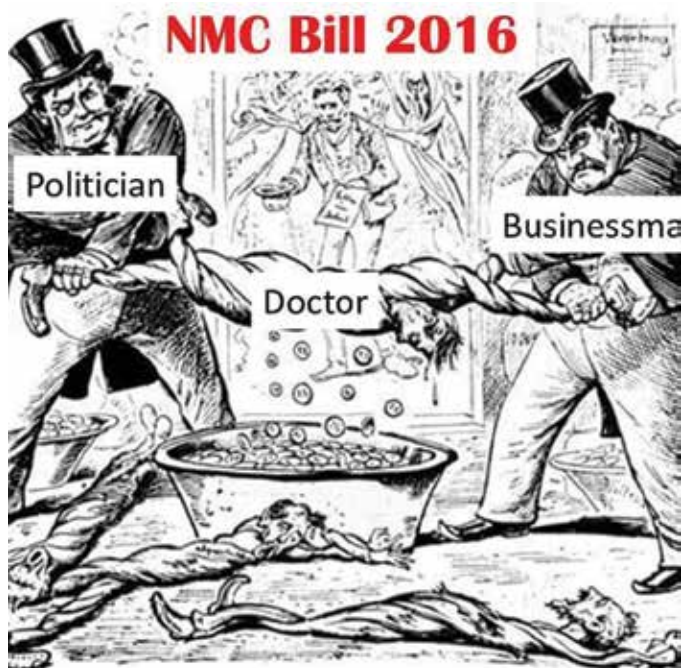


Fig. 1: Self assessment of doctor: A thought process

and doing his best to teach and facilitate the patient to live with the incurable chronic diseases they have: diabetes, high blood pressure, COPD, cardiac illness, etc.,

What do doctors feel ?

- Doctors and hospitals feel unsafe in today's atmosphere
- Patient is viewed as a litigant and multiple forums have taken a toll.
- Patients and bystanders either do not understand the illness, treatment, the cost involved or feign ignorance
- Doctors are over worked and stressed out
- Multiple laws on the profession and hospitals²
- The expectations of the patients are often illogical and unrealistic
- Moderate remuneration

By the end of this year, it is estimated that 300 physicians will commit suicide. While depression amongst physicians is not new, sheer unhappiness and work stress amongst physicians is on the rise³.

One doctor who is a successful cardiologist in one of the famous corporate hospitals confides, " I would not do it again, and it has nothing to do with the money. I get too little respect from patients, physician colleagues, and administrators, despite good clinical judgment, hard work, and compassion for my patients. There are so many other ways I could have made my living and been more fulfilled. The sad part is we chose medicine because we thought it was worthwhile and noble.

One budding physician in a two tier town revealed, " I would never really advise anyone to take up this

profession in India unless you are really passionate about it and you are ready to face up the challenges that you will face as you progress through the profession".

On the whole the whole profession is under siege. Something drastic needs to be done to revive the confidence and body language of the profession.

WHAT THE YOUNG ASPIRANTS SAY?

"When I joined MBBS I thought of saving many lives. Now I think of saving only one life, that is my life".

Ref: An anonymous Indian Doctor

Medical profession is labeled as business that to serious life endangering business. Why venture into it? Doctors Feel.

Who are all the stake holders of health?

Government, MCI, Media, Politicians, Public & Physicians

THE VIEW FROM OTHER STAKE HOLDERS OF HEALTH

Politicians do not respect doctors; neither do the media. The public, thankfully, still trust and appreciate doctors, but that relationship is constantly put to test. The society feels doctors are arrogant, often superficial and live a life secluded from the mainstream society. A section of doctors availing forwarding commission from hospitals, scan centres and laboratories have not helped to bridge the trust gap.

"Almost everybody in the contry has been a victim of some form of graft or malpractice-be it inflated bills, wrong diagnosis or substandard treatment",

Down to earth, a science magazine, declared last year⁴.

The government feels doctors are extracting money from poor patients. They also feel doctors and hospitals are under regulated.

THE MISMATCH

The mismatch of the society and government regulating hospitals as industry and trade but expecting value added services as a profession has done heavy damage. This dichotomy has to end. The strain borne by the profession can be traced to this dichotomy . Earlier this contradiction is settled, the better for the society and the profession.

FALL OUT

One of the direct fall out of this dichotomy is that small and medium hospitals especially run by doctors are disappearing at an alarming rate. Corporate hospitals and for profit hospitals are filling up this space. It will be a sad day when primary and secondary care would be provided by corporate giants. Small and medium private hospitals are a national asset⁵. They are holding the health care cost down. They provide quality service in local milieu and in a friendly ambience. They are eminently accessible. Losing them will create a frankenstein which does not serve the purpose.

DOCTOR IS THE TEAM LEADER

To change the current scenario doctors as the team leaders

have to take the initiative. Doctors should be competent, communicative, compassionate and offer scientific medical care. Public should understand that cure is not always possible and have to learn to accept death. They have to budget for health and understand that medical treatment shall incur a certain level of expenses. The press and media should bridge the gap between doctors and society and not widen it. Healthcare must be regulated through a single window with soft laws. Healthcare should get promotional incentives like education in the form of soft loan, low taxes, incentive for rural positioning etc.

Associations and organisations who have the responsibility and duty towards their members to see that they get an environment conducive to the practice of ethical and clean medicine.

CONCLUSION

The whole relationship of the medical profession vs the society and medical profession versus healthcare industry should be renegotiated and redefined. So long as the patient is centre of all care, medical ethics should be the only defining parameter. All other dimensions should be reset. Medical ethics being a dynamic concept has to be revised and revitalised in space and time. Any industry or institution based on patient care should only follow medical ethics. This may have realtime implications on the hospitals. The services that require a business approach can be channelised through outsourcing. Another alternative would be to create a separate category of hospitals for the ones which are actually an extended practice. They can be called 'professional hospitals'. Therefore profit hospitals can be defined as the "health care industry".

Probably primary and secondary care hospitals will fit into professional hospitals. Tertiary care to healthcare industry.

One of the key privileges to be conceded to doctors is exemption from criminal prosecution. Profession based

hospitals should be provided financial and non financial incentives. There certainly is a strong case for national dialogue on the status of doctors, hospitals and healthcare industry. After all we are a nation in making. We should develop an unique model incorporating our strengths.

"By any standards that one may adopt, medicine is and ought to be a profession and not a mere career or just an income earning activity. This can be no different even when the professional activity becomes more and more organized and assumes larger dimensions. The dividing line between professions and mere careers is getting blurred increasingly, we do hence find laws and regulations increasingly entering into zones which were left to the sound discretion of the professionals in yesteryears. Ethical professional standards and not the mere stipulations of law must provide the beacon light for any conscientious professional". Justice R Basant.

Medicine is always a noble profession. Medicine profession is a knowledge profession. Healthcare industry is a business. Understanding and implementing this concept will make medicine a loving profession for all the stakeholders.

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