



INDIAN MEDICAL ASSOCIATION

TAMILNADU

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“Dilli Chaló”

6th June 2017

Dear Colleague

IMA "Dilli Chaló" movement on 6th June is to bring to the attention of the nation regarding atrocities faced by the medical profession. We do not compromise on the following.

- Criminal prosecution of medical negligence and clerical errors is not acceptable
- Capping the compensation in CPA on doctors
- Professional autonomy in treatment and prescriptions
- Stringent central act against violence
- Amendments in PC PNDT, Central CEA, West Bengal CEA Acts
- No unscientific mixing of systems of medicine
- Empower MBBS graduates
- One drug - One company - One price
- Implement inter- ministerial committee recommendations in six weeks
- Single window accountability
- Single window registration of doctors and medical establishments
- No to NMC: Amend IMC act to maintain professional autonomy
- Uniform final MBBS exam instead of 'NEXT'

- Uniform service conditions for doctors & faculty
- IMA member in every government health committee
- Central anti-quackery law
- Reimbursement of emergency services for private sector
- 25000 family medicine PG seats
- Aided hospitals and retainer ship in general practice
- Health budget of 5 % of GDP for universal health coverage

Dr K K Aggarwal, National President and Padma Shri Awardee

Dr R N Tandon, Honorary Secretary General

Dr R V Asokan, Chairman Action Committee

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ON 6TH JUNE 2017, 11 AM - 2 PM

Straight from the heart: The plight of the medical profession today

Dr KK Aggarwal
National President IMA & HCFI

IMA is the voice and represents the collective consciousness of the medical profession in the country. It practically covers all the doctors in India directly through its membership of 3 lakhs, spread over 30 States and 17 Local Branches, and indirectly through federation of medical associations to the rest of the medical professionals in the country.

IMA also is connected to every medical professional in the world through the Confederation of Medical Associations in Asia and Oceania (CMAAO) & the World Medical Association (WMA).

The medical profession is going through its toughest time with the nobility and dignity of medical profession at stake. Some black sheep amongst us are taking away the entire nobility and dignity of the medical profession. They must be exposed at the earliest.

Medical profession was, is and will always remain noble.

First and foremost, it is important for us to understand that we are medical professionals and not a business house. To run a business, a businessman does not require a registered degree or follow a professional code of conduct. But we, professional doctors, are being controlled by corporate houses whose ethics differ from that of ours. They can market, distribute commissions and advertise their services, which is unethical for professional doctors and is a professional misconduct as defined by the MCI Code of Ethics Regulations.

Bureaucrats and legislators must look into this matter and allow only professionals to own, manage and/or run medical establishments.

Have we ever heard of law firms and legal arbitrators owned by business houses?

To prosecute a doctor for criminal medical negligence, any medical action taken by him/her, should have been done with an intention to harm or with the knowledge that it can cause harm and the patient is not informed about the same. But, this is not the case in a medical practice, we never treat with an intention to harm or treat without an informed consent. Then why are doctors again and again subject to criminal prosecution?

Criminal prosecution of doctor should be an exception and not a routine. The

situation today is that doctors now are being prosecuted in various special acts for non-professional activities like not wearing apron, not displaying a defined board or not keeping a copy of PC PNDT Act. Doctors are also being prosecuted for minor violations of privacy, confidentiality of patient information and data and violations of minor clauses in surrogacy, IVF and HIV_AIDS acts. This is not acceptable to the medical profession.

Doctors provide subsidy to the patients. Doctors, whose consultation fees may be more than Rs. 2,000/-, constitute only a small percentage. Most GPs in metro cities charge less than Rs. 200/- as their consultation fee; often this also includes dispensing medicines along with professional consultation.

To err is human. Doctors are bound to make mistakes and are covered for the same under indemnity insurance. But the compensation awarded for negligence cannot be in crores. There are more than six cases on record, where the compensation awarded against the doctors have ranged between 1 and 12 crores.

Also, the method used for calculation of compensation is based on the income of the patient and not the seriousness of the illness. For the same amount of fee charged by a doctor and for the same illness depending upon the income of patient, the compensation awarded may be in lakhs or crores. The formula $70 - \text{age} \times \text{annual income} + 30\%$ - one third should not be acceptable to medical profession as it discriminates a poor from the rich.

The formula of compensation calculation for drug trials as defined by the Drugs and Cosmetic Act may be the best alternative. The same is dependent on age and the seriousness of the patient.

Doctors are professionals and professional autonomy is their right. It is the duty of the doctor to provide rational treatment, which includes rational use of drugs and investigations. No one can take away this autonomy from a doctor.

The job of a doctor is also to provide affordable, quality and safe health care. Today, most doctors are not informed about any new drug launched in the country, drug/s banned in the country, drugs found to be substandard quality or fake/spurious drugs. Similarly, any drug labelling changes, whether deletions or additions, are not communicated to the doctors. So, all doctors today depend on the industry to update their knowledge.

The government allows the same salt to be sold by the same company at three difference prices as generic-generic, generic-trade or generic-branch. Why does the government not adopt 'one drug - one company - one price' policy?

How can the government grant a license to companies to sell drugs at different rates,

but then forces doctors to choose only the cheaper drugs? It's like giving licenses to open five star hotels, but simultaneously issuing an advisory to the public to not to go these hotels.

Medical profession is not against accountability, but violence at any cost is not acceptable.

Disturbing a doctor while he/she is on duty in the critical area, either verbally, mentally or physically, is not acceptable. Any act of violence against doctors should be made a punishable, non-bailable offence with imprisonment of up to 14 years. The doctors posted in critical areas are on a sensitive duty, where they look after critically ill patients and violence can endanger multiple lives.

A stringent central law is the only answer. Every critical area in the hospital must have voice activated CCTV camera and adequate doctor-to-patient ratio. The government policy of allowing four minutes per patient needs to be changed.

Doctors also want single window accountability for registration for license to practice and registration of their medical establishment. Let doctors concentrate on their professional work and not divert their energies in permissions and administration matters.

MBBS doctors are the need of the hour. They need to be cultivated and empowered. They should be involved under retainership in all national health programmes. More than 25,000 postgraduate seats need to be introduced in family medicine.

There must be a simpler way for them to get PG after completing their MBBS. It does not make sense for them to appear in another exam (NEXT) to get license to practice.

As per the government, there is a shortage of doctors in rural areas. A rural posting is challenging and a difficult posting. Therefore, doctors posted in rural areas must be given income tax-free double income compared to a person practicing in an urban area.

The professional autonomy must also be respected for specialists and for regulatory bodies. Consultants cannot be given targets to achieve and the government cannot take away the autonomy of the regulatory body 'Medical Council of India (MCI)' and bring a nominated national medical commission in its place.

A knife in the hands of a monkey and modern medicine in the hands of quacks, chemists and doctors of other systems of medicine can kill a person.

The general public has right to get the best of the treatment. Every citizen has a right

to receive affordable or free preventive and emergency health care. If the government cannot provide this, then it shall ensure its availability through private sector for which the government should reimburse the same.

But all this is not possible without increasing the health budget to 5% of GDP. At present, the government is looking after only 20% of population in the government sector for which 1% of budget may seem reasonable to them.

All our doctors in service, residents and medical faculty must get uniform conditions of service, may it be with regard to retiring age, salary, or other service conditions etc. No way doctors can be kept on contracts and not made permanent for decades.

Doctors are often blamed of being in a nexus with chemists, industry, hospitals and laboratories. One must not forget that for any unethical act, the ethical act needs to be defined first. If a pharma company is updating my knowledge free of cost and if I choose a drug of that company out of over 50 brands available in the market, I cannot be blamed of being partial. Anyone can criticise me but not the MCI or the ministry as pharma companies are doing their job of updating my knowledge. Similarly, any referral with a service involved is not a cut or a commission. If I refer a patient to a specialist and make a deatield summary then I am entitled for my services to be paid by the patient.

Let the government not forget that they are supposed to look after 100% of the population and not differentiate the poor from the rich. Today the private sector is forced to cater to 80% of the health care and is overburdened. But at what cost? The private sector should in fact be provided with all possible subsidies for the same.

All this is possible and not difficult to achieve.

IMA is willing to spend two hours every day at Nirman Bhawan and work hand in hand alongside the government.

To our fellow colleagues, I say, all doctors are good. Let us not criticise each other and defame the medical profession.

I hope this “straight from the heart” reaches the “Mann ki Baat” of the Prime Minister.

Dr. T.N. Ravisankar
State President
IMA TNSB

Dr. N. Muthurajan
Hony. State Secretary
IMA TNSB

Dr. K. Rajasekar
State Finance Secretary
IMA TNSB

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