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COST OF MEDICAL EDUCATION, DOCTOR-PATIENT RELATIONSHIP AND WORKPLACE VIOLENCE: IS THERE A CORRELATION?

Pediatrics

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ABSTRACT

Medical education, health care and delivery in India needs to be revamped, no doubt, taking into consideration multiple recent reports highlighting major flaws and discrepancies in it. Main grass root level problems faced by Indian healthcare sector are: widespread corruption in medical school entrance exams, paucity of doctors in hard to reach areas, deteriorating doctor-patient relationship and increasing incidences of workplace violence against medical professionals. Steps to improve this disturbing situation are already underway however, a major concern is about the proposals relating to cost of medical education. This viewpoint tries to address whether spending a huge amount of money in obtaining medical education affect doctor patient relationship and act as a contributory factor towards increasing incidences of workplace violence against medical professionals.

KEYWORDS

Medical Education cost, doctor patient relationship, workplace violence

Cost of medical education in private medical schools in India is exorbitant. Income tax department raids conducted recently have highlighted the huge sums of black money involved in admission of candidates to private medical colleges in India.[1-2] A committee under Niti Aayog, constituted to investigate the shortcomings of Medical Council of India, has submitted a National Medical Commission bill which recommends non-regulation of fees charged by private medical colleges in India.[3] Is such a recommendation justifiable or will it prove counterproductive?

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Main grass root level problems faced by Indian healthcare sector are: widespread corruption in medical school entrance exams, paucity of doctors in hard to reach areas, deteriorating doctor-patient relationship and increasing incidences of workplace violence against medical professionals.

Steps to improve this disturbing situation are already underway with baseline assessment of current scenario by Parliamentary standing committee followed by constitution of a high powered committee under Niti Aayog which has submitted its report recently.[3,7] Major revolutionary reforms in medical education have been suggested by this committee like common national level entrance examination for admission to undergraduate and postgraduate medical courses, common Licentiate Examination after completing undergraduate course which shall be prerequisite for license to practice, registration in the Indian medical register and also serve as the eligibility criteria for entry into postgraduate courses in all medical institutions, government and private, across India. However, a major concern is about the proposals relating to cost of medical education. The committee under Niti Aayog has suggested against framing any norms to regulate fees charged by private medical colleges for 40% of their seats. And the concept of having 'for profit' private medical colleges as proposed by this committee has also come up as a surprise. With rapid growth of private medical colleges in Indian health sector recently, this proposal can prove to be a major setback to improving not only the medical education but health care and delivery in India. Fees charged for undergraduate and postgraduate courses in private medical colleges reaches upto many lacs and many a times above 1 crore rupees per seat.[8] Any student entering the medical field has aspirations of following it as his professional career and hopes to earn a decent salary to support himself and his family once he starts practicing medicine. If any student (or his parents) is (are) made to shell out huge sums of money to acquire medical education and professional degree, won't he and/or his parents be under constant stress to earn back the same ,if not higher amount, once the student starts practicing medicine? This is where ethics get sidelined, lure for money sets in and influences one's professional decisions like preferring private to government sector in view of better pay packages, refusing to work in hard to reach areas with residents having poor paying capacity to even indulging at times in unscrupulous practices to make easy money. This definitely impacts the doctor patient relationship with patients complaining about them being subjected to undue investigations and/or treatments. The dwindling of patient's faith in medical professionals and healthcare system at large eventually culminates in their outbursts, both verbal and physical, against medical professionals. Numerous such recent workplace violence incidences (completely unjustifiable though) have been reported across India. Communication gaps between treating physician and patient/ relatives of patient is mostly though the reason behind such ugly incidences but the overall negative image of the doctors created in minds of patients as money minded souls is one inciting factor.

Can this entire dismal situation be improved with decreasing/ eliminating the medical education cost? If the undergraduate and post graduate medical students are provided free medical education and in return made to work during training itself in graded manner under close supervision of practicing doctors like initially only duty being communication with patient and his relatives, then taking case histories and blood samples, interpreting simple laboratory investigations, assisting in minor bedside procedures and finally working as team members in emergency wards and intensive care units, multiple health care delivery issues can be sorted out.

This would go a long way in ensuring entry of students into medical stream based on merit and not financial ability of parents, a very adaptable and inquisitive workforce which could work in busy areas of the hospitals and also in hard to reach areas by rotation thereby improving doctor patient ratio without additional financial burden on the institute/ government as a whole. The early and ongoing training in realistic health care situations would improve communication and patient handling skills of medical students when they later practice individually thereby re-strengthening the doctor patient faith bond. Improvement of doctor patient relationship would definitely reduce, if not completely eliminate, the incidences of workplace violence against medical professionals which are not so uncommon nowadays.

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