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Research Paper

Medical Science

Commercialization of Medical and Dental Education

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ABSTRACT

Medical-dental professions are now widely viewed as a demanding and technical business that requires extensive, credentialed education and great personal responsibilities—but a business nevertheless. This commercialization of healing illnesses may represent a global trend. There is strong need to review the failing quality of medical education and implementing effective solutions to address the menace posed by the merchandisation of medical and dental education in the country.

KEYWORDS: Capitation fees, Commercialization, Medical education

INTRODUCTION:

Medical-dental professions which were once a respected line of work but today are corrupted at every level, from education to practice, and in both the private and government sectors. The current focus on money-making and the seductions of financial rewards have changed the medical practice at the expense of professional altruism and the moral commitment to patients. Eminent medical educationist, K.S. Jacob from CMC, Vellore has rightly commented that the changes in the social and financial climate may have also resulted in major shifts within medicine.[1] He writes that the changed culture within medicine appears pervasive and, in many ways, irreversible and that Medicine in India today looks less of a vocation and more of a business opportunity. The fundamental ethics of medical practice contrasts sharply with that of ordinary commerce and market principles do not apply to the relationship between physician and patient.[2] Such insights have not stopped the advance of the "medical-industrial complex,"[3]. This commercialization has to be controlled and efforts should be made by the Government to ensure maintenance of standards of medical-dental profession.

DISCUSSION:

According to Freidson,[4] professionals should have an ideology that assigns a higher priority to doing useful and needed work than to economic rewards, an ideology that focuses more on the quality and social benefits of work than its profitability. Although this ideology is the most important part of medical professionalism, it is what now most at risk is. Endangered are the ethical foundations of medicine, including the commitment of physicians to put the needs of patients ahead of personal gain, to deal with patients honestly, competently, and compassionately, and to avoid conflicts of interest that could undermine public trust in the altruism of medicine. It is this commitment, what Freidson called the "soul" of the profession,[4] that is eroding, even while its scientific and technical authority grows stronger. Ironically, medical science and technology are flourishing, even as the moral foundations of the medical profession lose their influence on the behavior of physicians. A major reason for the decline of medical professional values is the growing commercialization of the health care system.

ASPECTS OF COMMERCIALIZATION:

Child's Medical education as an investment: In India, medical-dental professions are considered as a recession free career choice. They are seen as a secure method of investing in an Indian student's future with propensity to yield sure returns. The career is selected not for serving humanity but from profitable investment basis. Parents should feel lucky enough to gain acceptance of their children to medical-dental school and should realize that he/she will be rewarded significantly over the long run. But since they are paying huge capitation fee to the private college, the worries of its return with interest is always fed in their child's mind. So the very foundation of medical–dental admission is made with a damaging thought that Doctors must earn enough revenue to justify the expenses of medical school. The students, who pass out of medical-dental institution, look at their profession through a business lens. One should consider much more than financial incentives before deciding to pursue a career in medicine.

Capitation fees: Private medical colleges that charge capitation fee are indicative of commercialization of medical education. The term 'capitation' refers to huge sums of money and deposits demanded by private institutions, for granting admission to prospective students. Though capitation fee has been banned way back in 2003 by the apex court in India capitation fees till rules medical seat admissions in private colleges.[5] Not to be missed is the readiness of the students and parents themselves in giving capitation fees, based on the reasoning that today's investment is tomorrow's dividend.[5]

Large-scale privatization of medical-dental education: Private, for-profit medical schools, account for about 42 percent of medical seats in the country. Many of these private medical-dental colleges are ill- equipped and inadequately staffed. Very few have had adequate space, laboratories or hospitals as per MCI norms. Privately, much management agree that it is very difficult to get faculty and that it is even more difficult to retain them in the wake of continuous offers or lure from newly established medical colleges. Certain medical college locations in smaller cities or semi-urban areas do not have facilities, ambience, or charm of big cities hence attracting teachers or other qualified staff to such medical colleges has been difficult. Busloads of patients are mobilized to fill up empty wards and even instruments are hired or shifted between colleges, during the period of MCI inspections[6]. This unregulated rapid growth in enrolment of medical students and poorly implemented regulations relating to admissions, faculty strength and infrastructure in medical colleges has adversely impacted quality of training in India's medical-dental institutions.

High number of private colleges vs. government colleges: Health care has become an industry, largely shaped by the entry and growth of innumerable private investor-owned businesses deliver medical care with a primary concern for the maximization of their income. The merchandisation of Indian medical education system is complete with no room for the poor intelligent student in private institutions of India.[7] The dynamics of professional admissions demand that even students with comparatively higher marks have to per se approach private institutions as too few seats are available in the government pool. This has deprived meritorious students from poor and middle class families of a chance to join the course as high fee or capitation fee is charged by private institutions

Quantity of required staff: MCI has reduced the staff pattern of MD as well as all teachers over 2008-2011 stating that there is a dearth of MD teachers and has amended UGC norms stating that just one professor is sufficient to teach 150-200 students in difficult medical subjects like Anatomy, Physiology, Biochemistry, Pathology ,Microbiology or Medicine. This is against UGC norms which specify a 1:10 teacher: student ratio for a sensible interaction to produce good output. This is also against norms enshrined in celebrated commissions on Health Education like Bhore report, Mudaliar report on Medical education, as

well as Bajaj Commission or Srivastava Commission or recent National knowledge commission reports. We find that the nation is resorting to mass substandard production, factorization of Indian medical colleges when we are saying MCI shall decrease the teacher requirements and increase the numbers of students' two folds.

Quality of staff: Replacements of MD teachers by M.Sc. teachers are leading to day by day decline of medical and dental education. Deterioration of standards of medical education will soon be reflected in the quality of doctors being produced or likely to serve as clinical doctors. It is utterly foolish to allow medically uneducated instructors with M.Sc. qualifications to supervise medical or dental students since they themselves do not know how to examine a patient. Masters of Science graduates don't have a medical background. They are superficially taught about medical concepts with no proper understanding of anatomy, physiology, biochemistry, pharmacology, microbiology or community medicine from a socially relevant medical perspective. They have not been taught to take clinical history or to perform physical examination, or to elucidate diagnosis or think of differential diagnosis for the patients symptomata. Though the Master of Science personnel can be used for clinical research as assistants to physicians, or in research labs they cannot alone be used, or are capable of Independent teaching or directing medico-socially useful research alone.

Financial interests of private doctors: Doctors in private practice must generate enough income to pay their costs and earn a comfortable livelihood. Practitioners feel the economic pressure that forces their hospitals into entrepreneurial behavior. Availability of diagnostic modalities and overselling of the medical technology benefits seem to be usual culprits along with physician greed to make a fast buck.[8] *Medicine out of Control – the Anatomy of a Malignant Technology* is the title of a book by Dr. Richard Taylor[8] that tells the inside story of the overselling of modern medicine & over-investigation.

Increased influence of pharmaceutical industries: the pharmaceutical industry has shown to interfere with the integrity of the patient-physician relationship. Most physicians claim that "gifts" from pharmaceutical companies have little or no influence over their prescribing patterns.[9,10] However, on the contrary the opposite is true; pharmaceutical marketing has a significant influence over physician prescribing. The companies continue to utilize these marketing tools like gifts, samples of medications, industry-paid meals, conference travel, speakers, and CME.[11] In particular, the one-to-one outreach visit by the sales representative is used to increase the prescribing of brand name drugs, while providing a wide range of favors. Prescribing medications based on financial favors from the industry without careful consideration for the individual needs of the patient can lead to diminished quality of care, reduction in preventative services offered, and inappropriate use of emergency medical services. According to Brody, "conflicts of interest are ubiquitous in medicine,"[12] which may propagate the continued manipulation of the pharmaceutical-physician relationship.

Conclusion:

This commercialized health care education system has given birth to inefficient doctors who bought their degrees for money, and is reason for the inept health care system we presently own. Definitely this change over past years has dented the image of the Indian doctor. The main fault would be the faulty focus which has recently crept into Indian medical-dental education system. While the commercialization of medical profession is cited as a common reason for the dilution of quality, doubts have been raised regarding the quality of training. All these things have had a direct negative economic bearing on this nation. The menace posed by the growing merchandisation of medical-dental education has to be warded off and Indian Medical-dental education system needs to be restructered to avoid impacts resulting due to excessive privatization and commercialization of medical education.

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