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# Ethical Crisis in Medical Profession of India

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**ABSTRACT**

*As the resentment against corruption assumes unprecedented proportions, with un-elected heroes of civil society at the helm, it is also important to stock of corrupt practices in the all form of businesses and professions including the medical and health care services of India. Most of the disasters commenced from ethical bankruptcy on the part of senior doctors as they tend to show annual growth in business, caused by the infectious greed, brought in creative accounting and earnings management philosophy and other unethical practices. The nobility of the profession come under scanner when allegations for scams, physical abuse, molestation, rapes, kidney sale rackets, illegal sex test determination, misbehavior with patient parties, unnecessary recommendation of drugs and diagnosis are labeled against the doctors. Such misdeed are actually committed by few greedy doctors who are professionally skilled enough but lacking in values. This article reviews the reasons for such unethical practices by the medical practitioners, the horrible impact of such wrong doings and to chalk out the strategies to curb such unethicality.*

**KEYWORDS: Ethics, Medical Council of India (MCI), Pharma Company, Diagnosis, Primary Health Centre (PHC).**

## INTRODUCTION:

For the last few years ethical values and moral standards are at their lowest ebb in India – thanks to detection and exposure of series of scams, frauds and corruption in almost of all forms of businesses, government sectors and in all professions including medical profession. The trouble about ethical problems that doctors confront in real life is that they are in the nature of dilemmas, and rarely have a clear-cut solution. What is right or wrong, what is ethical and unethical depends largely on the situation, on the actors involved, and on the person's own values and the generalizations seem to be difficult. There can be no 'the best' or 'the right' solution – rather it follows the principle of 'situational theory' of management. The primary aim of medical profession is to render service to humanity or mankind rather financial gain. But it has been observed globally that medical practitioners in conjunction with pharma companies are prescribing and thereby promoting un-necessary drugs just for the monetary benefits; the doctors sometimes sponsor barbarism and to attack the patient party and media; criminal cases are registered against them for negligence of duty and so on. This article reviews the reasons for such unethical practices by the medical practitioners, the horrible impact of such misdeeds and to chalk out the strategies to curb such unethicality.

## LITERATURE REVIEW OF UNETHICALITY IN MEDICAL PROFESSION IN RECENT YEARS:

- **Negligent doctors caused the death of accident victim: UT panel (2013) –**

In Chandigarh UT state consumer dispute a redressal commission has accused PGI doctors for negligence of duties caused to death of an accident victim girl.

- **Negligence case booked against hospital (2013) –**

On the directions of a local court, the Saroon nagar police booked a case against Sai Ram Hospital Management, Hyderabad for medical negligence as a patient died who was under the treatment with renal problems.

- **Pregnant woman dies, doctor booked (2013) –**

A case has been registered against a doctor at a private hospital in Ludhiana due to the negligence caused to death of a 27 years pregnant woman.

- **Kin accuse doctors of medical negligence after cancer patient dies at PGIMS, Rohtak (2013) –**

The family of a cancer patient who died at PGIMS, Rohtak, has accused a senior doctor of taking and seeking bribe for treatment and alleged medical negligence by the hospital staff.

- **Doctor beats up man for failing to pay hospital bill (2013) –**

A 46 year old man was allegedly confined, abused and beaten-up by a doctor after he failed to pay hospital bill in Raskha Hospital, Charkop. The doctor was arrested and later released on bail.

- **Doctor accused of molesting patient at VHM, Kanpur (2013) –**

A 50 year old senior surgeon and a MR were arrested on charges of molesting a teen-aged female patient in Ursala Horeman Hospital, Kanpur.

- **Doctor accused of molesting female patient (2013) –**

A doctor in Ghaziabad's Indirapuram has been accused of sexually harassing a female patient during treatment and a case was registered against him.

- **Doctors get 7 years jail in Gurgaon kidney scam (2013) –**

A CBI Court of Gurgaon sentenced 7 years jail and slapped ` 60 lakh each fine to two doctors who were accused in kidney sale scam in February, 2008.

- **Junior doctors attacked patients, media and local market in AGMC (2013)-**

On 5th April, 2013 the junior apprentices of Agartala Government Medical College (AGMC) attacked patient parties, media and local people, burnt few bikes, destroyed government assets of lakhs rupees. Later 6 junior doctors were arrested and several cases were registered against them.

- **Teen patient allegedly raped in Bengal government hospital (2012) –**

A hearing and speech impaired girl was raped by a doctor in Bankura district hospital and a case was filed against the perpetrator.

- **Woman patient alleges rape by two doctors (2012) –**

Two doctors of a private nursing home in Meerut allegedly raped a 32 year old woman at the facility during treatment. The victim registered a case against the culprits with the local police station.

- **Sweepers act doctors at UP hospital (2012) –**

The Chief Medical Superintendent of the Babu Banarasi Das District hospital has been removed when media exposed the shocking news that a ward boy giving stitches to the patients. The ward boy too was suspended.

- **Government suspends 22 doctors in NRHM scam (2012) –**

Uttar Pradesh health minister suspended 22 doctors of National Rural Health Mission (NRHM) in charge of involving in scam.

- **20 Doctors were suspended for violating sex test rule (2012)-**

The Maharashtra Medical Council (MMC) has suspended the registration of 21 doctors and warned another 12 for their alleged involvement in sex determination tests, which they conducted by flouting the rules under the Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act.

- **Doctors rapes patient after sedating her, held (2011) –**

A 20 year old woman of South West Delhi registered a FIR against a doctor who raped her in his clinic after sedating her. The accused was arrested by the local cop.

- **India's biggest medical scam: MCI Chief arrested for seeking bribe (2010) –**

Unprecedentedly the Medical Council of India (MCI) Chief was nabbed by the CBI by taking bribe of Rs. 2 Crore to pass the advance information about the visit of MCI team to a private medical college seeking affiliation from MCI.

- **Doctor gets life sentence for raping patient in (2010) –**

A 26 years –old doctor was sentenced a life imprisonment by the Thane Additional Session judge for raping a 30 year old woman who was admitted in the ICU of Lotus Hospital in Vashi on the 16th October, 2010.

- **Delhi based doctor rapes patient in clinic (2009) –**

A 22 year old woman registered a case against a doctor alleging that she was raped by the doctor in the clinic in Trilokpuri area of Delhi.

- **Dentist parents arrested in charge of twin murders (2008)-**

The dentist couple Dr. Rajesh Talwar and his wife Dr. Nupur Talwar were arrested by the CBI in the murder charge of their only daughter and domestic -help in Noida.

**RATIONALITY OF THE STUDY:**

Doctors are compared with GOD (*Generator, Operator and Destructor*) as a baby sees the first light of the world with the help of doctors, during the entire life whenever the person (the baby) gets ill rush to doctors for treatment and eventually whenever the person dies it is the doctor who issues a death certificate. But, now- a- days there are media reports on every other day across the country that medical practitioners are involved in scam, corruption, violence, heinous crimes- damaging the glamour and respect of this noble medical profession. This paper silently reviews the causes, impact and preventive measures of such unethicality practiced by doctors of India.

**OBJECTIVES:**

**The objectives of the study are:**

1. To trace out the reasons for doctors being unethical.
2. To know the impact of unethicality among the stakeholders.
3. How to detect the unethical practices.
4. To suggest the preventive measures.

**WHY UNETHICALITY?**

The possible factors may play the role of unethical behaviour of doctors:

➢ **Vibrant economy:**

During the booming in the market and when economy is reporting steady growth rate, little attention is paid on the financial manipulation unless it is detected and exposed off.

➢ **Financial Pressure:**

Financial pressure associated with fraud which benefits the perpetrators include excessive greed, personal financial losses, and performance-linked bonus scheme and so on.

➢ **Vice Pressure:**

Positively related to financial pressures are motivations created by vices such as gambling, drugs, alcohol; expensive extra marital affairs channelize doctors to commit frauds.

➢ **Work-related pressures:**

Some medical practitioners commit frauds to get even with their employer or others. Fear of losing the job, desire for promotion and recognition, job dissatisfaction, gender or caste biasness are the prime causes behind such unethical practice.

➢ **Culture of rule-breaking:**

Some perpetrators of fraud delight in evading rules – not just for money, but also for sport, full of clever people who love finding loopholes to subvert authority, whether of govt. or of their own head of institution.

➢ **Example does not work:**

There are some methods of striking fear into the hearts of perpetrators. But it is the perception of the perpetrators that they are exceptional and the authorities will not be smart enough to catch them.

➢ **Willful default:**

Different media reports suggest that some doctors intentionally neglect their duties, misbehave with the relatives of the patients and even with the patients.

➢ **Decay in moral values:**

Moral decay that has been occurring in India in recent years is one of the main reasons for such frauds and scams. Studies suggest that in white collar crimes the perpetrators are the top key management personnel like CMO, MCI chief and not merely the accountants and clerks.

➢ **Educator failures:**

Our education system does not provide sufficient ethics oriented training to students and not teaching them about fraud. Effective accounting education must focus less on teaching content as an end unto itself and instead use content as a contest for helping students develop analytical skills.

➢ **Political pressure:**

It is said that local politicians as well as ruling party backed bigwigs create unnecessary pressures like demanding money for different funds and most of the doctors in Government services forced to pay the same as they are threatened to transfer in remote areas if does not take the matter seriously. The doctors have left very limited choices to manage such funds rather to involve in corruption.

➢ **Restriction on private practice:**

It is an implied truth that a good number of doctors are running clinics and involved in private practices. But in some states and localities restrictions are imposed which create frustrations in the minds of doctors and they try to earn extra income by involving in corruption and sometimes this frustration may turned as violent as seen in a good number of recent instances.

➢ **Limited scope for pursuing PG course:**

The ambition of all MBBS / BDS holders to pursue masters but due to limited number of seats and shortage of physicians in Government hospitals all of the aspirant applicants do not get a chance which brings frustration for doctors. This Government policy may not be accepted by them and they gradually become unethical, the chances of negligence in duties increase.

➢ **Tough competition:**

Every years thousands of students are passing out from government and private medical institutions but all of them are not getting jobs immediately as the numbers of government jobs are limited. Again, many of the junior doctors take study loans to pursue the course and when the moratorium period ends it creates huge pressure for such junior doctors to find a job so that repayment of loans can start. Failure to get a job may lead them to involve in unethicality in many ways.

➢ **Poor infrastructure:**

In rural India the condition of government hospitals and primary health centers (PHCs) are miserable. Lack of equipment like ECG, city scanners etc. create frustration in the minds of doctors. This accumulated frustration transforms into unethical practice and violent attitudes.

➢ **Provocation by patient party:**

In few cases it was alleged that doctors become violent on the provocation of patient parties. Slang languages are used, even physically assaulted by the patient parties create a sense of panic and revenge in the minds of doctors. The outcome may be revenge on patient parties, media and even locality as well.

➢ **Lack of stringent Act:**

The lack of stringent Act and even grey areas of different rules and regulations are being capitalized by the doctors and they gradually trapped in the unethical world by compromising the nobility of the profession.

➢ **Lack of ethical training:**

The pass out doctors take oath before starting their carrier but there is

no such training on the ethical issues in the approved medical courses affiliated to MCI. The dearth of such training producing skilled doctors but not value - based doctors.

**IMPACT OF UNETHICALITY:**

- **Impairments to Goodwill-**

Whenever any fraud, financial shenanigan or scam is exposed in any medical institution it loses its market reputation in many fronts.

- **Damage of assets-**

In almost all instances where the situation becomes berserk the patient party and other local people ransacked the hospital and damaging assets of lakh rupees.

- **Breach of trust-**

In several instances doctors were booked in the charges of molestation, rape and even involving in the racket of smuggling vital human organs of the patients. These types of unprecedented incidents are the examples of breach of trust by the perpetrators i.e. the value less doctors.

- **Poor service quality-**

As few doctors are involved in the negligence of duties leading to poor quality of health care services. Such gross negligence in many times may cause the death of patients and even other physical and mental trauma.

- **Compromise with the quality of medical education-**

Two years back the then chief of Medical Council of India was nabbed in the charge of taking bribe of ` 2 crores to issue approval of admission in MBBS course to a private medical college. This report indicates that the quality of medical education is diluted and below standard institutions can easily avail the permission from the MCI just paying bribes!

- **Physical assaults-**

A good number of unprecedented incidents were taken place in recent years where junior doctors and students of medical colleges attacked the patient parties, media people, and local citizens causing physical abuse. Even they did not hesitated to attack the women!

- **Unnecessary diagnosis and medicines-**

It is a naked truth that there is a cozy relation between the doctors and representatives of pharma companies. The companies sponsor many expensive trips, conferences, workshops and offer gifts, jewellery and even cash; and in exchange the doctors prescribe their medicines to the patients which even may not be beneficial for the patients like life-saving drugs.

- **Adverse stakeholders relation-**

The good relation of doctors and hospital management with all the stakeholders' detoriated after exposing any fraud, negligence as we have seen after Kolkata based AMRI hospital fire in December, 2011. The morality, quality assurance and ethicality come under the scanner.

- **Fines and litigation costs-**

Any type of fraud, financial shenanigans, negligence, failure in corporate governance effect the hospital authorities by way of huge litigation fees and fines along with a series of investigation by the different regulating bodies and economic offenses wing of police.

**SPOTTING UNETHICALITY:**

The unethicality in many cases cannot be predicted by the victims but few warning signs may be taken care of seriously:

❖ **Extravagant lifestyles-**

The knowledge of psychology in order to understand the impulses behind the criminal behaviour is essential. Using such 'sixth' sense they may analyze the reasons behind sudden improvement of the lifestyles of the perpetrators who are using expensive cars, jewellery and invest into real estates in posh areas.

❖ **Unusual behaviour:**

Researches in criminal psychology reveal that when a person commits a crime, he or she becomes engulfed by emotions of fear and guilt. The common man may have to play a great role using their knowledge of psychology, interpersonal and communication skills to detect the fraud and unearth the truth.

❖ **Internal Control Weaknesses:**

When internal control system of any hospital is absent or overridden, the risk of fraud is high. The following internal control fraud symptoms-

- Lack of segregation of duties.
- Lack of proper documentation and filing system.
- Lack of proper authorization.
- Lack of physical safeguards.
- Inadequate accounting system.
- Lack of independent checks.
- Practice of glass-ceiling philosophy.
- Overriding of existing controls.
- Over dependence on few staffs.
- Excessive cash transactions.
- Lack of communication with the stake holders.

**MANAGING UNETHICALITY:**

▪ **Stress Management-**

It is widely accepted that the doctors perform their duties amidst stress and pressure. Due to ever increasing flow of patients in the hospitals it is very difficult for many of the doctors to manage a proper work life and personal life balance and gradually they inclined to vices and become irritated. To cope with the problem it is necessary to arrange counseling, meditation programmes for them.

▪ **Ethical training-**

There should be a provision of mandatory ethical training for the doctors both in their course curriculum as well as during the job. Such training should help them to become value- strong cum skill- strong doctors.

▪ **Financial literacy-**

It is a reality that the doctors are not financially literate enough like accounting professionals but they have to deal with the financial matters when they assume the key positions. It has been noticed in a good number of situations that they become the scapegoat for financial misdeeds committed by unscrupulous accounting professionals working in the hospitals under the supervision of such innocent doctors. So, it is absolutely essential to train the doctors on financial matters.

▪ **Explicit Transfer and Promotion Policy-**

Every state government and private hospitals should chalk out explicit transfer and promotion policies so that there should not be any suppressed complaints in the minds of medical practitioners. Such policy should be communicated among them distinctly.

▪ **Provision of higher Studies-**

Every MBBS or BDS etc. holder want to pursue their post-graduation but since the number of seats is limited it creates frustration in the minds of aspirant candidates. Again, all the applicants do not get the permission from their higher authority. There should be a policy regarding that so every applicant can get a chance when they become eligible as per the policy norms.

▪ **Hike in financial Benefits-**

It has been alleged by many apprentices that they are deprived from the actual stipends and even such stipends are not regularly paid. The doctors of state government- run hospitals of some states complaints about the huge differences in their remuneration with their peers of other states as well as those who work under central government. This matter must be taken care of seriously so that the doctors remain motivated with the noble profession.

▪ **Curbing nexus with MRs-**

There should be rules to monitor the *business* relation among the doctors and medical representatives. The Central government is also trying to frame an act. Whenever such cosy relation can be monitored very closely the patients may get financial relief as they may not require buying unnecessary medicines and carrying out diagnosis.

▪ **Strengthening infrastructure-**

In a country like India the budget allocation for health care is not sufficient enough and which increases at a slow rate in every year like meager hike of around 8 percent over 2012-13 in current fiscal of 2013-14. The Central as well as state governments must hike the budget for medical purpose to improve the basic infrastructure of the hospitals.

- **Redressal of Complaints-**

There should be active complaint redressal cell in each and every hospital/ primary health centers/ clinics so that any complaint about negligence, harassment, molestation, service quality etc. can be registered and the same can be resolved with priority basis. Dedicated experts must be recruited in those cells to redress such allegations and complaints.

- **Liaison with stakeholders-**

The hospital authorities must maintain good relation with all its stakeholders like patients, supporting staffs, local people, police personnel, Health Department, Office of the Drug Controller, medicine shops owners and so on. Such healthy relation can eliminate the problems at its root with series of dialogues and negotiations.

- **Framing act-**

The Central and state governments must enact relevant Acts to protect the interest of all the stakeholders including the doctors whenever any conflict of interest arises. Necessary amendments must be made in no time to prevent the recurrence of any violent conflict between the doctors and patient parties. Such Acts must incorporate provision of punishments of the culprits.

- **Curbing cosy relation with pharma companies-**

The Centre is thinking to controlling the 'business' relation among the doctors and pharma companies including the diagnostic clinics. There should be cap in the number of sponsored conferences, professional trips; limit in the amount of costly gift items and even that should be properly recorded by both- the donor as well as the recipients i.e. the doctors.

- **Medical audit-**

Like statutory financial audit, management audit, cost audit, academic audit there should be a provision of medical audit. In course of such audit the performance of doctors, service quality, infrastructure position, success rate of complaint redressal etc. can be evaluated and corrective measures may be adopted.

- **Exit interview-**

Like many corporates there should be a mandatory provision of conducting exit interview of leaving doctors especially in government hospitals where many hidden truths and problems can be unearthed. On the basis of such reports investigations can be carried out and necessary steps may be taken to improve the all-round services.

**CONCLUSION:**

The doctors are much respected in any society because of their dedicated and outstanding services to the mankind. But, in recent times the myopic profit-led approach as against value-led approach paved the way for the biggest bankruptcy in ethics of such medical practitioners. It is simply incredible that some doctors recommend unnecessary medicines and diagnosis test just for the pharma companies' commission, physically assault the patients, molest the female patients, take bribes diluting the quality of medical education standards, involve in scams and so on. It should be really injustice for the entire community of medical practitioners by judging them in the light of such exposed crimes perpetrated by only a tiny group of doctors. Nobility of the great medical profession can never be gloomed with the allegations labeled against few dishonest doctors. Conducting proper ethical training; application of stress management techniques; implementation of explicit transfer, promotion and higher studies polices; provision of review meeting; good communication with all stakeholders are the need of the hour. Whenever such steps are to be taken by the appropriate authorities along with the positive attitudes of the doctors-patients and all other stakeholders effectively the crisis of ethicality can be eradicated in its root and the respect and glamour of medical profession will retrieve its lost position among the *aam admi*.

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