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Editorial

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EDITORIALS

Medical Council of India and the Indian Medical Association: uneasy relations

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The Medical Council of India (MCI), in a rare act, suspended the licences of the president and secretary of the Indian Medical Association (IMA) for six months, on the grounds that they had performed an unethical act in endorsing products of PepsiCo and Dabur (1). The MCI's action followed a one-person campaign by Dr Babu KV, starting in June 2008, first to the MCI, then to the government of India and the National Human Rights Commission. The Delhi High Court has stayed the action of the MCI. The deal was worth Rs.2.25 crore and the endorsements were to continue from 2008 to 2011. There is no doubt that the IMA is in contravention of the code of ethics prescribed for doctors by the MCI, and, therefore, action is in order. The IMA, instead of appealing against the quantum of punishment, has taken an adversarial stance on the verdict itself and obtained a stay on the order.

Many troubling questions are highlighted by this incident. First, the IMA is the largest association of medical professionals in the country, with a claimed membership of about 2 lakh doctors, and it is sad that its executive committee should have committed such an egregious act. It is perhaps no coincidence that the deal was made when Ketan Desai was the president of the MCI, and the IMA may have believed that no action would be taken against it. Having been brought to book, instead of expressing regret, some of its office bearers have sought to cast a smokescreen over the incident by questioning the right of a six member ad hoc medical council to take action. No comment is forthcoming on the fact that the IMA has been silent on issues of corruption of the MCI under Ketan Desai. It is interesting that even now the photograph of Ketan Desai remains available in the "about us" section of the IMA website where he is identified as past national president of the IMA, president of the MCI and president-elect of the World Medical Association. There is no photograph of the immediate past president of the IMA. This kind of obeisance to Ketan Desai tells an interesting story in itself.

Second, if one believes that the endorsements were made in ignorance of ethical guidelines, it is an extremely sorry comment on the awareness of the doctors of their professional ethical obligations. Ethics in medical practice is not taught in medical schools in India. In Tamil Nadu, for example, graduating doctors receive a booklet containing the ethical code when they register as medical graduates. Whether most of these doctors ever read the booklet is moot. The IMA website mentions the regulations and the need to abide by them on its website in the section "Doctors and Students/ Medical Oath" (2).

Third, it is an open secret that financial transgressions are common in medical practice. The classic case is the receipt of kickbacks for referring patients for investigations like magnetic resonance imaging scans. In a personal communication, the owner of a scan centre in Chennai told me that very few doctors did not take kickbacks. It beggars belief that the office bearers of the IMA are unaware of this, as most of them are prominent private practitioners.

Professionals are expected to have a very high level of ethical conduct. They are therefore permitted to regulate themselves. However, in India at least, self regulation has not worked well. Till date the MCI has not provided leadership in ethics, science or education. The IMA has behaved as an interest group pushing the special interests of doctors instead of society as a whole.

The IMA was started in 1928. However unlike medical associations in countries such as the USA, the UK, and Canada, the IMA has not been prominent in shaping medical policy in India. It has no history of providing leadership in identifying the health problems of India and providing input into how they should be tackled. The pitiful state of health affairs in India, with some of the worst health indicators, has not prompted this large group of health professionals to introspect on the situation and come forward with constructive suggestions. Instead it has stood by as a mute spectator to the chaos in medical care in India.

Many policy documents of the government of India as well as agencies like the World Health Organisation and UNESCO have remarked on the poor health indices in India. It is disappointing that the IMA has not come forth with any action plan or draft document of suggestions to the government to remedy this sorry state of affairs. Its actions so far, are those of a petty interest group. It is not surprising therefore, that it is treated as such, and nobody pays any heed to its pronouncements.

In order to be a major player in health policy in India, the IMA has to rethink its objectives and activities.

References

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