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Are we on the cross roads of the Medical profession?

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Sometimes, it is disturbing to note that medical profession is not as risk free as it used to be in the past. This does not mean it is risky now, but yes, the amount of honor that this profession commanded once is no longer present. Hospital violence is a routine in the health sector nowadays, the reasons being many, but the most common being the death of patients in a hospital by alleged negligence, or alleged over-billing or the holding back of the dead body of patient due to non-payment, besides the trauma victims' urgent personalized care demand. The irony is that if you ask for blood to be transfused in a trauma patient, be it due to a road traffic accident or group violence, none will step up to donate blood, not even their own relatives; but if anything, untoward happens a big crowd will gather to agitate, assault or damage the medical workers or damage the premises. This hospital rage is a common phenomenon in government hospitals, be it a primary or a tertiary health care centre. Ninety-eight percent of medical practitioners have faced it in their respective practices. The same is true now for private or public sector undertaken health care units.

Poor government health care units force economically backward people to seek the help of private set ups for their medical needs or in saving their lives, as they have no option like before. Here, expectations are big and if results are not as per their imagination, agitation is the result. They are not able to control their irk after losing all their money in a private setup. The notion for them is that money guarantees cure.

Ajoy Kumar Singh

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In hospitals, the duty doctors are at a larger risk nowadays, because they are facing the mob as the first line of medical care, though this does not mean that the senior doctors are immune to such a situation. In private clinics too, we are facing the same situation, the only difference being here that the senior doctors are at the receiving end. Many a times if a setup is not as big as a corporate one or does not have private security, bouncers, and even police protection have now become a need for every setup.

Why is this issue on the rise? The reason seems to be the worsening health services in government health care facilities right from primary health care to medical college or district hospital level. Insecurity forces many health workers to be absent from their work place, since there are no drugs, all investigating machines are out of order due to lack of maintenance, hospital hygiene is at its lowest, and inpatients are on their own and at risk from every afternoon until the next morning. As this time is defined by some as the non-senior's presence hour who are on call duty; the juniors face the raze most of the time. Due to this, the Medical Premises Protection Act was introduced for the first time in our country. It was first introduced in Andhra Pradesh after a big agitation in response to assault of junior doctors in Hyderabad. The same act was later extended to different states in phases. Now 18 states have this act, which empowers medical institutions to recover the damage amount from offenders besides which the attackers are imprisoned for three years.

In the beginning it worked well, but the Indian judiciary system forced sufferers to stay away from courts, and the offenders were back with new force, additionally with police and the law on their side. No

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one is immune to this in our profession anymore, be it a female doctor, seniors or fresh medical graduates. In Tuticorin, Tamil Nadu a female doctor was beaten to death; in Allahabad, a senior surgeon was shot dead in his chamber; in Uttarakhand, a child specialist was shot dead in the OPD; in Jharkhand, a doctor was murdered while attending a home visit call; and recently Dhule was in the news which was followed by few more incidence in Maharashtra, and in a medical college in Muzaffarpur, Bihar. Though these are a few to mention, many incidents similar to these are occurring today.

Adding fuel to fire, the government's latest generic medicine idea, a most impractical dictate for private hospitals as well, apart from this, such notifications are now routine. This has added to the confusion already existing in the state of affairs. The National Exit exam (NEXT), the clinical establishment bill affair, and the National medical commission (NMC) are set-up for MCI and a non-doctors body to regulate the medical profession and medical education. The Indian Medical Association, the world's largest medical professional organization, has taken up this issue in a big way. They are not only opposed to NMC, but are also against the NEXT examination for medical graduates and oppose the Clinical Establishment Act of the Ministry of Health Govt. of India, which is as good as an inspector *raj* on all health services providers.

But there comes the big question of why has this situation emerged? Why are so many controlling devices being imposed on this noble profession and professionals which was believed by many to be next to God?

It needs self-introspection. The medical profession gradually shifted from the hands of medical professionals to non-medical people who entered here as a business opportunity. They gradually turned this service providing unit into a profit generating unit, where doctors are used as tools and thereby causing many of us to gradually shift our mind-set from one that was patient-centric to money-centric.

Young doctors who were not getting a proper platform started visualizing these health sector players' outlet as their best working place, as they started earning easily. The reason being, the seniors of the profession were not ready to retire from the private field, so a fresh graduate had no other place to start, so opted for a way out. The "money minters" took advantage of this situation and in the name of the qualified doctors at their disposal, started a business of profit. The most surprising thing was that the government allowed them to float a share in bullion market, certifying that these health care centres will earn out of you. This mentality has sent a message to the masses that we professionals are no longer a semi God, but common businessmen who are doing business in the name of health care. Now similar to any other business, there is competition here also, and cutthroat claims, blame-games have also begun. Commissions, cuts, and referral incentives have become the trade policy, therefore naturally every one of us in this medical profession have become vulnerable.

The philanthropic organization is a good platform for seniors to give in mass their health care services, with free consultation and low-cost drug options, so that poor can have the option of benefitting from our professional experience, free of cost. We will get an engagement of our choice and society will get health care help. This is done by many, but even more aid is required. We call it our Social Responsibility Action (SRA). It will also help to strengthen doctor-society relationship, which is at present, is very weak unlike in the past.

IMA has started a mass agitation to save the profession and medical professionals; however, provocative comments on others' prescriptions should be stopped at once, or else we will all be trapped in the blame-game, and if it is not stopped we will drown ourselves in our own secretions. These things are suicidal for our profession and the main reason for public intolerance is that they feel they are victims of our intentional neglect.