Reaching out for Ethical Healthcare

ADEH
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NEWSLETTER

Editorial

The First ever National Conference of Doctors in India on Ethical Healthcare organized by Alliance of Doctors for Ethical Healthcare (ADEH)

On 21st and 22nd April 2018

At AIIMs, New Delhi

ADEH organized what the international delegate from UAE Dr Nigel Umar Beejay declared - "This conference is the first of its kind of the conference in India to focus on ethical rational care in the private health sector." Nearly 100-plus doctors, activists, researchers, and policy makers gathered in this conference spending for their travel.It was an honour to have representatives from international networks - Dr Vikas Saini from Right Care movement, US, Dr Jose Carlos Velho from Slow medicine Brazil and Dr Nigel Umar Beejay from Abu Dhabi, in the conference. Video message from Dr Bernard Lown, the Nobel Peace Prize winner, appreciating this effort was a feather in cap for ADEH.

This newsletter comprises of a detailed report of this conference; rich with a very nuanced discourse by eminent personalities, academicians and health activists. We felt that if we abridge the report it would be injustice to this historical conference. So please bear with the length.

We as ADEHare excited to be a part of emerging larger global movement for more humane and non- commercial healthcare. We appeal to all ADEH members and other doctors to spread the word about this unique conference and about ADEH.Organizing small meetings in our cities and discussing the appeal emerged in the conference (Annexure I) and the joint Communiqué.(Annexure II) could be a way forward. If informed one or two core team members of ADEH could join these meetings. Dear all, let us keep the spirit of conference alive, and march ahead.

Best Wishes

Dr Arun Gadre
National Convener

First National Conference on Ethical Healthcare 2018

Conference Report

21st-22nd April 2018, at All India Institute of Medical Sciences, New Delhi

Organized by SATHI for Alliance of Doctors for Ethical Healthcare (ADEH)

Welcome address

Dr Arun Gadre (National Convener, ADEH) welcomed all the participants in the conference, on behalf of ADEH. He said that, I am overwhelmed to see this conference happening. He further said, "when I am asked that what is the outcome of this conference? I am puzzled! If such a conference is taking place for the first time in India on ethical healthcare, doctors from different parts of India as well as from globe are coming together on the cross-cutting issues in ethics in healthcare then what other outcome we should desire." He ended his address by emphasizing that the issues in ethics in private healthcare are complex and could not be painted only in white and black. He stressed that in the zeal for reforms we shall never forget what Solzhenitsyn has cautioned us, he has said - "Gradually it was disclosed to me that the line separating good and evil passes not through states, nor between classes, nor between political parties either - but right through every human heart - and through all human hearts".

Inaugural address

Dr Randeep Gularia (Director, AIIMS, Delhi), in his inaugural address congratulated the team for holding this conference and said that, "this is the most important thing we need to do today. Healthcare is facing a challenge which we faced never before. The way we practice Medicine has changed dramatically. It is no longer truth that this profession is noble and respectful. We really have to critically see what happened & is happening in the medical field and hence today's conference is essential. We have moved from medicine as a service to medicine as a business. Many argue that this is nothing but a reflection of change in society. But I do not agree with that. I think medicine is all about trust and it is decreased in doctor-patient relationship. There was a time when patient never questioned doctors. There are various challenges today. There is increase in corporatization. Medicine has become over investigative from being clinical before. This is adding to the cost of treatment. We need to see how we can deal with these challenges and move towards ethical healthcare. It's a big challenge to us as the path of degeneration has marched quite ahead. But must be hopeful and pave the road out of this mess."

Key note address

Dr Vikas Saini (President of Lawn Institute, Boston, USA), the keynote speaker, provided eloquent presentation. He said that, "I must say I was waiting for the last 20-30 years for a conference on such a theme. There is a paradigm shift in modern medicine. There is a crisis and to deal with it we need to invent new horizons and think from a view point that lays out of the problem. We all are desperate to bring in changes hence we are all here. Most things we practice in medical science are in grey zone. Science is not clear neither there has been a clear-cut guidelines. For example, in US, we decided to prepare a long list of things/investigations/procedures we don't need to do. In Washington DC, we listed such 2500 items!"

Further he beautifully explained drivers and vectors of complex ecosystem of modern medicine. He regretted that in medicine now a days Idea of reductionism - seeing human body in parts is ruling. Why only parts of human body? Human organs? Even each molecule has now a business value. Our knowledge base and may be our framework is not stable. Nature shows us only the tail of lion! What has compounded is the money driving commercial interests and impacting doctor patient relationship. When we have systemic tendency in one direction of rapidly growing commercialization with greed we need to pause and seriously give it a thought. Healthcare as a commodity in market has some unique characteristics. Here is a customer - the patient who gives permission to doctor to take decision on behalf "OK doctor whatever you say". Patient has to, because doctor has the power of knowledge, who decides the right care for patients' services too! Ideally, Right Care is a human right. It places the health and wellbeing of patients first. He further said, "He is afraid that the situation is serious and achieving Right Care will require radically transforming how care is delivered and financed."

Drivers of Commercialization of Healthcare and role of ADEH-

Dr Abhay Shukla (Public Health expert, SATHI, Pune), gave an excellent presentation on emerging major changes in the healthcare scenario in India, and how and why doctors need to respond collectively. He began his presentation with a question as why do we need ADEH today? Talking about, commercialization of healthcare and drivers of it, he proposed that, if we want to re-establish ethical healthcare then will have to take systemic approach. He made a point that crisis in health care is leading to crisis for individual doctors, as average doctors are dissatisfied with the present scenario. 'Relatively ethical doctors' find themselves trapped by forces beyond their control. Peoples' overall satisfaction with the medical profession has fallen low. While discussing marketisation, commodification and commercialization of healthcare he said that it is crystal clear that medicine as a commodity in market is now witnessing massive market failure. Medicine is a rapidly growing industry. Corporate and corporate-like hospitals are dominating. He listed various drivers of the marketisation, commodification and commercialization such as Pharma Industry, Private Medical Education, Corporate Hospitals, Insurance Industry etc. He said "there is a 'medical industry complex' in our country. Corporate function on the fulcrum of endless expansion and profit. He posed a question, "Is endless expansion and profit possible in ideal healthcare?" Ever expanding number of CT scans? Investigations? Procedures?. He urged, if we don't confront these realities upfront we surely would miss the drivers of un-ethicality. Further he illustrated how doctors are squeezed by market logic. At end he asked a question - "As a patient what would you like your doctor to be? A Professional or a Businessman?" He pointed out that this tough battle could not be fought by individuals alone, but together we can. Towards this, he declared that ADEH is making a start of the collective efforts to fight marketisation and commercialization of healthcare. He appealed participants- to spread and build the movement!

Panel discussion on : 'Challenges faced in Advocacy for Ethical Healthcare'

Moderator - Dr Shakeel Rahman (IDPD, Patna, Bihar)

Chairperson - Dr Vinod Paul (Member of NITI Aayog)

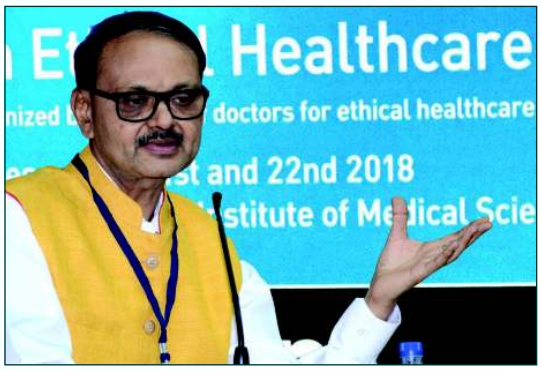
Panelists - Dr Anant Phadke (Health activist, JSA, Maharashtra), Dr Gurinder Grewal (PMC-President of State Medical Council of Punjab), Dr Vipin Vashishta (Vaccination lobby), Dr Gopal Dabade (Drug Action Forum in Karnataka)

Dr Gurinder Grewal spoke about overall corruption in the healthcare industry and private medical education. While elaborating this point he mentioned that there is huge corruption in private medical education with roughly 90% fake faculty, abysmally lesser practical experience for the students with nearly 90% beds being empty. In a way students are buying degrees with money, with merit being given a toss. Referring to the current Modicare Scheme, he reflected that it is unaffordable as costs of drugs and related profit margins are very high and finances provided are mirage. For tackling range of challenges in the healthcare sector today, he offered following suggestions:

- The input cost needs to be controlled.
- Pharma industry needs to be regulated particularly for the price of drugs, as it has huge impact on cost to patients'.
- Dealing with politicians for bringing the needed reforms is the biggest challenge; there is an urgent need for media and public awareness.
- People should come together and raise their voices against the many critical issues.

Dr Anant Phadke presented the challenges faced in advocacy about Clinical Establishment Act (CEA) in Maharashtra. He shared that, JAA is persistently advocating for adopting CEA. Doctors have failed to do the self regulation however, there is negative attitude about the CEA, IMA's stand has also been negative and there was false propaganda. He further explained certain important lacunae in the central CEA which needs corrective measure such as-

- There is no human resource to administer/monitor at state level
- There is need for civil society representative in district level appellate authority
- There is no mention of patients' rights in CEA, hence there is a need for patients rights charter.
- There is the need for inclusion of measures for regulation of rates.



Dr Vipin Vashishtha talked about unethical practices under pressure from vaccination industries. Private sector is unregulated and there is unwanted influence and nexus between health care industry and the key opinion leaders / officials of Indian academy of pediatrics. Agenda is run by the multinational companies and they are pushing for new vaccine even though it's need in Indian society has yet not been established.

Dr Gopal Dabade shared about the case of Novartis drug in which the price of the drug is exorbitant. Drug Action Forum in Karnataka is campaigning against the drug price. He proposed that, there is an urgent need for the doctors to come together because doctors are most capable to give movement against high prices of drugs a right direction. There is need for free medicine in public healthcare system in Karnataka as in Tamil Nadu.

Dr Vinod Paul while reflecting on the present situation in private healthcare sector, said that, it is a time for big churning and therefore there is need for the voices like ADEH to be louder. There is a growing trust deficit between doctor and patient. It's a high time that doctors stop protecting unethical doctors. Further, he presented the government's vision on healthcare and took opportunity to share in detail about the recently announced Ayushman Bharat Scheme under which the National Protection Health Scheme comes. He pointed out that 2/3 public spending on healthcare is done by the state while only 1/3 is done by the central government because Health is a state subject. He emphasized that in this scenario, there is a need to increase the public health spending at the state level.

Panel discussion on: 'How to move towards Universal Healthcare in India'

Moderator - Dr George Thomas (Orthopedician, Chennai)

Chairperson - Dr K. Srinath Reddy (President , PHFI, Delhi)

Panelists - Dr Anant Phadke (Health activist, JSA, Maharashtra), Dr Punyabrat Gun (Shramik-Krishak Moitri Swasthya Kendra, Howrah, West Bengal), Dr B Ekbal (Member of Kerala State Planning Board, Vice Chancellor, University of Kerala)

Dr K. Srinath Reddy began his presentation with the "classical" definition of UHC : "When all people receive quality healthcare". He pointed out that though the ideal of UHC is noble, it's also very clear that, resources are very limited. He described of WHO's framework for UHC which consists of three key policy directives- coverage of entire population, coverage for significant range of healthcare and coverage of cost. He said - "There is a dynamic tension in these three fronts. We need to build a mechanism to address and link all three directives together and need to decide what could be the optimum set of services to be covered under UHC, not forgetting the pattern of burden of diseases. We cannot forget that cost effectiveness and equity are crucial pillars of any UHC system. Vertical inequity needs to be recognized and need to provide additional protection or services to those specific vulnerable segments".

While criticizing recently announced Aayushman Scheme, he said that any scheme which claims that only 40% population can never be a UHC system! National Health Mission (NHM) and RSBY remained incomplete in the context of UHC and now we are introducing this additional incomplete scheme. He cautioned that in this scheme, wellness centers and Community Health Centres (CHCs) would be strengthened, but in this attempt he expressed his anxiety whether PHCs would get extinct and primary care

would be handed over to wellness centers. He elaborated further, scheme also mentions about strategic purchasing between public and private sector. While public health systems are deteriorating the private health sector is being infused with investment from foreign investors, bank loans. Hence the question is how would we expect equal start for both sectors?"

He insisted that if at all private healthcare sector needs to be involved, standard management guidelines and ethical practice would need to be taken care of. Lastly he said, " if we allow present deterioration worsen, taking U turn will be very difficult, and hence it's a right time to debate about UHC right now."

Dr Anant Phadke shared following six steps towards UHC-

1. All irrational, fix dose combinations should be banned. We have almost 40% such drugs in India.
2. There has to be cost-based pricing with reasonable profit to Pharma Company.
3. Uniform Code of Pharmaceutical Marketing Practices (UCPMP) need to be employed.
4. Regarding medical education industry, unless fees of private and public sector are made same, private colleges shouldn't be given permission.
5. Profiteering of corporate sector has to be checked by regulating cost of care.
6. A time has come to decide once for all that we want healthcare as a profession and not as business. Political will needs to be generated to ensure this policy change and that is only possible when you, me and people start demanding for the same. Not an easy task at all, but we must pursue our efforts relentlessly.

Dr B. Eqbal said that, "we need to demystify the concept of UHC first. Various terms are being used such as universal health CARE/COVERAGE/ ASSURANCE. On one hand, disease burden is increasing but on other hand public health system is deteriorating and unaccountable, unregulated private sector is growing. We shouldn't see private sector as a single entity. Due to corporate hospitals, small-medium scale hospitals, solo practitioner run hospitals are affected. We need to regulate private healthcare sector as a step towards attaining UHC."

Dr Punyabrat Gun mentioned that Modicare is not UHC. For UHC, we will have to put pressure on government. Our experience is that the unjust provisions in West Bengal CEA have galvanized doctors in West Bengal and the time is ripe for stepping into cultivating demand for UHC.

Panel discussion on :
'Challenges faced for Right/Ethical Healthcare in the Global context'

Moderator - Dr Amar Jesani (Independent Consultant in Bioethics and Public Health, Mumbai)

Panelists - Dr Nigel Umar Beejay (Gastroenterologist and Interventional Endoscopist, Abu Dhabi),
Dr Jose Carlos Velho (Geriatrician and Coordinator of Slow Medicine, Brazil),
Dr Vikas Saini (President of Lown Institute, Boston, USA and Right Care Movement)

Dr Amar Jesani, as a moderator posed two questions to the panelists for discussion-

1) In global context, what are the challenges for ethical healthcare and Universal Access to Healthcare?

2) What kind of changes are needed to be made and what could be expected from doctors in attempt to bring in ethical healthcare?

Dr Jose Carlos presented about the initiative 'Slow Medicine' in Brazil. He shared that in today's context, contemporary medicine is filled with inappropriateness and is highly focused on technology. Slow Medicine - is a philosophy. It is about listening carefully to the patients and giving them respect. It seeks for revival of art of caring, and establishing meaningful relationship with the patient. 'Slow Medicine' is all about appropriate and rational use of technology.

Dr Vikas Saini briefly talked about various gaps and challenges in Universal access to Healthcare in USA such as serious lack of accessibility. He observed that many times there is too much care and many times there is very less care. Doctors have forgotten to listen to patient's complaints. In USA, 90 percent population is covered under insurance and 10 percent do not have any insurance. However even though 90 percent people are covered under insurance, the quality of care is not up to the mark. There is need for a mass movement for demanding quality healthcare; and surely this task is quite challenging. Further he mentioned that, in USA some of the healthcare related problems are as same as in India. Similar unethical and irrational practices are going on in both countries. Hospital bills are increasing massively. Unnecessary investigation and treatment has a large role in it. The issue of exorbitant drug prices is almost a universal problem.

Dr Nigel Umar Beejay, firstly congratulated organizers and each participant for organizing and participating in such a conference, which he acclaimed as the first ever such conference on ethical healthcare in the history of Indian medicine. In his presentation he talked about major issues in healthcare:

> There is a lack of proper attention to the patient. Though healing comes through the listening patient carefully, unfortunately we have lost the art of touch and listening. It has resulted in loss of trust between the doctor and the patient.
>
> Big commercial pharmaceutical companies are moving towards east as there is a growing commercial interests and value.

He concluded by saying that there is an urgent need for successful and sustainable health system that provides affordable, accessible and adoptable healthcare. He applauded the intention of ADEH and congratulated all for coming together to demand for such a Healthcare system.

After the session of panel discussion on 'Challenges faced for Right/Ethical healthcare in the global Context' there was a release of joint Communiqué, a

Release of Joint Communique

declaration signed by the organizations - Right Care Alliance (USA), Alliance of Doctors for Ethical Health Care (India), Slow Medicine (Italy), Slow Medicine (Brazil) which called on all citizens concerned with the health of their families and their communities and on all health professionals for promotion of a vision of a high quality healthcare that is equitable and accessible for all, operating within broader systems of health that promote the health of all.

The Joint Communiqué was released by Dr Vikas Saini (USA), Dr Samiran Nundy (India), Dr Amar Jesani (India), Dr Nigel Umar Beejay (Abu Dhabi), Dr Jose Carlos Velho (Brazil). All participants of the conference have applauded this milestone event.

Commendation of Crusaders for Ethical Healthcare

During this session, ADEH commended crusaders among medical practitioners who have taken the risk of standing up in related circles, against irrational, unethical practices or have actively fostered rational, ethical practices despite the pressure of commercialization, corporatization. They were given certificates of commendation at the hands of Dr Samiran Nundy and Dr Vimal Jalan. ADEH believes that such crusaders are doing exemplary, very difficult, risky task that will greatly help to build a social milieu against malpractice and push for rational, ethical practices. Dr Vipin Vashishtha, Dr Jagdish Chinappa and Dr Yogesh Jain were commended as crusaders during this session.

Dr Vipin Vashishtha took over the post of convener of the IAP immunization committee in 2011 and introduced several reforms related to the functioning of the committee like formation of a strict code of conduct for the members, declaration of conflict of interest before every meeting, institution of democratic process in the functioning of the committee along with maintaining complete transparency in the working. In 2016, he had differences with the president elect and an office bearer of IAP over ethical issues of IAP recommendations on vaccination. These issues would adversely affect thousands of children because most pediatricians rely on these recommendations. The President elect and an office bearer of IAP willfully withheld these recommendations from publication probably due to industry coercion. Despite repeated mails from Dr Vipin Vashistha, no response was available from IAP.

After five months of waiting Dr Vipin Vashistha wrote an email to all members of IAP outlining the grave ethical concerns he had raised. This mail was leaked to the press by unknown person/s. The Times of India published this as an article based on the publication. The President elect and an office bearer of IAP misrepresented the issue to the executive board and suspended Dr Vipin without a show cause notice. There was verbal abuse by the president elect and an office bearer of IAP. Dr Vipin lodged a police complaint the next day which he withdrew due to organizational pressure. His unconstitutional suspension from the academy led to unprecedented protest and condemnation not only by the members and state units, but even by the ex-Presidents of the IAP. Dr Vipin complained to the Delhi Medical Council (DMC). When the DMC dismissed the complaint citing that the allegations against president elect were not in relation to discharge of his professional duty, Dr Vipin challenged the DMC decision in MCI which accepted the appeal against the DMC order. He also approached the PMO regarding the unethical promotion of vaccines in the private

health sector and the nexus between industry and academia. The matter was also raised in the both houses of the parliament and print media also covered this unethical behavior of the IAP office-bearers.

While Dr Vipin was pursuing his fight, president elect constituted an enquiry committee that was without any set objectives & any TOR. The implicit agenda was to expel Dr Vipin from the academy, and he was kept suspended unconstitutionally for more than six months. Finally in January 2018, the new team of IAP office bearers took over and unconditionally revoked the suspension of Dr Vipin. They also apologized to him on the injustice done to him by the past office bearers. A new fact finding committee was instituted with a fresh TOR to examine the entire issue thread barely and to take disciplinary actions against the guilty.

Dr Jagdish Chinappa is a pediatrician from Bangalore and is president of Indian Academy of Pediatrics, Bangalore chapter. When Dr Vipin Vashistha raised the issue of conflict of interest in the annual general meeting held in Bangalore, ruckus erupted, and Dr Vipin faced verbal abuse. Dr Vipin had few supporters. At this crucial juncture, Dr Jagdish Chinappa came forwards to support Dr Vipin. He has shown his commitment to support Dr Vipin at the time of need to uphold the stand taken by Dr Vipin, showed grit and courage to face hostile majority.

Dr Yogesh Jain represents the small brand of Crusaders for Humane Healthcare in India. As a co-founder of Jan Swasthya Sahyog (JSS), he has been working in rural Chhattisgarh for the last 18 years. JSS has been providing primarily, primary and secondary level care in a holistic manner by combining synergistically curative, symptomatic care with preventive & promotive care. The community health programme has provided effective, low-cost care to over 3,00,000 patients drawn from more than 3,000 villages from across Chhattisgarh as well as adjoining districts of Madhya Pradesh. The 'last mile' is the village health worker, all of who are women, based among a closely monitored cohort of 40,000 people in 72 remote villages. This programme is also a national resource centre and training site. It runs training courses for village as well as mid-level health workers.

JSS has a full-fledged school of nursing for tribal and dalit girls offering Auxiliary Nurse Midwife training as well as General Nurse Midwifery training. JSS also has a postgraduate medical training programme, offering the Diplomate of the National Board (DNB) in Family Medicine.

JSS has identified gaps in primary healthcare, both on technical and operational issues and has devised ways to address these gaps. It has now emerged as a Technical Resource Group for various state and national committees.

Today, in an otherwise depressing scenario, Dr Yogesh Jain and the JSS team presents one of the rare examples of crusaders for healthcare. It has shown in practice, how to address the healthcare issues of the poor people in remote, rural India. ADEH is delighted to commend Dr Yogesh Jain for this exemplary work.

Panel discussion on : Corporatization of Healthcare and its Impact on Doctors

Moderator - Dr Sanjib Mukhopadhyay (Gynecologist, Kolkata)

Chair person - Dr Imrana Qadeer (Distinguished Professor at Council for Social Development, Retired Professor, Centre of Social Medicine and Community Health, Jawaharlal Nehru University, New Delhi)

Panelists - Dr Indira Chakravarthi (Researcher, Support for Advocacy and Training to Health Initiative, (SATHI) Pune), Dr Sanjay Gupte (Gynecologist, Pune), Dr Sanjay Nagral (Surgical Gastroenterologist, Mumbai), Dr George Thomas (Orthopedician, Chennai)

Dr Indira Chakravarthi presented characteristics of business of healthcare in significant detail. Her presentation on corporatization and corporatism was quite informative and intriguing. She discussed four critical aspects:

1. Size of corporate - Corporates are now a huge entity in healthcare providers. They are not engaged only in tertiary, specialized care or not located only in the four metropolises. There are a very large number of smaller, regional companies, individual doctor owned hospitals, diagnostic centers which have taken corporate form and have registered as private limited companies.

2. Services provided - Corporate companies are entering now in every segment of medical care - tertiary - secondary - primary - single Specialty! In addition, there are now hospital management companies too.

3. 'Hybrid forms' - Trust hospitals or charitable hospitals have changed their stripes, many of these non-profit institutions have entered into arrangements with for-profit companies to manage, to run the hospitals. 'Sick hospitals' are being 'revived' / 'turned around' by such management companies.

4. Source of funds - Who is investing? Hospitals have become a very attractive sector for private equity investments, for 'wealth management'. Large global

players - development Finance Institutions, doctors themselves and Individual millionaires are now financing in corporate hospitals in India.

Finally she raised series of questions to ponder upon such as:

- How to regulate the cost, standardize the cost in corporate hospitals?
- Is Insurance working/addressing the problem? Can it be the remedy?
- Are medical ethics even possible in these business models?
- Are corporate hospitals more efficient, more transparent? Are corporate less bureaucratic, less corrupt?

Dr Sanjay Nagral initiated his presentation with the personal disclosure, saying, it is his personal narrative, not representative sample of situation in Mumbai. He shared his experiences from working in four sets of hospitals- A big hospital, a citizen's cooperative hospital, a classic corporate hospital and a government hospital. He said - "If I have to define corporate hospital, I don't see much difference in functioning of so called corporate and other hospitals. However it's true that typical non-corporate hospitals are around 10-20% cheaper. Charitable hospitals have few beds free or subsidized. In my opinion, there is nothing much to distinguish among hospitals toady. We unnecessarily romanticize about small hospitals. These may be cheaper, but I have serious concerns with their functioning. There is no transparency, no proper billing etc. Being less costly doesn't automatically mean ethical. It seems that there is a tendency in small hospitals, to resist regulatory mechanisms, safety measures, under the pretext that such measures would increase cost to small set ups"

While sharing his experiences about corporate set ups, he mentioned that large number of doctors are happy here. They get opportunities to work on newer, updated technology, they are offered full-time jobs, working environment is better. Accreditations are pushing for certain minimum standards which are not there in small hospitals. He accepted that the implications of working with corporate hospitals include- performance targets and peculiar management policies like facing threat of getting thrown out anytime. He pondered on how patients' do perceive corporate hospitals. He filled in that the corporate hospital fits into patients' idea of good quality service, ambience etc.

In the end he asserted that the issue is not just corporate verses non corporate. If we just target corporate, then we are targeting wrong enemy. Real enemy is keeping healthcare as commodity in market that began four decades back, may be as an outcome of some kind of a blind spot in our culture! This blind spot needs to be addressed.

Dr Sanjay Gupte, responding to Dr Sanjay's presentation, said that, there is a range of experiences in corporate hospitals. Much depends on individual doctor working in corporate hospitals. Senior doctor is treated differently in corporate hospitals. Yes, there are definitely certain advantages of working in corporate, like well resourced teams, infrastructure, and amenities like a five star hotel. He wondered about where the money comes from. While talking about challenges faced by small hospitals, he said that, if small hospitals are not supposed to do marketing, give kickbacks to promote themselves how would they get patients? Corporate hospitals are very clever. In the beginning they pay to senior, reputed doctors in the city handsomely to retain them and once the patient flow is built, these very senior doctors are thrown out. Lastly he talked about, corporate hospitals providing luxurious facilities such decorating rooms, candle light dinner to couples after delivery, etc and observed about how patients too are attracted by such business gimmicks.

Dr Elvino Baretto briefly shared his experience at CMC, Vellore hospital and said that, we as doctors need to put ceiling on our needs, and if we do that we may not join corporate hospitals. He observed that, "we cannot control the corporate because they are like mafia. But as a society and as doctors who want to practice ethically we must raise our voice and I am sure it will be heard."

Dr Puneet Bedi shared his views with interesting and appealing examples. He observed that in past, the heroes in the society were those who worked for humanity, but now heroes are those who are successful, rich. He pointed out that there is nothing like ethical or unethical medical practice. The categories are medical practice according to text books and that one which defies medical logic for financial gains. He termed small hospitals as 'medical dhabas' where if any emergency arises, there is no anesthetist, no blood. On the other hand, in a corporate, ten anesthetists are available at any given time and eager to sign on paper to get the bill on their name! He talked about how corporates maximize profit by pressing for money making procedures for example the focus of corporate have moved from C sections to feticide to ART to uterus transplant! Sharing corporate marketing strategies he said, now marketing persons tells the patient that, 'we will find something, you just come' while to doctor they tell that they will bring the patient, the doctor just has to perform the procedure like on demand surgeon.

Doctor's conversion rate, a new term in hospital where management measures about how many cases are converted into procedures and operations from the patients who attend out patient clinics! Better the 'conversion rate' with patients, favorite is that doctor for the management. He lamented on online platforms like Practo and suggested that there needs to have some kind of audit mechanisms in place.

Dr Imarana Qadeer, chairperson of the session gave her comments at the end of this session. She said that, from the discussion, three streams are emerging. First- people are unhappy about present situation, second- we can't change situation, we are trapped and the third- we must keep our hopes in bringing UHC. She further made a point that, only talking about market is not enough, but class, caste, gender, inequity, social context has to come at center at least at some point. She expressed her opinion that UHC is a distorted version of 'health for all'. She also emphasized that medical care and health are two different things. Housing, water, school, nutrition, environment, etc together gives us good health. She cautioned that while proposing alternative system, it is important to see on what these alternatives are based on.

Panel discussion on : 'Healthcare Practice Watch' – in the context of Rational and Irrational use of Medical Interventions

Moderator - Dr Monica Thomas (Neurologist, New Delhi), presentation of position paper by Dr Chandrakant Sanklecha (Gynecologist, Nashik)

Panelists - Dr Shah Alam Khan (Professor Orthopedics, AIIMS, Delhi),
Dr Peush Sahni (Professor, Surgical Gastroenterolgy, AIIMS, Delhi)

Dr Chandrakant Sanklecha presented position paper authored by him and Dr Arun Gadre, titled as- 'ADEH has taken the task of coming out with position papers on grey areas in medicine.

The reasons for increase in Caesarean section rate include changes in maternal characteristics and professional practice styles, increase in malpractice pressure, as well as economic, organizational, social and cultural factors.

Nuchal cord is one of the indicator for Caesarean section have no scientific basis and offer no benefit to the mother or infant.

Gardiner (1922) in his published collective report shown no relationship between umbilical cord anomaly and outcome to child was recorded .

The suspicion regarding cord around the neck for fetal loss continues even today. The condition marked in red by sonologist and advice given by a gynecologist to the patient to go for a planned Caesarean section is new, and quite common nuchal cord in normal pregnancies at term is associated with increased rate of operative vaginal and Caesarean delivery in nulliparae.

Only one paper points fetal bradycardia and variable decelerations in fetal heart rate occurred almost twice as often in the nuchal cord group, another paper made distinction between Type A (Unlocked) and Type B (Locked) – predictably the Type B is associated with higher probability of fetal loss. It is very difficult to conclusively diagnose type B nuchal cord . Barring this singular paper, none other points to cord around neck as a solo indicator for Caesarean section.

Ultrasound report stating cord near neck and cord around neck instills fear in the mind of pregnant lady and no proper scientific information given to her so that demand from Caesarean section come from her and relatives that may lead to the clinician performing unindicated operation.

He concluded the paper that cord around the neck unless diagnosed as Type B (locked) is not an indication for Caesarean section by itself.

Panelists shared their views:

Dr Shah Alam shared his thoughts about evidence based practices and the misuse of grey areas. He observed that since private orthopedics are not interested in bone cancers as they mostly end in amputations and are not much rewarding monetarily, he as a specialist in oncosurgery in orthopedics gets a heavy workload in AIIMS. The grey area in orthopedics where ADEH needs to come out with position paper is – implant surgeries. He observed that compared to western world knee joint replacements are done at least 6-7 years earlier in India, and total knee replacement done at gap of 6 months but in India bilateral knee replacement done at the same time as patient may disappear.

Most of the resident doctors don't want to do bone oncology because labour intensive, huge amount of workload, no money in terms of implant and outcome is unpredictable. Most of the residents want to do arthoplasty as against pediatric orthopedic and bone oncology. Implant based surgery is lucrative to juniors.

He concluded that Government came with one solution, capping of implant, reduced price in 2017 but no control over practice by doctors. It should be looked in perspective of ethics and solution needs to be worked out.

Dr Peush Sahni asked a pertinent question – where do we look for evidence for rational and irrational practices? He shared an example of a case where the pain was in lower abdomen but sonologist found stones in gall bladder.

He elaborated some examples like PET scan, which is a new fad in treatment of cancer. Minimal access surgery is coming big way in every specialty, but useful in some places only evidence for Robert surgery is also thin but in few conditions it is useful. It is very difficult to get up real world. He said though gastroenterology having endoscopy that needs standard guidelines and expert opinion.

Dr Monica Thomas, ended the session with hope that ADEH shall continue efforts on both the the fronts. Advocacy for regulation of private healthcare sector and coming out with position papers as lamp post to younger generation doctors as well as for educating masses at large by publishing them in regional languages.

Panel discussion on:
Challenges faced by Young Doctors for Upholding Ethical, Rational Practice

Moderator - Dr Saiju Hameed (Assistant Director Health Services at Government of Kerala)

Panelists - Dr Sameer Shah (Sonologist, Pune), Dr Shruti Venkitachalam (ENT Oncosurgeon, Chennai), Dr Ashutosh (Gynecologist, Nashik), Dr Harjeetsing (RDA, AIIMS, Delhi)

Dr Shruti Venkitachalam passionately shared her experiences regarding challenges faced by young doctors to set up their practice and remain ethical and rational medical practitioner. She talked about stark contrast between Government hospital in Chennai and corporate hospital. Government hospitals lack team, equipment for super specialty like ENT oncology while corporate provides it sufficiently. She expressed her suffocation in working in private healthcare corporate and remembers fondly her days in CMC Vellore. She narrated the vicious cycle and trap in the life of young medico."She said, today if you are not specialists then you are going to lose the race and if you keep fighting to stay in race, you have to compromise on ethical practice".

Dr Sameer Shah, Sonologist, also talked about challenges doctors face in early age of career. Some of the challenges he narrated are - poor infrastructure, commercial approach of the corporate like giving the target of 90 patients per day to a radiologist to earn revenue as prescribed etc. While sharing an experience about corporate hospital he said, there are many unethical and irrational practices in corporate hospital. There is less freedom to develop a professional academic excellence such as attending conferences. Many times support staff makes mistake and the doctor are blamed for it. There are certain occupational health hazards to radiologists. He suggested that there is need for building up forums and bringing doctors together at local as well as at the state level to resist malpractices in corporate hospitals. It is also necessary to evolve protocols and freedom to implement these protocols.

Dr Ashutosh flagged the issue of hegemony of senior doctors in the field. He said, there is hegemony of established doctors. In Nashik, 10 established doctors control the 80 percent of the practice. Due to these factor junior doctors are forced in to unethical practices. Establishing a hospital is very difficult and challenging. Due to financial pressure doctor's need to compromise on infrastructure. Medical shop in the premises of the hospital is becoming lucrative earning source for hospital owner. Junior doctors have to give up 40-45% cut/commission to referring doctors. In such situtation, why should young doctors not opt to work in a corporate hospital? Lastly he suggested that ADEH should reach medical colleges to begin discourse on ethical practice as no one is teaching ethics in medical colleges.

Dr Harjitsing shared that in his life so far he has worked only in government hospitals and grew up in government institutions. In government hospitals infrastructure is very poor. Less than one percent of GDP expenditure is allocated on health. 70% doctors prefer to work in private practice as public sector is so neglected, malfunctioning and not rewarding. He concluded by suggesting that ADEH has a role to mobilize doctors, students and policy makers for bringing UHC, for strengthening public healthcare sector. He advised that ADEH must work on its student's wing.

Way forward

As an outcome of the issues emerged from the conference, an appeal to four stakeholders was discussed and got endorsed. (Annexure II)

It was decided that the appeal will be used for local meetings of ADEH and to spread ADEH wider and also for advocacy with the government.

- Six subgroups have been formed to develop position papers, which includes- Gynaec, surgery, orthopedic, general medicine, UHC and corporatization of healthcare.
- For expanding ADEH to other parts and bringing in more doctors it was decided to have such groups in Chennai, Karnataka, Uttar Pradesh and in whichever state it would be possible.
- ADEH shall strive to connect with young doctors.
- Pre electoral campaign was suggested to be developed by ADEH, which would be used for advocacy.

Conference ended with vote of thanks to all the resource persons, and participants was expressed by Dr Arun Gadre.

Annexure I

Appeal emerging from National Conference on Ethical Healthcare

We the undersigned doctors are deeply concerned about the current healthcare situation in India today. We call upon each of the following major social actors to take action on certain areas of concern, to help address this situation:

A. Governments

- Stop commercialisation of medical education. Legally ensure that fees charged in any private medical college are not higher than that charged by public medical colleges, and this is strictly implemented.
- Oppose privatization of Govt hospitals, ensure adequate human resource and infrastructure, and strengthen healthcare delivery system. Thwart public private partnership that leads to take over of Govt hospitals by private sectors.
- Ensure effective and comprehensive cost regulation of all necessary medicines, implants and consumables. The trade margin on any medical item should not be allowed to be more than 30%.
- Develop a system of Universal Health Care in every state, which enables every resident to access good quality healthcare free of cost at the point of service, which provides secure and satisfying employment and remuneration to all doctors and healthcare professionals; and eliminate commercial pressures and malpractices. Towards this end, the public health budgets of central and state governments must be substantially increased, and public health services must be strengthened in a major way. Commercial insurance should not be involved in the proposed UHC, and practices of private healthcare providers must be appropriately regulated and rationalised.

B. Hospitals and Healthcare establishments

- Stop imposing revenue generation or 'conversion' targets of any kind on doctors.
- Ensure complete transparency regarding all components of hospital bills charged to patients.
- Stop all forms of commissions, kickbacks and any unethical inducements to promote hospital business.

C. Doctors

- Do not accept gifts, sponsorships and any kind of financial or non-financial incentives from pharmaceutical and medical device companies.
- Do not give or take commission or referral charges, directly or indirectly, related to any kind of patient referrals.
- Speak up against medical malpractices happening around you, promote ethical and rational practices among your colleagues and professional circles.

D. Patients and Citizens

- Seek appropriate care, ask your doctor for information relevant to your condition. Do not demand any procedure based on hearsay or advertisements. Whenever major procedures are advised (in non-emergency situation) use discretion and try to seek second opinion.
- Dialogue with your doctors and healthcare providers and expect a fair and responsive relationship in all medical encounters. However, never indulge in violence in any form against any doctor or healthcare provider.

  Organise forums and processes to dialogue with doctors and other healthcare professionals and support those providers who seek to practice ethically.
- ADEH calls upon its members and all like-minded doctors across the country who want to practice ethical, rational care, to widely disseminate this appeal. We should all ensure endorsement of this appeal by the largest numbers of medical professionals. We hope that each of the mentioned social actors would take these proposals seriously, and different sections of society can act together to positively transform the healthcare sector to ensure 'Health and Healthcare for All'

Core committee members of Alliance of Doctors for Ethical Health care

Dr G. S. Grewal, Dr Arun Mitra (Punjab), Dr Samiran Nundy, Dr Monica Thomas, Dr. Peush Sahni (New Delhi), Dr Arun Gadre. Dr Abhay Shukla, Dr Kishor Khillare, Dr Anant Phadke, Dr Mussadik Mirajkar, Dr Sanjay Nagral, Dr Chandrakant Sanklecha, Dr Chandrashekhar Sohoni (Maharashtra), Dr K.V. Babu, Mr. Saiju Hameed (Kerala), Dr Sanjib Mukhopadhyay (West Bengal), Dr Shakeel ur Rahman (Bihar), Dr Satish Bhat (karnataka), Dr George Thomas (Tamil Nadu)

Annexure II

Joint Communique

Joint communiqué

Joint communiqué: Right Care Alliance, Alliance of Doctors for Ethical Health Care, Slow Medicine Italy, Slow Medicine Brazil

Across the world, more and more patients, their families, their doctors, nurses and other health professionals who care for them, are all experiencing a deepening malaise about a working environment excessively concerned with money and profit. Medicine is in danger of losing its soul.

Too much of the world has no access to basic health care at the same time as too many people are getting care they don't need nor would want if they were fully informed.

The sources of this are many, including the decline of professionalism, the corruption of science, the failure to listen to communities' understanding of their needs, the lack of democratic input into the design of health care systems, rising economic inequality, and the trend of corporatization treating healthcare as a commodity for profiteering. This decline has been accelerating as governments have moved away from their responsibility to help and care for their people by increasingly leaning on a private, unaccountable healthcare sector that is driven by greed, whether by pharmaceutical companies, medical technical industries, private insurance companies, or vaccination industries, to name few.

In the face of these problems we see an emerging movement for human health across the globe, in many societies of varied cultures and histories, all confronting this fundamental issue of human existence: how will we treat each other, as units in an economic production process, or as fellow mortal beings in need of solidarity and support?

We the undersigned organizations declare that we need a new kind of health care that puts relationship ahead of the transaction, and honors the ancient calling of healers to be guides in life's journey for all members of the human community.

We believe it is time for a renaissance in health care. Such a renaissance should be focused on the restoration of the relationship between healers and their communities. That sacred space needs greater protection from the forces of money and needs to allow science to take its proper role as the handmaiden of human needs rather than as an instrument of profit, and to ensure that health workers are able to offer the gift of their time as well of their knowledge. We believe that if this is to happen; humanity must take the fundamental decision at this crucial juncture that healthcare is not a commodity but a social good.Health should be declared a fundamental right of all citizens around the globe and the drivers of good health, such as food security, shelter, and education must be ensured.

We call on all citizens concerned with the health of their families and their communities and on all health professionals to join us in this work: to develop every action, initiative and policy that will promote a vision of health care for the common good, a health care that is in harmony with our deeply social nature and with our capacity for innovation, a high quality health care that is equitable and accessible for all, operating within broader systems of health that promote the health of all.

SATHI
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