

Editorial

Nexus: Plexus redeeming doctors

Right to health is not enshrined as a fundamental right in Indian constitution. The need for equitable access to reasonable healthcare remains a concern for the government and non libertarians. It was stated by Gulam Nabi Azad, the Union Health Minister of India, that nearly 36 million people are pushed down the poverty line due to expenditure incurred in accessing health care. Indian government has over the time outsourced its responsibility from the private sector. Nearly eighty percent of the population depends on a very amorphous private sector. Corporate hospitals, nursing homes, daycare centre, and a plethora of facilities constitute this amorphous sector. The common thread of this plexus is motive of gain and profit. This vast array of doctors and paramedics are the medium on which the pharmaceutical industry and technology manufacturers depend. These industries have bloomed over last few decades despite decelerating rate of newer drugs. There is no doubt that newer drugs and technologies have made a difference in the way we treat our patients. More patients get cured of their affliction, yet it is not all hunky dory! The fact that major pharmaceutical companies had to pay fines in billions is an evidence of the ugly underbelly of the system.

Milton Friedman in his famous statement said, "*Profit is the only social responsibility of business.*" This motto has been followed in right earnest in most businesses.

The proponents of free market economy in private sector like in pharmaceutical industry and corporate hospitals fail to balance their avowed devotion to shareholders and, indeed, their main stakeholder "patient". Profit at all costs has led to wasteful advertisements, referral fees, holding patients captive in hospital, and denying the freedom to choose their brand of medicine or consumables. Pharmaceutical industry in its turn indulges in recruiting doctors for promoting their brands, creating new markets by sharing off label uses, prescribing against inducements.

There are instances of doctors retailing the drugs and selling at a huge profit to the captive patients. Following description of the situation from the book "Drug Companies and Doctors: A story of corruption" is both poignant and tragic as has been illustrated. "No one knows the total amount provided by drug companies to physician, but I estimate from annual report of top hiring USA-based companies that it comes to tens of billions of dollars a year in North America alone. By such means, pharmaceutical industry has gained enormous control over how doctors evaluate and use its own products. Its extensive ties to physician, particularly senior faculty at prestigious medical school, affect the results of research, the way medicine is practiced, and even definition of what constitutes disease!! Dr. Joseph Biederman, who promoted a non approved off label prescription of an antidepressant to treat bipolar disease in two-year-old children is the best example of medical sing life, and, defining illness to benefit a pharmaceutical company. He was paid 1.6 million dollars over 2 years as consultation and speaking fees. This professor from Harvard is banned to interact with industry for 2 years!

Drug marketing by pharmaceutical industry is both subtle and, in some cases, obviously coercive paid junipers for thought leaders, paying for trips even of spouse, and other inducements enslave a physician to the company which pays. Prescribing practices are then determined by the fiscal interest of the company than the appropriate practice of medicine.

Government of India has taken a right step to break this nexus, which adversely affects pricing of medicine and the way medicines are practiced. It is about time the self regulation kicks in. Corporate hospitals should stop unethical practices, for example, referral fees and captive retailing. The guiding principles of healthcare practitioners should be more health to more people. It is not anybody's argument that reasonable gains should not be made, but no gain should put a patient in a disadvantaged position.

Nagraj G. Huilgol

Department of
Radiation Oncology,
Dr. Balabhai Nanavati
Hospital, Vile Parle,
Mumbai, India

For correspondence:
Dr. Nagraj G. Huilgol,
Department of
Radiation Oncology,
Dr. Balabhai Nanavati
Hospital, S. V. Road,
Vile Parle (West),
Mumbai - 400 056,
India.
E-mail: nagrajhuilgol@gmail.com

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