Doctors in Entrepreneurial Gowns

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The Indian Medical Association has morphed into a body representing the trade and commerce of medicine rather than the practice of medicine as a whole. Given the increasingly commercial and corporatised nature of healthcare, organisations like the IMA should provide leadership and a sense of direction to the individual medical professional overwhelmed by change. They should protect the individual rights of doctors working in an increasingly cut-throat private sector which uses professionals as pawns in a game.

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The call for a nationwide one-day "strike" by the Indian Medical Association (IMA) on 25 June 2012 to protest the proposed promulgation of the Clinical Establishments Act and the formation of the National Council for Human Resources in Health (NCHRH) may not have surprised close observers of healthcare in India. The IMA is the main umbrella organisation of practitioners of modern medicine in India. The Clinical Establishments Act is a piece of legislation lying in wait for a long time which seeks to create standards for physical and operational infrastructure of healthcare institutions. The NCHRH is a body which will replace various currently existing councils like the Medical Council of India, the Indian Nursing Council and the Dental Council of India under one overarching body.

There is a long history of blanket opposition from the organised medical profession in India, especially the IMA, to any serious attempt at regulation of the practice of medicine. The recent strike action, although hardly effective, was perhaps a more dramatic form of this phenomenon. A few weeks prior, the same organisation sought an apology from film star Aamir Khan for his alleged exaggerated portrayal of unethical medical practices in India. The actor actually went on the counteroffensive by challenging the very legitimacy of the IMA to represent India's medical profession.

Though there is some truth in the fact that the IMA does not represent all shades of opinion amongst medical professionals in India, it is equally true that it does reflect the contemporary central thought process amongst India's medical fraternity. For those struggling for reform in the healthcare sector, it is necessary, therefore, to delve deeper into this dominant ideology of a large number of practitioners of modern medicine, if change has to be attempted by involving all the players.

Critical Elements

Historically, the practice of medicine in any society has certain critical elements that constitute its moorings and identity. These include scientific enquiry, public service, education and commerce. Various societies have varying proportions of these elements occupying this space. In some countries there is a substantial proportion of scientific and educational work that dominates the interests of a significant segment of the profession. In certain historical stages often fired by political idealism, service and public commitment is a dominant sentiment. Thus, commerce as the focus of medical practice often has other competing elements which neutralise its primacy to an extent.

In certain countries state policy which encourages and supports public medicine, science and education actually facilitates the neutralisation of commerce. In India after a few years of socially-oriented policies and ethos in the post-Independence period, the dominant feature of healthcare soon became the rise of private medicine.

In the last few decades, supported by the liberalisation of the political economy, the growth curve of the private sector has massively widened in its sweep, scale and form. What is more relevant to the discourse is that the medical profession has embraced this rise of private medicine with enthusiasm and open arms. In any case there is really no large-scale internal opposition to the collapse of public health. The profession is upbeat about the increased opportunities and monetary benefits this has created. Also, the private sector offers a certain freedom from the bureaucracy of state institutions and a feeling of independence which has caught the imagination of medical professionals.

New Entrepreneurial Spirit

A new entrepreneurial spirit has swept the profession. Witness, for example, how every large metropolis has its own form of huge heart care institutes created by

the glamour boys of Indian medicine – cardiac surgeons who have essentially turned medical entrepreneurs. The opening out of the economy has also increased access to the latest technology, and the equipment industry now competes with the pharmaceutical industry as a major player in shaping medical opinion. There is increased international collaboration and exposure. This has led to the emergence of new areas of specialisation which are driven by a grand alliance of industry, media and sections of the profession.

A classic example of this from the field of surgery is the emergence of "obesity" surgery which has manufactured a market, based partly on a notion of body image and partly as a quick fix for what is really a lifestyle disease of a small minority. It is in a sense, therefore, inevitable that the organised professions, concerns and interests are currently focused on the entrepreneurial aspect of medical practice.

The IMA though supposed to be a representative body just reflects this focus. In most states the IMA office-bearers come from the private sector, and in fact, are often the owners of private nursing homes and hospitals. In fact, many of them seek IMA positions to protect their vested commercial interests. The national leadership also mirrors this section and their priorities. In a sense, therefore, the IMA has morphed into a body representing the trade and commerce of medicine rather than the practice of medicine as a whole.

Political and Social Interventions

Historically in many countries, organisations of medical professionals have a formidable legacy of political and social interventions in public and healthcare policy. The American Medical Association (AMA) and the British Medical Association (BMA) in addition to defending the rights of medical professionals have also successfully resisted attacks on public health like budget cuts. They often confront the state on political issues concerning healthcare and the BMA has a glorious history of resisting Margaret Thatcher's attempts to dismantle the National Health Service. Also varying viewpoints within the profession are articulated through publications like medical journals.

Not only has the IMA chosen to remain silent on some of the critical issues of medicine like the need for universal healthcare as well as unethical practices in the profession, there seems to be hardly any internal debates on such issues. Their public stands mainly consist of knee-jerk opposition to any attempts at regulation as well as public criticism of unethical practices, posturing that makes the leadership popular amongst its constituency. At a recent juncture in its history, Ketan Desai, who later on was investigated and jailed in a massive corruption scandal in his capacity as president of the Medical Council of India was elected the national president of the IMA for three years. In fact, it was in this capacity that he was in turn nominated as the president-elect of the World Medical Association, a post he could not finally occupy. It is illuminating that the IMA accepted Desai as its president when it was common knowledge that he had a tainted past.

In a profession as heterogeneous as medicine and a country as large as India one would expect varying shades of opinion including a self-critical and people-oriented viewpoint to be reflected in organisations like the IMA. An indication of a certain ambivalence that medical professionals have towards mainstream medical associations and their activities is that they are prone to easy capture by vested interests. A small number of professionals are deeply involved with academic medicine. There is also a significant number of medical professionals in India who have aligned themselves with non-governmental organisations (NGOs) working in community medicine and ethics. Many of them have done exemplary work at great personal sacrifice. However, although they have the credibility in the profession, they have chosen to remain silent or to work outside the sphere of mainstream organisations. Some have moved away out of despair after unsuccessfully attempting internal resistance and buried themselves in professional work, academic writing or NGO work. The idealists and socially-conscious elements have in a sense vacated space and chosen to form their own gated networks.

Conclusions

As a result of these factors it is unfortunate that organisations like the IMA and many other mainstream professional organisations have degenerated into essentially obsession with the entrepreneurial and trading interests of the profession. The social aspects of medical care and the historical proactive role of the profession have completely escaped their attention. There are several areas in healthcare crying for urgent intervention from the state and its arms of governance in the interest of public good and equity. One such area is the issue of the rising privatisation and cost of healthcare and the need for universal health coverage. With the Indian state showing some renewed interest in universal care, this may actually be an opportune time for the profession to reclaim its social credibility by maintaining sustained pressure on the state to take the idea to its logical conclusion.

Given the increasingly commercial and corporatised nature of healthcare, there is actually a desperate need for professional organisations like the IMA to provide leadership and a sense of direction to the individual medical professional overwhelmed by change. There is also a role for these organisations to protect the individual rights of doctors working in an increasingly cut-throat private sector which uses professionals as pawns in a game. It seems unlikely though that there will be substantial change in the focus of mainstream organisations unless the more academic and public-oriented individuals consciously try to create internal debate, space and consensus and move to the forefront. How and when this will happen is a matter of conjecture.

Currently the "mainstream" doctors and organisations on the one hand, and the minority of "activist" doctors on the other, are heading in two completely divergent directions which seem to have very few meeting points. One wonders whether it will finally take a crisis of huge magnitude like the one in the capitalist world for some serious introspection and shake-up in the focus and thinking of mainstream medical bodies. Till that time both increasing public anger as well as organised market medicine will continue to demand regulation of more and more areas of healthcare, including perhaps medical fees and costs currently in a state of anarchy. The profession may continue to respond with increasing hostility, further sharpening the divide. This confrontation will continue to sideline what is perhaps almost a national emergency; the delivery of scientific, accessible and ethical healthcare. The day when the IMA will strike work for the most basic of human rights, the right to universal healthcare seems very far away.