

# ACTIVITIES REPORT

## **New economics and medical practice in India**

The Forum for Medical Ethics Society and the Centre for Enquiry into Health and Allied Themes held a seminar on 'New economics and medical practice in India' on January 16, 2004 at the International Health Forum in Mumbai just before the World Social Forum.

Mr P C Singhi spoke on a 17-year-old case of medical negligence that he had filed against a leading hospital in Mumbai, where doctors and other staff had allegedly botched surgery on his wife which resulted in her death. He urged the audience to take action in similar situations.

Dr B Ekbal, the Vice Chancellor of Kerala University, spoke on the 'Collapse of public health and rise of private medicine'. The Indian government's funding of the health sector is among the lowest in the world. Governmental policies and globalisation have allowed the private sector to flourish as preventive services have taken a back seat. Good medical care has become the privilege of the better-off. Self-financing medical colleges contribute to the rot and also bring a different value system among students.

Speaking on new trends in the Indian medical market, Dr Ravi Duggal said that medicine had ceased to be a profession and was increasingly seen as a commodity. The new scenario of corporatisation sees the rise of new players such as hospital administrators, health care managers, insurance agents and marketing managers. Organising the public sector and calling for an increase in public finance could stem the tide.

Dr Arun Bal spoke on the struggle for regulation of the private sector and the role of health activists, NGOs, and other agencies. Legislative measures, he felt should address issues that concern only the patient and doctor. Other players such as insurance companies should not dictate the process of regulation. Statutory bodies such as the Medical Council of India (MCI) were seen as toothless regulatory organisations. The Association of Consumer Action in Safety and Health analysed medical negligence cases to find that the most common reasons for complaints were: instigation by other doctors, poor communication by the doctor, over dependence on technology for diagnosis, lack of clearly-defined standards and poor documentation.

Dr Sanjay Nagral spoke on 'Market medicine and medical ethics in India'. The new economy had directly and indirectly spurred the growth of private medicine. People perceive public hospitals as inefficient and care offered here of poor quality. Examples of unethical practices in the private sector include advertising, 'cut' practice and poor organ transplantation ethics. The growth of the private sector was largely driven by the monetary returns it provides to doctors.

## **Seminar on ethical values in health care**

The Forum for Medical Ethics Society, the Department of Nursing, Jaslok Hospital, and Initiative For Change organised a day-long seminar on 'Ethical values in health care' on February 15, 2004. Nurses from Mumbai participated in the meeting.

## **Gender in medical education**

Concerned at the gender differences in the provision of health care and the lack of training to medical students in gender issues, the Achutha Menon Centre for Health Science Studies (AMCHSS), Thiruvananthapuram, initiated a project to mainstream gender issues in medical education.

The first strategy in this project is to train medical and nursing educators in short courses and support them as 'agents of change' in their institutions. Participants are selected for their interest, availability, popularity with students, involvement with the medical education cells of their colleges and history of having done innovative work in their institutions.

The second strategy is to do a baseline survey in medical institutions to collect and analyse sex-disaggregated data. A gender-based review of textbooks in several disciplines of medicine is underway. The third step involves advocacy with the MCI/Nursing Council of India, vice chancellors, deans of medical universities/institutions and professional bodies such as the IMA to facilitate change.

The pilot workshop for medical educators, held on November 10–21, 2003 at Thiruvananthapuram, was supported by WHO–SEARO and involved 28 participants from South East Asia, 12 of them Indians. Gender as a social determinant of health and specific gender and health issues were discussed. Gender and rights perspectives in medical training in their institutions were stressed upon. The last part of the course involved designing projects to implement change in their own institutions. The Indian participants will be supported by AMCHSS in their endeavours over the next year.

Many participants began the course sceptical about the importance of these issues in their settings. By the end they were concerned about how the lacunae debated in the course had not been addressed. All were convinced about the need for altering the curriculum and gave constructive feedback that will help the AMCHSS further streamline the process.

Further such trainings have been planned for 2004 and applications from medical and nursing educators are welcome.

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