

## Indemnity bonds for MBBS students: Need for a change of perspective

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Compulsory service programmes for MBBS students have existed for many years in India and other parts of the world. Such programmes have been referred to differently as "obligatory," "mandatory," "requisite" and "compulsory" service (1). Governments look at these programmes as a means to deploy and retain the health workforce even as health professionals are lost to opportunities in other countries (2). Though these programmes have been successful, they have been carried out by enforcement on medical students to finish a rural bond (3).

Students seeking admission to the MBBS or the BDS courses in Maharashtra (and in many other states of India) are required to submit two undertakings (indemnity bonds).

- 1 A student going abroad within five years of completion of the course will pay a sum of ten lakh rupees to the Government of Maharashtra (ie, the expenses incurred by the government for his education).
- 2 A student will complete the course including the internship and will serve the Government of Maharashtra for a period of one year after the completion of the course; or pay a sum of ten lakh rupees plus the tuition fees (around one to five lakhs) for the course to the government.

These undertakings have their benefits and limitations, for both the government and the students.

- 1 On one hand, they compel students to complete the course and ensure that the government will have enough doctors working at primary health centres. On the other hand, they interfere with the fundamental rights of students: to leave a course that they may not like to continue; to take up a job of their choice after graduation; and to be able to go abroad after the completion of the course.
- 2 Though these undertakings appear to be equal, the impact may not be equitable for all students. Students from affluent backgrounds may not find it difficult to pay the bond and flout the undertaking, while students from poorer backgrounds may not be able to do so due to financial constraints.
- 3 Since there is only a limited number of seats and tough competition for admission to medical courses, some of the aspirants may remain on the waiting list. If those students who - within a few months of joining - wish to opt out of the course are not discouraged by the indemnity bond, the students on the waiting list may get the vacated seats, benefitting both.
- 4 It may be useful for students to go abroad and experience medical training and practice in different parts of the world. It may be a good idea for the

government and universities to develop liaisons with medical schools abroad, to facilitate student exchanges with financial help and to provide for special sabbaticals to encourage learning. An embargo of five years will only deprive the student of such wider exposure to medical practice.

- 5 Stringent undertakings and indemnity bonds like these may deter students from opting for medical courses. They may prefer to either enrol for some other course that does not impose such restrictions, or seek admission in a more liberal medical school abroad.

In order to have more doctors in rural areas the government may consider offering incentives and better facilities rather than punitive measures. It is high time that we discuss the ramifications of these practices, and either modify or abolish them altogether, or come up with viable alternatives.

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### Declarations of conflict of interest are still inadequate

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Declaration of conflicts of interest (COI, understood mainly as financial) in medical publications is long established. Most journals refer only to the guidelines of the International Committee of Medical Journal Editors (ICMJE) (1) but not to those of the WAME (World Association of Medical Editors) (2). We surveyed 17 journals and found only one (*BJOG*) (3), which explicitly mentioned "religious interest" as an example of a possible COI and one other journal included "personal belief" (*Journal of Obstetrics and Gynaecology of India*) (4) as a COI. Of the other 15 journals, 10 used the ICMJE as their COI model. They were the general journals, *NEJM*, *JAMA*, *Lancet*, *BMJ* and *JIM* (*Journal of Internal Medicine*); the pediatric/neonatology journals *Pediatrics* and *Journal of Pediatrics* (this also mentions WAME) but not *Acta Paediatrica*, which mentions COPE; the obstetrics/gynaecology journals *AJOG* and *IJOG*; and the *British Journal of Haematology* but not *Blood*, which uses the American Society of Hematology's own COI model. Neither *EJOG*, *JOG*, *Indian Obs Gyn*, nor *J Obstet Gynaecol India* clearly specified a COI model.