Letter from Madras

The Tamil Nadu Medical Service (TNMS) pays its staff a pittance but because clinicians are permitted unlimited practice, no one complains about the salary. In the 1960s, it was proposed that the Madras Medical College would be upgraded to an Institute with better facilities for research, and all its staff would be given a higher salary but denied practice. There was extensive lobbying against this idea by the clinicians and the proposal was shelved. Earlier, the non-clinical staff had been permitted practice, but by the time I joined the service in 1962 practice was barred and we were given a non-practising allowance of Rs 250 per month. The natural result was that no one applied for positions in the non-clinical departments unless they were desperate to stay in Madras and these were the only jobs available, or they were women with family commitments who preferred not to do private practice. It thus became difficult to fill the teaching posts with medical graduates and so the university started MSc courses in anatomy, physiology, biochemistry, pharmacology and microbiology, to which non-medical graduates were admitted, and were later absorbed into the teaching cadre. Although they did the same work, in the eyes of the TNMS, they were not equal to their medical colleagues. They were not given the non-practising allowance and could not become departmental heads. However, they were allowed to take a condensed course leading to an MB,BS degree, after which they would theoretically be able to head the departments in which they worked. However, the TNMS continued to discriminate against them. The third pay commission even fixed their salary at a level lower than those who had an MB,BS degree and then entered the non-clinical teaching service.

These non-medical teachers formed an Association of Teaching Staff, and have approached the State Administrative Tribunal (SAT) asking to be treated on par with their colleagues. In April 1992, the SAT allowed their application and directed the Government to frame a set of rules within four months, to allow the non-medical staff avenues for promotion and better salaries. Further, those of the non-medical staff who had obtained their MB,BS degrees subsequently were to be treated on par with the non-clinical teachers who entered service with the MB,BS degree, and should be eligible for promotion to the highest levels.

The Tamil Nadu Government Doctors Association (TNGDA) refused to accept this and appealed to the Government to do likewise. 'The two groups are inherently unequal', said the TNGDA, 'and should remain unequal to the very end.' They should neither get equal pay nor equal promotional opportunities. The medical teachers I spoke to were convinced that the MB,BS degree acquired by the non-medical teachers was inferior to theirs. I do not agree. I know well qualified medical teachers who are totally unproductive, both in research and in teaching (by which I mean not just communicating facts but inspiring young minds). On the other hand, I have been privileged to work with some non-medical scientists who are outstanding, and surpass their medical counterparts. There was a non-medical biochemist who headed the laboratories of Jaslok Hospital, Bombay when I worked there whose knowledge and enthusiasm for science surpassed that of all the medically qualified biochemists I have known. There are others in the Dr A.L. Mudaliar Postgraduate Institute of Basic Medical Sciences in Madras whose achievements in the study of hepatitis viruses have been recognized internationally. Merit is what we should recognize and reward, not academic degrees and diplomas!

The wife of a judge of the Madras High Court took treatment at a private hospital in the city, and he applied to the Government to reimburse his bill which amounted to Rs 9784. The Government, however, sanctioned only Rs 591, saying that this was what it would have cost her in a government hospital for the same treatment. However, the same Government sanctioned Rs 46 841 to a Minister who took treatment in a private hospital, and several lakhs of rupees to two other Ministers who went abroad.

There are two ways to look at this. One could, as the division bench of the High Court ruled in favour of their colleague, insist that judges of a High Court should be treated on par with state ministers in this and other matters or that all officials of the Government—political, judicial, or executive—should be provided free treatment only at government hospitals. We, the people who are paying for all this through taxes, are not eligible for state funds for treatment in private hospitals or in hospitals outside the country. Why then should these 'servants of the public' obtain this benefit? If they were not reimbursed for medical expenses all over the world, and were forced to take treatment only in government institutions or spend their own money, the quality of medical care in both public and private hospitals would certainly improve.

Meanwhile, the Government seems to have given up on its hospitals. The Comptroller and Auditor General of India, in his report for the year ended March 1992, said that Rs 58 lakhs earmarked for medicines in the Tamil Nadu budget for 1992 went unutilized, and Rs 263.46 lakhs sanctioned under the head 'Improvement to teaching hospitals' was surrendered. As if this example of bureaucratic inefficiency were not enough, the Government of Tamil Nadu now plans to set up a 'Medicine Corporation' for the purchase and distribution of medicines and equipment to government hospitals. I thought the fall of communism had shown us that centralization of power was wasteful, inefficient and only bred corruption.

When the medical profession was brought under the purview of consumer courts, doctors in Tamil Nadu were more distressed than their colleagues in the rest of the country. The High Court of Madras had at about that time awarded damages amounting to Rs 3.1 million against an orthopaedic surgeon, an anaesthetist and a hospital for an anaesthetic accident to a famous sportsman. This inspired hundreds of patients and their relatives to bring actions against other doctors and hospitals, perhaps the largest number of cases.
The accent was on defensive medicine: obtaining second opinions, doing more investigations and getting patients to sign exhaustive consent forms for every procedure, detailing all possible complications.

A group of medical practitioners filed writ petitions in the High Court praying that doctors should not be judged by consumer courts, and a number of patients responded with counter-petitions. On 18 February, a division bench of the Court ruled that 'the services rendered to a patient by a medical practitioner or a hospital by way of diagnosis or treatment, both medical or surgical, would not come within the meaning of services as defined under Sec 2(1)(o) of the CPA,' and 'a patient who undergoes treatment under a medical practitioner or a hospital by way of diagnosis and treatment, both medical and surgical, cannot be considered to be a consumer within the meaning of Sec 2(1)(d) of the Act.' The Court declared that there was no doubt that doctors should be accountable, but this should be in the ordinary course of law.

There was a strong reaction from both sides—doctors welcoming the decision and patients and consumer groups deploring it. One would think the profession would take advantage of this respite to set its house in order before public opinion forced newer and more comprehensive legislation which brought us back into the consumer courts, but all that has followed has been a sense of relief. We have dismissed the experience as a bad dream and returned to our old ways.

The daughter of an acquaintance recently underwent an operation at one of the government hospitals in the city, where treatment was supposed to be 'free of charge'. My acquaintance paid no money to the hospital or to the doctor, but had to give something to every other person who had anything to do with the patient, and ended up paying Rs 945. Perhaps this was poetic justice because she declared her income to be under Rs 500 a month when it is actually more than Rs 2000 and she is, therefore, not entitled to free treatment. Although she has no right to complain, I wonder what happens to the genuinely poor, for whom these hospitals are intended!

The daughter of a domestic servant delivered her first child at the Kasturba Gandhi Hospital for Women, popularly known as the Gosha Hospital. I gave her a letter to a doctor working there, and she said the doctor looked after her very well. I was, therefore, displeased when I heard that she went to a private hospital for her second delivery. They charged her Rs 1000 and when I remonstrated with her paying so much she told me that she had in fact paid more than Rs 1000 for her 'free' first delivery. This included tips to ward girls and ayahs for bed pans, to nurses for being allowed to see her baby and to stretcher-bearers for transporting her to different departments for various tests and procedures. At the private hospital there were no such 'hidden' payments.

No wonder anyone who can scrape together the money avoids government hospitals and goes to the private sector. However, is he any better off here? A welder came to me in a pitiable shape two days ago. He had lost a lot of weight, was vomiting, had renal pain and oliguria. Someone had done a serum creatinine and found it to be raised. An intravenous urogram was then done despite ultrasound facilities being available at every street corner in Madras. No less than 15 plates were taken, at horrendous expense, which predictably did not show any excretion of dye. He was then referred for an upper gastrointestinal endoscopy which was, as expected, normal. He was made to pay for each one of these procedures in advance.

Is there not a crying need for consumer courts which should cover us all, private and public sector hospitals and practitioners?

Malpractice is not confined to the medical profession. Some months ago, the newspapers reported the case of a Health Secretary who had Rs 8 million hidden in his house. We have heard no more of this matter and the gentleman is back at his desk. Perhaps there were sound and legitimate reasons for him to have so much money lying around at home but should not the public be informed what these reasons were? Bureaucrats still call themselves public servants. Can a person with such a dubious reputation enforce honesty in his subordinates?

M. K. MANI

Letter from London

Whatever one may think of the British Government's National Health Service (NHS) reforms, they have at least provoked discussion on a wide range of issues.

One can start with junior hospital doctors' hours of work. The government's target is 72 hours a week by the end of this year. This long-standing problem was brought into prominence again by the sudden death of a 27-year-old doctor after working an 86-hour week; three months after his death the date for the inquest has not yet been fixed. The British Medical Association (BMA) after a random poll of junior doctors, found that 1200 of them were still working 83 hours a week or more, but the Department of Health insists that only 91 doctors are working these hours. The BMA's calculations are based on hours actually worked, while the Department of Health bases its figures on hours contracted to work. Until these two bodies can reach agreement on the facts, it seems unlikely that any progress will be made.