tries regarding the benefits resulting from complementary health practices and alternative medicine.

In 1998, in the prestigious *New England Journal of Medicine*, there was a very outspoken editorial: 'Alternative medicine—the risks of untested and unregulated remedies'. It stated that 'such constitute a huge and rapidly growing industry, in which major pharmaceutical companies are now participating'. 'Alternative medicine... often disparages modern science, and relies on what are purported to be ancient practices and natural remedies... healing methods such as homoeopathy and therapeutic touch are fervently promoted despite the lack of good clinical evidence of effectiveness... It is time for the scientific community to stop giving alternative medicine a free ride... Alternative treatments should be subjected to scientific testing no less rigorous than that required for conventional treatments.'

In the USA, even a decade ago, one in three adults was using unconventional therapy. In Australia, a recent enquiry concluded that 'there is evidence... of widespread acceptance of acupuncture, meditations, hypnosis and chiropractice, by general practitioners... These findings generate an urgent need for evidence of these therapies’ effectiveness.'

To come back to traditional healers, and to reiterate, clearly they must have more effective training, and more must be known of the benefits resulting from treatments. This need is widespread, bearing in mind, as recently stressed, that 'about 80% of the world’s population does not have access to western medicine and therefore depends on traditional medical practices'.

While there is some despondency over the situations described, it must be kept in mind, first, that in many western populations, current survival times are the longest ever, 75–80 years; and, second, that in Africans in South Africa, despite adverse circumstances, the mean survival time of 61 years is commendable, although unfortunately, it is falling due to the HIV/AIDS epidemic.

**REFERENCES**


A. R. P. WALKER

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**Letter from Mumbai**

**RESEARCH, INDIAN STYLE**

Experiences as a very modest research worker, referee for research projects and member of some scientific and ethics committees have provided me with insights that I would like to share with readers of this *Journal*. I believe that our research leaves much to be desired. Corrective measures need not necessarily require infusion of more funds. Simple methods, sincerely applied, might work.

In most cases, the problem starts with the real reason for doing research. It is not a compelling need to satisfy scientific curiosity or to further the bounds of existing knowledge. Nor is it a need to address relevant local problems that will not be attended to in the better-developed scientific communities of the West. Almost always, research projects are put up for personal advancement, padding the ‘curriculum vitae’ or one-upmanship. Other reasons are even more puzzling. I have just seen a proposal to set up a polymerase chain reaction assay that was handed in at the hospital administrator’s suggestion so that research funds could be used to establish a paying laboratory service!

It is rare to find a novel idea or an attempt at solving a hitherto perplexing locally important scientific conundrum presented to a funding agency. Much of what is sent in fits the definition of ‘research’, duplicating what has already been learnt. Only a few studies genuinely need repetition purely on the grounds that we are studying an Indian population.

Proposals often list a score or more individuals as researchers. On studying their names it is soon evident that just one or, at the most, two individuals will do the actual work. Why were the other names added? Directors, deans and heads of departments continue to consider it their right to be included as researchers on every project. Worse, I know of directors and heads of departments who summon those under them who have written up proposals and refuse to forward these unless their names are included at the head of the list of researchers. In three projects scrutinized recently, where the work is to be done in the laboratory, I learnt that senior clinicians made it very clear that no patients would be referred for the study unless their names were included.

Often, one sees the same name(s) on a large number of research proposals. These individuals are very busy professionals with
considerable practices. They also serve on innumerable committees and are flying hither and yon every few days to attend conferences and seminars. It is obvious that they have neither the time nor the energy to attend to the many projects undertaken. How have they managed to convince so many grant-giving agencies to provide funds? How have they stifled their consciences so that they can, with equanimity, gather accolades for studies that have actually been carried out by their juniors?

Capping all these disasters is the functioning of our national research funding agencies. Some time ago, I was invited to serve on a task force of one of our major research funding agencies. I accepted the invitation and wrote up a proposal recommending that all past projects funded by it should be analysed. Attention was to be focused on the time taken from submission of project proposal to decision by the funding agency and actual start of work on the project; how many of the aims and objectives of each project were actually achieved; reasons why the rest were not achieved; whether the research resulted in one or more patents; publications on the project with bibliographic references; scrutiny and appraisal of these publications; cost of the project according to the initial project proposal; actual cost of the completed project; and reasons for extra expenditure, if any.

Researchers were to be asked to comment on whether they encountered any difficulties in getting their project proposal approved; whether they encountered any difficulties in getting their funds at the start of each financial year; whether their communications to the funding agency were promptly and efficiently dealt with; whether they encountered any difficulties in getting their patented product into commercial production through a third party on payment of royalties; and whether they are satisfied with the returns from such commercial exploitation. I have received no response to this proposal.

To the best of my knowledge, there is no way anyone can scrutinize and conduct a cost–benefit analysis on research projects funded by the Department of Biotechnology, Department of Science and Technology, Indian Council of Medical Research and other such funding agencies.

What are the consequences of such practices?
For the amounts spent on medical research in India, the returns are pitifully meagre. Few Indian studies have stood up to international scrutiny. It is rare to see an Indian study quoted with respect or altering international practices for the better. No major international award for research, leave alone the Nobel prize, has been awarded to an Indian researcher for decades.

Medicine as a trade
The responses I received to the last Letter from Mumbai showed that it struck a responsive chord in many. Our readers might like to ponder the following quotation as well. It was sent to me, at my request, by Mr Nani Palkhiwala:

Who is a professional?
The professional man, in essence, is one who provides service.

But the service he renders is something more than that of the labourer. It is a service that wells up from the entire complex of his personality. True, some specialised and highly developed techniques may be included, but their mode of expression is given its deepest meaning by the personality of the practitioner. In a very real sense, his professional service cannot be separate from his personal being.

He has no goods to sell, no land to till. His only asset is himself.

It turns out that there is no right price for service, for what is a share of a man worth? If he does not contain the quality of integrity, he is worthless. If he does, he is priceless. The value is either nothing, or it is infinite.

So do not try to set a price on yourselves. Do not measure out your professional service on an apothecary’s scale and say, ‘Only this for so much.’ Do not debase yourselves by hoarding your talents and abilities and knowledge, either among yourselves or in your dealings with your clients, patients or flocks.

Rather be reckless and spendthrift, pouring out your talent to all to whom it can be of service. Throw it away, waste it and in the spending it can be of service.

Do not keep a watchful eye lest you slip and give away a little bit of what you might have sold. Do not censor your thoughts to gain a wider audience.

Like love, talent is useful only in its expenditure and it is never exhausted.

Certain it is that man must eat, so set what price you must on your service. But never confuse the performance, which is great, with its compensation, be it money, power or fame, which is trivial.

Elbert P. Tuttle Sr. (1957)

In a similar vein, Sir William Osler, addressing the students at St Mary’s Hospital, London in 1907, said: ‘You are in this profession as a calling, not as a business; as a calling which exacts from you at every turn self-sacrifice, devotion, love and tenderness to your fellow-men. Once you get down to a purely business level, your influence is gone and the true light of your life is dimmer. You must work in the missionary spirit with a breadth of charity that raises you far above the petty jealousies of life.’ He was fond of quoting Sir Thomas Browne: ‘No one should approach the temple of science with the soul of a money-changer.’

S. K. PANDYA