Letter from Chennai

AS OTHERS SEE US

‘O wad some Power the giftie gie us
To see oursels as ithers see us!’ — ROBERT BURNS

I am not much of a television watcher. My viewing is confined to the time I spend on the treadmill in my cardiologist-mandated exercise session every morning, and consists largely of news programmes. However, my interest was aroused when I read in the newspapers that groups of doctors and branches of medical associations all over the state were united in protest against the 17 August 2014 episode of a Tamil discussion programme entitled ‘Neeya Nana’ (translated ‘You or I’). Each day’s paper carried a report of one or more such groups demanding apologies from the television channel and the presenter of the programme. No apology has appeared as yet. I was able to access the full programme online, though several days had passed after the programme had been aired.

The participants in the studio were lined up on two sets of galleries, in one of which the presenter, one Mr Gopinath, had collected some doctors, and opposite them the other gallery seated a number of lay persons. This episode was titled ‘Doctors versus public’, which gave us an idea of what to expect. I do not know what led this group of doctors to submit themselves to what was obviously designed to be an inquisition. They allowed themselves to be ambushed by a well-informed and vociferous section of the public, who were abusive and belligerent, and the moderator who should have ensured fair play was out to score points off the doctors. Obviously, the audience would be more interested in fireworks than in reasoned discussion, and his ratings would rise. The accusations were many. First, we ask for unnecessary investigations. Even if a patient comes with recent investigations done at some other hospital, we have them repeated. Second, we direct patients to a specific laboratory with which we have an arrangement and we do this because we are enticed with cutbacks and commissions.

The next weapon was the ‘health check’. We unnecessarily order health checks, which only frighten people with their findings. After the health check, we ask for many more investigations, and the patients spend huge sums of money. Further, how could there be many differing charges for a health check? Someone brought a brochure from a laboratory that offered some 20 different checks, all priced differently. When some doctors tried to say that many different conditions could be tested for, and what we ordered depended on what the patient was suffering from, the moderator himself roared that we called it a ‘master health check’, and a ‘master’ should include everything. One well-read member quoted a recent Cochrane review that analysed 182 880 persons who underwent health checks in the UK, and found this did not offer any benefit by way of morbidity or mortality in the long run. This was a crushing argument, and even the doctors had to admit that they could not disagree with the Cochrane review. They were unprepared for this, except one doctor who said he had read it through, and had to accept it. None of them knew the objections that had been raised in the medical literature, including by the authors themselves, that limited screening for specific conditions, accompanied by effective therapy, might be beneficial. What is not worthwhile is indiscriminate testing for a number of conditions in an asymptomatic population, which is certainly not cost-effective, and might create unnecessary worries in subjects identified to have disease.

There was criticism of unnecessary ultrasounds during pregnancy, again creating anxiety, and unnecessary caesarean deliveries. However, a doctor speaking on behalf of the public, and seated in their gallery, said that one should not blame the doctors. All this was management-driven, as hospital administrators set targets, and doctors had to meet them. A few of the doctors admitted that they were pressurized to do tests or operations.

The next topic was medical negligence. A young couple, the mother carrying an infant, came in with a sad story of the child having been born of a caesarean section after the mother spent a whole day in painful and fruitless labour, and having been whisked away to an incubator after the parents had just a brief glimpse. The child was not shown to the parents till 4 days had elapsed, and then only on their aggressive insistence, and they found both eyes of the infant swollen. When they insisted and took the child away, they found the child to be listless, crying and unable to see, and that the ophthalmologists they consulted said nothing could be done, and said the child would remain blind. The child was produced in the studio, and it is indeed heart-rending to think of an infant condemned to a life without light, and of the plight of his parents.

The problem, of course, is that every accusation was true. The fact that not all doctors are guilty of such practices, maybe not even the majority, does not alter the fact that a sizeable number of doctors are. Since that programme was aired, a number of doctors have appeared on television to refute the allegations. They spoke of the hours of toil they had put in to make themselves good doctors, of the efforts they took for their patients, of sleepless nights, of long hours without food or rest. To my mind, all this is pointless. We need not protest our innocence, for all we have is our word against theirs. These arguments do not carry weight. All we need do is to render honest service to our patients, and they will not heed the accusations, and certainly will not keep away from us. I have not noticed any reduction in the crowds in the hospital lobby as I go to work each day.

It would help if we dissociated ourselves from all dishonest and unethical practitioners, and thereby discouraged them, but I do not think we will ever rise up in arms against the unethical and make complaints against them. And to whom would we complain?

THE BEGGING BOWL

The Government General Hospital in Kochi has launched a scheme to have members of the public donate food for poor patients at the hospital, and a news item mentions that some people and organizations have come forward to support this scheme. I am sure there is no harm in asking for public support for any scheme, but is it not the duty of the government to provide free healthcare for the poor, and should that not include food for inpatients? How many of its duties will the government abdicate?

UNHEALTHY TEACHERS

The Government of Karnataka introduced a rule under the Karnataka State Civil Services (Regulation of Transfer of Teachers) Act, 2007, whereby teachers suffering from any of four conditions — heart disease, cancer, renal failure and HIV/AIDS — could seek transfers to the place of their choice to facilitate their
treatment and yet continue to work. Apparently 52,489 people had sought transfer under this scheme, of whom 50,054 were thought fit (unfit enough?) to be called for counselling. This is 23% of the entire workforce of 217,433 teachers, and suggests that Karnataka teachers are indeed a sickly lot. Only 492 were actually transferred, but at least 32 were suspected to have made false claims for diseases such as uncomplicated diabetes, and the Commissioner of Public Instruction wants to look into all the others. Some doctors said this should not be done as members of our profession had examined the teachers and issued certificates, but what is our word worth in today’s world?

ENSURING EXCELLENT HOSPITALS
A news report said 796 hospitals in Tamil Nadu, both in the public and private sector, have been empanelled under the Chief Minister’s Comprehensive Health Insurance Scheme. The government wants all of them to obtain accreditation from the National Accreditation Board for Hospitals, and will set up a ‘help centre’ to enable them to achieve the necessary standards. This seems to be a laudable initiative. In course of time, I suppose such accreditation should become mandatory for all hospitals in India.

SPEAKING IN THE ASSEMBLY
I was privileged to deliver the first CTP (for Cadaver Transplant Programme) oration of the Government of Tamil Nadu. I was privileged to have Tamil Nadu’s Health Minister and Health Secretary in the audience throughout my talk, and, above all, I was privileged to be the first person (excepting those who made introductory remarks that evening) to address an audience in the Legislative Assembly Hall of what would have been the Seat of the Legislature and the government, had the last state election gone the other way. The Convener of the Cadaver Transplant programme, Dr J. Amalorpavanathan, invited me, and encouraged me to speak on the prevention of chronic renal failure, in other words, to describe my efforts to render his programme redundant. For once, the corridors of the Omandurar Estate Multispecialty Hospital, normally sparsely populated, were crowded. I could imagine myself a Chief Minister addressing the full assembly in the spacious hall with its comfortable seats, a desk before each chair, equipped with individual microphones for each person in the hall. The acoustics were excellent. Whether my appeal for prevention, and, if not that, at least to reduce the number of donors by insisting that two-wheeler riders wear crash helmets, will have any effect, is uncertain.

The annual report of the State Cadaver Transplant programme was released on the occasion and it made impressive reading. We Tamils had 1.8 organ donors per million population in 2013, against the national figure of 0.26 per million—130 deceased donors gave 670 solid organs during that year. We can be proud of the figure, but we need to do far better, to reach Spain’s astounding 35 donors per million and 4279 solid organs in 2013.

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