Letter from Mumbai

REDUCING COSTS FOR PATIENTS: AN EXAMPLE WORTH EMULATING

During a recent visit to Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS), Lucknow, I learnt about a salutary practice that should be used by hospitals throughout the country—especially those in the private sector. Such a step will prove a boon to patients and a major step in ensuring transparency in financial dealings.

Items purchased by the Central Stores—drugs and other pharmacy items, consumable items needed during surgery, in intensive care units and in laboratories—are listed by a special management committee. This committee consists of a professor nominated by the director, the chief medical superintendent, three other faculty members nominated by the director, the finance officer, a materials management expert and the stores purchase officer. The list is based on the requirements of various clinical and other departments.

Items are purchased after national bidding restricted to original manufacturers and importers. Tenders are invited on the basis of technical and financial criteria. Every effort is made to obtain products of the highest quality at the maximally discounted prices. Where required, the firms selling the items are made to agree to providing upgraded versions without a price hike and to ensure optimum level of inventory. Suppliers are assured early payment.

Reduction in prices of drugs can amount from 25% to 70% or more. A small part of the sums saved is retained by the hospital as service charge. The rest of the discount is directly passed on to patients. An example: a branded drug from a multinational company with maximum retail price (MRP) marked as ₹100 can be offered to the patient for ₹25.

Contrast this with the practice by a well-known chain in the private sector. When a pulmonary disease patient, about 30 years old, was brought with bilateral pneumonia that left him breathless. He was blue and had a feeble pulse. Mild improvement was noted after administration of oxygen under pressure through a facial mask. When the use of a ventilator was proposed, he refused it outright. When you realize that similar considerations obtain in the chain being told which company will supply particular items, the preferences of clinicians and other experts being overruled.

TWO NOTEWORTHY HISTORICAL PUBLICATIONS FROM SGPGIMS

Silver Jubilee Souvenir—25 years of excellence is a paperback volume (2014; 285 pages). It reviews the progress of the institute, development of its various departments, research studies carried out and publications that followed from them. It also lists the alumni and PhD scholars emerging from it. Facts, figures and bibliographic references are provided, the latter covering 3315 publications.

It also provides details on the working of various departments and the institute’s telemedicine programme. I especially commend the sections on the hospitals revolving funds—for consumables and for expensive tests (pp. 272–6). These provide details on how the institute makes purchases and provides drugs, other consumables and expensive tests at considerably reduced rates to its patients.

The volume also features the reminiscences of its senior and retired teachers and obituary notes on those who have passed on. These describe the travails of the pioneers and how odds were overcome.

25 Glorious Years of SGPGIMS 2014—a pictorial journey is a hard-bound companion volume and, as suggested in the title, provides photographs, most of them in colour, tracing the evolution of the institute and highlighting those who made it possible. Events from the laying of the foundation stone by President Neelam Sanjeeva Reddy in 1980 onwards show us the progress from the construction of the administrative block and the small general hospital to occupation of the present hospital building and the additions made as required. The campus is further enriched by its own nature park and animal reserve where deer and other wildlife roam free. Pages 14–41 show us the progress over time and the projection up to 2020. Subsequent sections highlight dignitaries who have visited the institute from its beginning, key administrators and institute-builders, the structure and functions of each department. ‘Back-stage players’ are not neglected. This section describes the kitchen, laundry, oxygen supply unit, central sterilization department and the bio-medical waste management programme.

Dr FAROKH UDWADIA

I had the privilege of listening to this erudite and respected senior physician talk on medical ethics and was the richer for the experience. Humble and quick to acknowledge the sources of his own enlightenment, he spoke simply and clearly. Since ours was a mixed audience of lay and medical persons, he took care to simplify medical terms and use common examples. The discipline displayed by him was salutary and he completed his task with 5 minutes to spare.

Let me give you a glimpse of his message. Medical ethics, he explained, dealt with the ‘moral obligations that govern the practice of medicine’. He discussed briefly the modern principles of autonomy, beneficence, non-maleficence, justice and confidentiality. While describing each principle, he used examples from his own practice and pointed to the occasional need for exceptions to each of them. A patient, about 30 years old, was brought with bilateral pneumonia that left him breathless. He was blue and had a feeble pulse. Mild improvement was noted after administration of oxygen under pressure through a facial mask. When the use of a ventilator was proposed, he refused it outright. The principle of autonomy would have necessitated following his decision. ‘What was I to do? His illness was treatable and the use of the ventilator with appropriate drugs would help resolve his pneumonia.’ The principle of beneficence triumphed over that of autonomy. Dr Udwadia disregarded the patient’s wish and
that they ought to be developing during medical training. How to but require a range of competencies, skills, values and attitudes that good doctors are not mere encyclopaedias of medical literature, a chord with some readers of the This extract from a speech in 1876 by Thomas Huxley may strike undergraduate medical education student selected components in medicine.

Dr Sanjay Pai, well known to readers of this Journal, had described a couple of instances that remain etched in my mind. ‘While I was an undergraduate student at J.J. Hospital, I saw a professor walking into the outpatient clinic, leading a patient by the hand. I wondered what this was leading to and slowly realized the point he was trying to make. The young woman in her mid-twenties was one of our early patients with HIV/AIDS and among the first few cases in India. By holding her hand, Dr Udwadia taught us a lesson in compassion that I have never forgotten. ‘That was not the only lesson I learnt that day. Earlier in the day, as I waited for the lift on the ground floor, we saw him dash past us and charge up the stairs to the seminar hall on the sixth floor. As we sheepishly followed him, he taught me two other lessons: never be late for a meeting and lifts are for those unable to run up the stairs.’

The humility that characterizes Dr Udwadia was especially evident when Dr C.S. Ranawat admitted Mr Atal Bihari Vajpayee to the Breach Candy hospital for surgery on his knee joint. Dr Udwadia was responsible for the perioperative medical care of the patient. National curiosity on the medical progress of the Prime Minister had reporters on the hunt for the latest updates from the hospital consultants. We had daily statements from Dr Ranawat and his colleagues in our newspapers. There was no word from Dr Udwadia. On enquiry I learnt that when he was approached by news and television journalists, he gently but firmly guided them to the hospital spokesman. There was a similar absence of Dr Udwadia’s name from newspaper columns when Mr Dhirubhai Ambani and Mr Amitabh Bachchan were treated at the Breach Candy hospitals.

Dr Udwadia’s books, like his talks, are models of how information—though complex and erudite—can be conveyed simply and effectively. Readers who have not yet had the good fortune of reading them would do well to look them up in the library. I specially recommend three of them:

2. Udwadia FE. The forgotten art of healing and other essays. New Delhi:Oxford University Press; 2009. Essays and talks delivered in a variety of settings have been brought together here. Dr Udwadia has taken Hippocrates’ statement as his basis for these essays: ‘Wherever the art of medicine is loved, there is also a love of humanity.’
3. Udwadia FE. Bedside clinics in medicine. Oxford, New Delhi:Oxford University Press; 2009. Transcripts of 20 clinics conducted by Dr Udwadia at the patients’ bedsides are provided here. A variety of illnesses are discussed. The reader is made to sit in at each clinic and witness the elicitation of history and physical signs, discussions between medical students, resident doctors and Dr Udwadia and the decision-making on tests, diagnosis and treatment. Dr Udwadia’s wide experience enhances these accounts as he provides nuggets from the case notes of earlier patients.

SUNIL K. PANDYA

Letter from Bristol

STUDENT SELECTED COMPONENTS IN UNDERGRADUATE MEDICAL EDUCATION

‘A system of medical education that is actually calculated to obstruct the acquisition of sound knowledge and to heavily favour the crammer and grinder is a disgrace.’

This extract from a speech in 1876 by Thomas Huxley may strike a chord with some readers of the Journal. It is abundantly clear that good doctors are not mere encyclopaedias of medical literature, but require a range of competencies, skills, values and attitudes that they ought to be developing during medical training. How to incorporate these into the undergraduate medical curriculum along with the ever-growing body of core medical knowledge appears to be an increasingly impossible task. To address this challenge, the General Medical Council (GMC), the statutory body responsible for setting standards for medical education in the UK, issued the first edition of Tomorrow’s doctors in 1993. These were a set of guidelines designed to reform undergraduate medical teaching and bring it into the modern era. Among the key themes of this document, it noted Huxley’s criticism and expanded on it stating that due to the ‘gross overcrowding of undergraduate medical curricula’ the ‘scarcely tolerable burden of information that is imposed taxes the memory but not the intellect’ and that ‘the emphasis is on the passive acquisition of knowledge, much