

An injection of hope

On May 25, a hoarding went up near the international airport terminal. It said, 'Honest Opinion. No Commission to Doctor,' with a logo of the Asian Heart Hospital below.

Dr. Desai of the Mira-Bhayander group spotted it, and got in touch with AHI's director, Ramakant Panda, who as it turns out, is the brain behind the billboard. (See **interview alongside**.) "It was like a ray of hope for us," Dr. Desai says. "We were after all small-time doctors. But when Dr. Panda took up the same issue, we gained a certain level of confidence."

Dr. Panda's campaign certainly got the eyeballs. But it also set off a severe allergic reaction within the medical fraternity. Many doctors are upset about the method Dr. Panda chose to bring the matter to light.

"It was nothing but an attention-seeking gimmick," says Jayesh Lele, national secretary of the Indian Medical Association's hospital board. "By trying to project himself in good light, Dr. Panda has done much harm to the medical fraternity." Dr. Lele feels that Dr. Panda's bringing the ethical transgressions of the industry into the public eye is unethically promoting his hospital. "What the point of the advertisement? Does it mean that except AHI doctors, all others are in the wrong?"

The IMA and the Association of Medical Consultants wrote to Dr. Panda stating that his campaign was in "poor taste." But Dr. Lele does say that they will support the state government, which has formed a committee to brainstorm on an anti-kickback law on the lines of laws in some other countries.

An opinion piece in the British Medical Journal by two Indian doctors, Sanjay Nagral from Mumbai and Samiran Nundy from Delhi, called Dr. Panda's actions "courageous." The article said, "things will only change when young Indian doctors who are first starting out in their practice, after investing large sums of money in their medical education and training, choose to do what is best for their patients notwithstanding financial considerations."

ment or unnecessary treatment, and commercial motives are the reason behind it.

With all the buzz around the capping of stent pricing, I felt this was the best time to bring it to public notice and sustain the campaign. I am clear that we won't be able to completely eliminate the practice, but will definitely try to bring it down.

Why a hoarding?

■ Once you put up a hoarding, it remains there for a month or two and people notice it. We chose a prominent location near the airport where people are travelling from all over the country; it is not only for Mumbai; we want the message to spread and people from all over to notice it.

We had a long debate on whether we should put the message of 'no commissions' directly. But I felt that if you write something indirectly, the public may not understand. So we decided to put the hard facts out there. We wanted people to react. If they don't react, it all fizzles out.

Did it work?

■ It did. Soon after we put up the hoarding, the State has formed a committee to make a law against the cut practice.

The genuinely honest doctors are supporting us. Doctors who are most dishonest came out vehemently against us but now they are changing their tune.

The Indian Medical Association's president-elect sent me a message saying that it was unethical to put up such hoardings. What is more unethical? Tak-

branding of AHI?

■ No. We are getting everyone involved. We will be more than happy to put everyone's name out there.

You started AHI when the practice was already prevalent. How do you ensure your doctors don't take cuts?

■ People kept asking for cuts, but we strictly said no. Gradually, the message went out.

When we hire doctors, we give them a code of conduct that spells out two things boldly: no cuts, and no cash should be collected from patients. In 2005, we terminated three well-known doctors as they collected cash from patients.

Also, we have been selective about our hiring. We did not take doctors infamous for taking and giving cuts.

What do you think is the root cause?

■ Two sectors are aggressively driving the cut practice: general physicians and private hospitals. It has become a systematic, organised structure, institutionalised over a period of time.

[In private hospitals,] 10% to 25% of a patient's bill is paid to the referring GP. The moment you pay this much money, your focus automatically is not on treating the patient but to see how much you can extract from him.

There are two other reasons.

One is the high cost of medical education. By the time a student completes the MBBS, the parents have spent at least a crore or more. It all stems from there. The other is greed.

