

Redefining Medical Practice for the Next Decade

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ABSTRACT

Medical professionals play an important role in modern society. Throughout history, the medical profession has played an important role in transforming the society. Today though, the scenario is different and there is a total breakdown of trust and confidence on both sides between patients and health-care professionals. If health-care professionals desire to be able to correct this perception and ensure that violence against doctors is reduced, there is a need to take urgent and corrective action in this regard. This article looks at some of the measures that can be undertaken to ensure that future health-care practice in India regains its lost recognition and respect.

Key words: Medical professionalism, medical ethics, doctor-patient relationship

Medical professionals are one of the most important role models in modern society. The medical profession has played an important role in transforming the society, across all ages, religions, cultures, and countries.^[1] Medical practice bridges the gap between the science and society. Doctors are catalysts for change as they apply modern scientific knowledge to provide health-care services to the patients. The steady increased in life expectancy and improvements in quality of life testify to the effectiveness of modern health care. There have been impressive improvements in the equipment, techniques, as well as in the outcome, with increasing attention being paid to provide a more effective health-care delivery system.^[1]

It is, therefore, expected that doctors should assume responsibility for their conduct and the consequences. In the not too distant past, doctors were revered as being next to God. In fact - doctors were considered

to be among the most reliable and trusted family members who would be called on, often in emergency situations, to treat or save the life of near and dear ones in the family. Unfortunately, the reality of today is that the traditional relation between doctors and society is diminishing and being constantly questioned.

We are deeply conscious that medical profession is suffering from a crisis of credibility and lowered confidence from the patients perspective as well. Doctors are working in a "VUCA" world, where VUCA stands for volatile, uncertain, complex, and ambiguous.^[2] The outcome is a lack of mutual trust from both sides, the Sword of Damocles of threatened violence constantly hanging over the heads of the medical professionals.

The medical profession has seen many achievements in the past few decades; but growing violence against doctors is on a meteoric rise, especially in India.^[3] To just highlight few cases of assault on doctors, we have recent events in Kolkata on June 11, 2019, where an intern at Nil Ratan Sircar Medical College was severely beaten up after a patient died.^[4] The victim was reported to have suffered permanent brain damage that may result him having to leave the profession. In August 2016, there was a violent attack on two medical residents of BJ Medical College, Pune, only because the patient died.^[4] On March 15, 2017, in Dhule, an orthopedic doctor was attacked by relatives

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as the patient died due to alleged delay in treatment.^[4] These frequent violent episodes in India, where doctors traditionally have been regarded highly by the society, reveal that the image of medicine as noble profession is being questioned.

What could be some of the reason behind this changing image of doctor? In the past, communication, doctor-patient relationships, professionalism, etc., as disciplines were not specifically included in the earlier medical curriculum. There were no specific courses on any of the above and training was not addressed as part of the standard medical curriculum.^[1] The ideal behavior of a medical professional was demonstrated through the behavior and manner of the senior doctors in everything they said or did and was considered to be the "hidden" or "informal" curriculum.

Unfortunately, in recent times, this whole noble and service-driven profession has been usurped by the rampant commercialization of health care, few unethical practitioners, and a generalized failure of the regulatory system to correct such wrong-doings. It is a common consensus that one of the approaches to remedy this unfortunate situation is the need for medical practitioners to be more professional in all their dealings with the patients.

But what is medical professionalism? Does it translate to better health-care outcomes? Like any other service industry, health care is not an exception. The biggest difference is every doctor is a service provider and every patient a consumer. The Indian health-care service industry is under evolution and there is definitely scope for improvement. The essence is that every doctor must be groomed well in "service orientation" as a part of medical professionalism.

A report on medical professionalism was published in 2005 by Royal College of Physicians, London, and according to them, "Medical professionalism comprises a set of values, behavior, and relationships that underpin the trust that public has in doctors."^[1] This should be the foundation or core of the quality health-care system that is based on an attitude of care. Practice of medical professionalism is presently affected by commercial, cultural, and political influences. Lack of professionalism translates into suboptimal medical care and is harmful to public interest. Medical practice is more than just knowledge and skills to treat disease but also encompasses empathy, feelings, care, and concern for human beings who are often rooted in fear, pain, anxiety, apprehension, and several unknowns.^[5]

Professionalism, therefore, must be taught and evaluated as a specific topic. A major initiative should

be aimed at ensuring that physicians understand the nature of contemporary medical professionalism and live according to its status.^[1]

Professional conduct involves adhering to certain values:

1. Integrity: Honesty is one of the virtues where a doctor has the moral courage to tell the patients the truth of what has happened. To quote a real-life incident, a famous ophthalmologist operated on a patient; due to some intraoperative complication, the patient unfortunately lost his eyesight. The doctor explained the entire episode truthfully to the patient and relatives. Later, the patient, appreciating the integrity of the surgeon, requested the same surgeon to operate on the remaining eye as well. The operation was performed and the patient eyesight was restored. This is the ideal example of ethical communication and mutual trust that all health-care professionals need to imbibe.
2. Empathy: This is the ability to understand and share the feelings of suffering patients. Doctors need to demonstrate compassion for others and respond appropriately to patient emotions and those of their family members as well. Recently, following the death of a newborn in a well-reputed hospital, the staff showed totally lack of empathy and an apathy of emotions when they handed over the body of the dead child wrapped in the newspaper and stuffed inside a polythene bag. It is not unexpected if we see even rational humans express anger when such callous behavior is demonstrated. This sad episode could have been easily handled by consoling the relatives and giving moral and emotional support to the grieving family and some show of human dignity in the manner the body was handed over.
3. Self-motivation for excellence: In this era of ever-advancing technology and knowledge, doctors should exhibit enthusiasm for keeping abreast of the latest developments in their field of specialization, lifetime learning, and striving for excellence.
4. Self-confidence: Doctors should anticipate and handle all emergencies and complications and have the confidence to deal with them. This can only come from a commitment to learning and upgrading their skills in each and every field.
5. Personal grooming: The first impression still matters and all health-care professionals should be impeccably dressed in a manner that exudes confidence and makes it easier for the patient to trust the doctors.

6. Time management: Nowadays, patients are kept waiting for their appointments for a long time which causes grievance and increases the mental trauma of an already distressed person. Technology, in the form of computerized appointment systems, the use of SMS to intimate the patients, etc., can be used in this regard so that waiting time is reduced or patients are informed when the doctor is delayed.
7. Teamwork: By working as a close-knit team, doctors can provide comprehensive health care of very high order. Misplaced sense of ego cannot be a part of a good health-care practice. However, mutual respect and appreciation for even minor contributions should be regularly recognized and practiced daily.
8. Respect: Showing necessary respect to all by being polite and not using derogatory terms which are also demeaning is vital. In this way, violence against doctors can be minimized.

A major overhaul of medical education is a must from the very inception of students into the profession. In addition to medical knowledge and skills, all the above-mentioned values must be inculcated in the students. It is fortunate that foundation courses or AETCOM module has been introduced in the syllabus of medical curriculum since this year.^[6] This will ensure that the vital areas of ethical communication and professional behavior are explicitly taught to the students throughout their undergraduate curriculum.^[7]

Another important aspect is keeping up with social expectations. There is a need of doctors in rural areas or periphery as the services of specialties are not reachable to remote places. Dedicated doctors like Dr. Prakash Amte and his wife, Dr. Abhay Bang and his wife, and Dr. JS Roy are a few examples of those who are serving the people in tribal areas where even basic medical facilities are not available. The government is spending a meager amount on health care which has resulted in poor infrastructure and deficiency in human resources in government hospitals.^[8] Hence, people are forced to go to the private health-care services.

The government has limitations on providing affordable health care and then again, they have strangled the small hospitals and doctor clinics by enforcement of the Clinical Establishment Act 2010.^[9] This act disrupted the functioning of small hospitals which were providing excellent services. The existing gap in health care has now been filled by corporate setups for whom profit is the only aim. They employ doctors, who will be hired at the lowest pay and charge huge sums of money for even minor procedures.

Many do not know that doctors rarely receive more than 10–15% of the final bill; yet, only the doctors get blamed for the exorbitant charges. An ethical health-care professional can only resign or bury his conscience to survive. Health insurance cover has made people mistakenly believe that they can now afford to get treated at such institutions and push themselves into increasing debt.^[10]

There are many laws in place to protect health-care professionals – 19 states in India have laws for the protection of medical professionals and health-care establishments.

According to the Maharashtra Act XI of 2010:

- Any damage or act of violence against Medicare professionals is an act punishable by law. Medicare professionals include doctors, nurses, paramedics, medical students, and hospital attendants/staff.
- Any damage to the property or the Institution of Medicare Service is prohibited. Destruction of hospital beds, burning of ambulances, and smashing medical stores is punishable by law.
- Imprisonment to lawbreakers for a minimum period of 3 years and a fine of INR 50,000 to be imposed if found guilty.
- Offenses can be cognizable or non-cognizable crime.
- Damage to any medical devices and equipment is a punishable offense and the offenders are liable to pay twice the amount of the damaged equipment cost.

The reality though is very different on ground. Many of these have not been implemented effectively due to the lack of concern from the administrators. Very few cases have reached courts, and none accused of assault on Medicare establishments has been penalized under the said Medicare Service Persons and Medicare Service Institutions (prevention of violence or damage or loss of property) Act.^[10]

In conclusion, it is mandatory that all stakeholders assume the ownership and take cognizance of sorry situation of health-care services in tier 2 and tier 3 cities in rural India. The doctors and all health-care staff need to introspect and find ways and mean to correct the wrong-doings of a minority for which the entire profession is blamed.^[11] Committed and professional doctors will continue to save lives and provide high-quality care to their patients provided that they are open to transformations in these modern and challenging times.^[12] Though the situation is improving with time, Governmental and other statutory bodies such as WHO, IMA, etc who have access to larger budgetary

provisions should take the lead in ensuring that ideal health-care standards are maintained all across the country.

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