

MCI's New Code of Ethics for Medical Professionals: An Exercise in Vain or a Welcome Move

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The Medical Council of India (MCI) via amendment to the “Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulation 2002” has brought out the code of conduct for doctors and professional association of doctors in their relationship with pharmaceutical and allied health sector industry which prohibit them from accepting any gifts, travel facility or hospitality, from any pharmaceutical company or the health care industry(1).

According to the new rules, a medical practitioner may carry out, participate in or work in research projects funded by pharmaceutical and allied health care industries, but has to ensure that the particular project has due permission from the competent authorities. The practitioner also has to ensure that the research project gets clearance from an institutional ethics body. These Regulations may be called the “Indian Medical Council (Professional Conduct, Etiquette and Ethics) (Amendment) Regulations, 2009 - Part-I”(1).

MEDICAL PROFESSIONALS' REACTIONS

The fresh code of conduct has raised many issues, and both the sections have reacted sharply to above strictures. While many medical professionals have hailed the new initiative and dubbed it an encouraging sign to prevent rampant commercialization of health sector, many have criticized the move by the apex body questioning their real intentions and calling it as a trivial, non-serious issue.

While the MCI maintains that the move will help in building a healthy relationship based on self-regulation between doctors' and pharmaceutical and

allied health sector industries, and preventing unscrupulous practices by doctors; the medical community accuses MCI of playing cheap gimmicks on behalf of their political bosses. They asked the body to concentrate on the ‘real issues’ faced by the health sector like honing the skills of doctors, improving their wages, and working conditions, ensuring deployment of doctors in remote areas, and increasing number of post-graduate courses for them. They argue that if a doctor is paid decently, he will lack motivation to go in for deals/commissions with unscrupulous elements.

INDUSTRY'S RESPONSE

Pharmaceutical industry has also responded favorably to the MCI's recent move and submitted a self-regulatory code of conduct to the government that curbs unethical sales promotion and marketing expenses, bans non-medical and personal gifts, payments in cash, freebies and all-expense paid junkets for doctors and their families. This code will aim at bringing in transparency in sales promotions and ban bribes to doctors for drug promotions. This will be a great deterrent for violators as it will tarnish their reputation and brand, which, if they deal globally, will have a multiplier effect.

The code says that pharmaceutical companies can sponsor doctors to international scientific conferences, but companies cannot organize exotic overseas trips for them. No company may organize or sponsor an event for healthcare professionals that take place outside the home country unless it is appropriate and justified to do so from logistical and security point of view, and only to impart scientific or educational information. And, any sponsorship

provided to individual healthcare professionals must not be conditional upon an obligation to prescribe, recommend or promote a product.

THE CRITICAL ISSUE

Even though the intention behind framing the code of conduct appears good, the greater issue is the enforcement of these guidelines which seems an uphill task. Who would be the 'competent authority' and 'institutional body' supposed to act as a watchdog of public interests? MCI has a very dismal record as far as enforcement of its own guidelines is concerned. Laws have no meaning when enforcement lacks. The professional ethical codes about advertising in media about clinics and hospitals are there in IMC act since 1956, but how many professionals are strictly following these guidelines? On how many occasions, did MCI cancel the practice license of an errant? MCI will also have to indicate very clearly the mechanisms for implementing the code. On the other hand, before even making any attempt to rid the medical fraternity of unethical practices, the body should first set its own house in order. The MCI must also clear itself from the charges of corruption and should work independently as a sovereign competent body free from the shackles of political interference.

NEED OF THE HOUR

Until and unless, the MCI or other enforcing body is given enough teeth to enforce these codes, introspection and self regulation by the doctors remain the only way to curb the ever-rising unethical practices in the health care sector. The proposed self-regulatory code of pharmaceutical companies lacks teeth and has several loopholes since it is not legally binding on companies.

Even as the Government of India is still debating a code with the drug industry to curb unethical practices, big houses worldwide have started disclosing payments made to physicians, including

dollars spent on consulting gigs, clinical trials and even meals(2). So money shelled out by companies to doctors for speaking and advising engagements, investigator-initiated research and gifts will also be posted on the companies' websites for all to see. The pharma companies here should also take a cue from their Western counterparts and publicly display their spending on drugs promotion and professionals' sponsorship.

There is further need to frame new rules to deal with other medical sectors such as maternity hospitals, pathology labs, and diagnostic centers that are freely indulging in corrupt unethical practices like cuts/commissions to doctors for referring cases.

On the other hand, the government and MCI should also focus on the more serious issues faced by the health care system of the country- particularly the issues like non-availability of doctors at remote/rural areas, poor health infrastructure of primary health centers in major states, shortage of health care professionals and paramedics including nurses, etc. The grievances of doctors working in public sector must also be addressed humanely. Only then these strictures and coercive measures imposed by the MCI and government can be seen as sincere and just by the medical fraternity.

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