The Global Indian Doctor:
Workshop on promoting professionalism and ethics

10th January 2014—Kolkata
Brief notes and next steps

Introduction

One in six people on the planet is an Indian. India and Indians face some of the most challenging health problems in the world and also contains the solutions to some of the key health and healthcare issues facing our planet today.

Amazing work done by Indians is transforming care not only in India but across the globe. India can take credit for continuing to save the lives of thousands of people living with HIV and AIDS in sub-Saharan Arica and over the globe by providing low cost antiretrovirals which were a game changer for the fight against HIV/AIDS.[1] Medical 'tourism' is often viewed as catering to the Westerners who want cheap care that they can't afford in their home countries – but in reality India is hub for medical care for neighboring nations which don't have such facilities and also for countries in Africa and other developing countries. It is not so much luxury tourism as it is filling a global need for healthcare services.

The diaspora has always contributed in small or large ways to the health developments in India. So far there were two main tides – one was driven by commercial interests of benefiting from the need and ability of corporate Indian healthcare to generate attractive revenues. The other was the group of people who would come to do camps or provide free charity care. Now the third tide is gaining momentum – this consists of the Indian diaspora that is collaborating with the Indian based healthcare workforce to think about how we can apply our minds and collective experience to transform health systems. This is a welcome tide, one which may have more sustainable impact than the former two. And this workshop is an example of this third tide.

With nearly 1.2 million Indian doctors worldwide, they can be a powerful resource for change. However, are we up for the challenges facing the health system in India? How can we reinvigorate the sense of vocation and promote professionalism and ethical practices? How do we support and develop health leaders in India?

Plenty of delegates means plenty of ideas

[1] http://apps.who.int/medicinedocs/en/m/abstract/Js19162en/

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In the domain of ethics and professionalism the current picture in India appears to be light years behind where we should be. Additionally all current progress is focused on technical improvements – building new hospitals, providing even more specialized care etc. There is minimum to no conversation about the culture of healthcare, about respectful and dignified care for patients and about honest and upright delivery of healthcare services. On the one hand we have public health care which is overcrowded and under sourced and on the other hand we have private care where the moral imperative of health care delivery seems to have been overshadowed by the commercialization of health care. And most importantly it appears that medical education in this country is failing to inculcate key ethical attitudes in our workforce and there seems no effective regulatory pressure that would stem unethical practices.

Certain ethical principles are universal but certain ethical and professional issues may be unique to the Indian setup which may need further thought and attention. One example is patient doctor communication challenges which are unique given the myriad languages in India. Comprehension of instructions and prescriptions written in English is very limited and prone to misunderstanding through intermediary 'translators'. Informed consent is widely misunderstood and its purpose is often lost and perhaps the recent move to enforce video recording consent procedures may actually be more intrusive to patients/research participants.

> *"What are some of the things that can be done to shift this current scenario to one where doctors treat patients with respect, where care is evidence based and there are strict deterrents for unethical practices?"*

Delegates Deliberate

Workshop deliberations

We spoke extensively about the critical role of *education and mentorship* in inculcating right values from the start and some suggestions in this regard were as follows:

♦ Morals, Ethics, Communication, Safety and Quality, leadership should be part of curriculum.

♦ Students should be familiar with evidence based medicine and be able to appraise and find scientific literature.

♦ Competency based online modules/curriculum can be developed for large scale use and implementation.

♦ Medical students and any new doctors joining an institution should be required to complete these modules/courses.

♦ Ongoing mentorship to guide new physicians in good professional and ethical conduct, not just technical knowledge. (Getting them early)

♦ Promoting positive role models, through inviting speakers, online case studies, journal coverage etc.

♦ To meet the large care gaps in underserved areas. We need to explore and implement customized medical training such as BSc in community health certificate of rural surgery and PG diploma in cardiology. The diaspora can support by sharing information and practices from similar programs in other countries such as those in Africa.

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We spoke about issues of *governance, transparency and accountability*. How our weak and perhaps often corrupt institutions further hinder ethical practice. How can we strengthen our professional bodies and create oversight that ensures right practices.

♦ There is a need to have strong, robust national professional bodies that can continuously develop/adapt updated evidence based clinical guidelines.

♦ Clinical pathways and protocols need to be developed and followed.

♦ Having a professional body (analogy with the Chartered Accountants Institute) which can regulate professional practice and uphold ethical/moral standards.

♦ Having information available publicly so that consumers/patients can make more informed choices.

♦ Institutions report data publicly. Increasing transparency and trust.

♦ Health is a human right and should be need based and care should be delinked from capacity to pay.

♦ Privatization with a purpose. Given that privatization is here to stay we must retain the moral imperative of health service delivery and use it strategically to meet health needs.

Purposeful discussions with full attention

There were a number of *other issues* that were discussed also, such as: defining a professional code of conduct for the global Indian doctor.

We did not talk much about *advocacy* but it may be one of the key ways in which we can impact health care delivery. A few issues were touched upon such as medical education reform and the low GDP expenditure on health care. Indian Doctors can become a powerful voice for reform in healthcare by becoming advocates for better policies and regulation. Health is a political issue and any transformation in health care delivery will require political engagement. No nation has achieved perfection in health services but they are trying; health care issues are front and centre in politics in most of the developed world. The day Indian elections are won and lost on health care issues, that is when we will know that healthcare has arrived!

Next steps

We realised that the task facing us is huge especially as most people have about 15-percent control over their work situations. The other 85 percent rests in the broader context, shaped by the general structures, systems, events and culture in which they operate. So, the challenge rests in finding ways of creating transformational change incrementally: By encouraging people to mobilize small but significant "15-percent initiatives" that can snowball in their effects. When guided by a sense of shared vision, the process can tap into the self-organizing capacities of everyone involved." [2]

As we move forward we can collectively and individually act within our spheres of control to create small but key changes that may be the tipping point towards a more just and human health care practice in India.

Accordingly, having reflected on the workshop and after taking soundings from a number of colleagues, here is a potential list of projects that can be taken forward. In the coming weeks I hope to be able to finalise this list and identify people who are prepared to take the particular project forward. Sadly (sic) there is no funding available for any of the work so we are relying on goodwill and volunteers, I am however working on securing resources.

[2] *http://www.imaginiztam.com/provocative/concept/support.html*

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1. Course on medical ethics

A bespoke, on line course, available to everyone interested will be developed. The www.peoples-uni.org has agreed to provide its platform, and its existing module on public health ethics to support this development and Chandra from Liverpool has agreed to coordinate this project. A number of participants had expressed an interest in working on this and I request them, or anyone else, to contact Chandra on crc12@hotmail.com

2. Network of providers wishing to work together as a 'learning set' to promote quality and improve patient safety

IHI Open School Course on patient safety is an already available resource that people can use to sensitize their institutions/students/colleagues about key principles of safety and quality. Abhishek from Delhi has ensured that all his staff (including his secretary) have done this course. http://www.ihi.org/offerings/IHIOpenSchool/Pages/default.aspx

He has also started some work on learning from adverse events, and is willing to share his experiences and any learning materials. He is keen to work with any other similarly minded colleagues especially who run hospitals. He can be contacted via abhishek.bhartia@sitarambhartia.org

3. Developing future health care quality improvement leaders

Sonali Vaid, Akhil Sangal and I have had some discussions about how we can apply for funding to start a programme of leadership development. Using quality improvement as a topic can be a powerful way to promote professionalism and ethical practices, and we will target some major funding bodies.

4. Exploring the AIIMS network as a 'demonstration site' for professionalism, ethics and quality

Vijay Gautam from Patna AIIMS has agreed to explore how he can mobilise the newly established AIIMS institutes to take forward the work we discussed.

5. Supporting existing programmes

The Indian Journal of Medical Ethics

Ramesh Mehta from GAPIO had promised to look into funding for the IJME and we will progress this.

Indian Confederation for Healthcare Accreditation

Led by Akhil Sangal ICHA is keen to work with others to promote patient safety; Akhil is on akhil.sangal@gmail.com

Patient Safety Alliance

It aims to empower patients through education/training, advocacy and developing novel interventions. Nikhil Datar is leading this and will be keen to work with others in Maharashtra and indeed nationally. Nikhil is on drnikhil70@hotmail.com

6. Engaging wider stakeholders

With Raman, I am currently exploring how we can engage others; for example the major fellowship bodies like the Ashoka, Eisenhower, Commonwealth etc, to see how we can work with their fellows to take forward the work and learn from their experiences.

We will also explore if we can leverage the new CSR initiative which requires corporates to support health developments.

All ideas on these are welcome.

Ideas flowing at the workshop

7. Creating geographical focal points for the work

Depending on interest and resources we will try and create geographical focal points to continue the discussions and more importantly promote action. Shail Chaturvedi is hosting a conference in Sydney in Aug 2014 to raise these issue; she is on shail150@hotmail.com

Suresh Rao, who could not attend the workshop is keen to explore how he can support this work through mini-conferences/workshops in other parts of India.

Suresh is on suresh.n.rao@btinternet.com

If Kolkata based colleagues wish to form their own network to build on the workshop then it will be a great legacy!

8. Resource library

We will also start collating potential useful resources and would encourage every one to share any good examples. Sonali has made a start with these:

African Partnerships for Patient Safety (APPS) is a WHO program that shows how we can form sustainable partnerships for mutual benefit between hospitals in different regions. If there is anyone interested in forming links between their institutions APPS provides several frameworks and useful information. WHO may potentially also expand this program to South Asia in the future. Connect with sonali.vaid@gmail.com if anyone wants to know more about this.

Access to scholarly research - http://www.who.int/hinari/en/ and https://www.openaccessbutton.org/

Peruse this landscape analysis on respectful and dignified maternal care which shows that disrespect and abuse during childbirth is a widespread global phenomenon. http://www.mhtf.org/respectful-care/

Conclusion

The workshop provided considerable food for thought and although the situation at times seems depressing given the widespread corruption in healthcare, the considerable interest and commitment by many like-minded colleagues was refreshing.

Thank you to everyone who attended and those who contributed remotely, and especially those who will help to take this forward.

Rajan Madhok

06 Feb 2014

(workshop notes prepared by Sonali Vaid)

Pre Conference Workshop
Leadership and Ethics
10th January 2014, Friday
Sonar Kolkata

Rajan & Raman pleased with discussions