

National Committee reviews ethical and legal perspectives of healthcare

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The committee, consisting of all major medical and hospital societies in the country, led by the Association of Healthcare Providers India (AHPI) and the Indian Medical Association (IMA), discussed the present scenario among the medical fraternity, and has representation from the Association of National Board Accredited Institutions (ANBAI), Christian Coalition for Health India (CCHI), Consortium of Accredited Healthcare Organizations (CAHO), Academy of Hospital Administration (AHA), All India Ophthalmological Society (AIOS), Association of Otolaryngologists of India (AOI), Association of Physicians India (API), Association of Surgeons of India (ASI), Medical Officers Association of ESIC, Federation of Obstetrics and Gynecological Societies of India (FOGSI), Indian Academy of Pediatrics (IAP), Indian Orthopedic Association (IOA), Indian Society of Anesthesiologists (ISA), and Indian Radiological and Imaging Association (IRIA).

All these major societies will liaise with their subspecialty associations so that the entire medical community will be involved in this important exercise.

It was reiterated that the patient is the focus, and as health professionals all effort should be made to ensure provision of quality, ethical, easily accessible and affordable care to all. This would include standardization of care with minimum levels as appropriate.

Communication to and with patients, and their relative and attendees was one area, which needed improvement. Unethical practices, like taking and giving of commissions etc. are not acceptable, and also are cause for increased cost of healthcare.

Recent awards of huge amounts as compensation for medical negligence have been making the news. Members noted that these verdicts have resulted in a huge increase in the number of cases filed against doctors, as well as a significant increase in the premiums paid to insurance companies. Unfortunately, this results in more expensive medical care, which is borne by the patient as is evident from the experience in US and other developed countries. In addition, hospitals and doctors are now reluctant to take on complicated cases for fear of medico-legal issues, and many have stopped practice. In India, this only

adds to the already severe shortage of specialists. Again, it is the patient who suffers, deprived of adequate medical care of an acceptable standard. Another recognized factor for increased cost in these situations is practice of defensive medicine, an example of which is getting excessive investigations done by the clinician for fear of being questioned in the court of law.

One solution discussed by the committee was that it may be desirable to place a cap on the amount that can be awarded in cases of medical negligence, as practiced in countries such as the US. Dr Marthandam Pillai, president, IMA, noted that the capping could be a reasonable and balanced solution to the problem by placing a limit on the amount that can be awarded against a hospital or doctor by any court. He added, "The current type of award for medical negligence is unsustainable and puts a lot of pressure on doctors. Putting a cap on compensation could act as a deterrent and remind the medical fraternity of the consequences of medical negligence but without hampering their daily practice, as is currently the case."

Dr Devi Shetty said that the 80 percent of hospital births in India are in hospitals or nursing homes which have 30 or less beds. He added, "These smaller health care facilities in rural and semi-urban areas which provide care to the majority of patients in our country may have to shut operations if subjected to frivolous and exorbitant lawsuits."

Dr Alexander Thomas Executive Director of AHPI mentioned that over the last few months, IMA and AHPI have set up a working group to tackle the issue.

Other solutions to address this issue were to set up arbitration centers in hospitals, appointing of an Ombudsman in each state and setting up of a fund where patients would get immediate compensation for catastrophic events.