
Unethical Targets in India's Private Hospitals



The BMJ reports that doctors working in India's private hospitals are often under pressure to carry out unnecessary tests and procedures in order to meet revenue targets.

As reported by Meera Kay, a journalist in Bangalore, financial targets for doctors employed by profit-driven hospitals can lead to expensive and unnecessary tests and surgeries. She questions the ethics of this practice and calls attention to the risks that may be associated with it.

Dr. Gautam Mistry, a cardiologist in Kolkata acknowledges that such practices are commonly known in medical circles but lack public disclosure. "Doctors who face pressure from hospital management to overprescribe surgeries or investigations fear for their livelihood," he told The BMJ. "Also they need to practise for a certain number of years, and by complaining they would be jeopardising their career," he added.

SATHI (Support for Advocacy and Training to Health Initiatives), a non-governmental organisation based in Pune, has documented the problem in its recent report *Voices of Conscience from the Medical Profession*. 78 doctors throughout India were interviewed by gynaecologist Arun Gadre for their opinion about the issue in question.

Gadre told the BMJ that with the rise of multispecialty hospitals in India, the main concern for such facilities is to generate revenue and profits. Conscience takes a back seat in the pursuit of this goal and doctors are expected to indulge in unethical practices to meet revenue targets.

However, Dr. Devi Shetty chairman of the Narayana Health Group, which runs 32 hospitals for profit in 20 locations in India and abroad does not agree with this analysis. He is of the opinion that setting up financial targets for doctors is not a common practice and that the Narayana chain of hospitals does not engage in such practices.

Kay reports that the Medical Council of India (MCI) has a terrible reputation and has no system in place to collect data on alleged medical negligence. She highlights the need to change the structure and functioning of the MCI. She also points out that other organisations in India have also voiced concerns over revenue targets for doctors.

"Honest and well minded doctors must stand up and speak out loud against their corrupt medical colleagues," argues Dr Kunal Saha, president of People for Better Treatment, an Indian non-governmental organisation that promotes corruption-free healthcare in India.

In addition, it is the responsibility of the general public to raise their voice and to mount pressure on the inept government to take action against such unprincipled doctors and practices.

Source: [The BMJ](#)

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