



II pause

Whose life is it anyway?

Overdiagnosis and treatment are a growing evil in the medical industry. While hospitals gain, patients suffer

BY SUREKHA S.

A real-life account narrated by former vice-chancellor of Manipal University and Padma Bhushan awardee Prof Dr B.M. Hegde encapsulates a rampant evil in the medical practice today—overdiagnosis and treatment. One of his former students, a healthy doctor in his mid-50s, was taking a walk in Cubbon Park when he met his college mate who was a heart specialist at a prominent hospital in the city. The friend coaxed him to go for a medical check-up against his will. When all the tests turned out to be normal, he suggested angiogram to rule out

any hidden anomalies. The angiogram showed one insignificant block in one of the arteries. He was then told if that was not set right through an angioplasty, he might die en route home. He had a massive heart attack on the angioplasty table and had to be taken for resuscitation. He survived but has not been his usual self since then.

Hegde has spoken extensively about lives being lost or compromised to the greed of private hospitals and doctors. "Over treatment is largely seen in cases of high blood pressure, high sugar, high cholesterol and many such non-issues," says Hegde.

Recently, 78 doctors in India spoke out about the malpractices in private health care and this has been put together by Dr Abhay Shukla, coordinator of the Pune-based NGO SATHI (Support for Advocacy and Training to Health Initiatives) and Dr Arun Gadre, a gynaecologist with about 25 years of experience in rural Maharashtra, in a book titled *Voices of Conscience from the Medical Profession*. The doctors have written about practices ranging from prescribing unnecessary tests to convincing patients for procedures.

"There was an extensive study conducted by SATHI on injection practices in Maharashtra and it was found that in out-patient settings, less than 5 per cent of the patients actually needed injections while 62 per cent patients received injections," says Abhay. He

AIIMS initiative

A few doctors at All India Institute of Medical Sciences (AIIMS) formed SLIM (Society for Less Investigative Medicine) last year. "The purpose of this society is to sensitise people about unnecessary tests," says Dr Balram Bhargava, professor of cardiology, AIIMS, New Delhi. "Overtesting and defensive medicine is being practised both in private and government hospitals, albeit much more in private hospitals. This overtesting is seen more in specialities where there is an interventional treatment and a use of a device."

Watch Out

Annual health check-ups

A study published recently in *The BMJ* concluded that general health checks did not reduce morbidity or mortality, neither overall nor for cardiovascular or cancer causes, although they increased the number of new diagnoses. "Over diagnosis is not accidental but intentional and regular health check-up of the apparently healthy is a leading cause," says Prof Dr B.M. Hegde, former vice-chancellor of Manipal University. He adds that there is no definition of normal in human beings. "We convert the statistical average as normal, which, per force, gets 5-25 per cent as abnormal. So everyone who goes for a check-up becomes a patient."

says that many hysterectomies that are routinely done are unnecessary.

Unnecessary evils

According to Hegde, angiograms are non-diagnostic but routinely done and so are most bypass surgeries and angioplasties. Nobel laureate and the original developer of the DC defibrillator, Dr Bernard Lown, in an essay titled *The Coronary Artery Entrapment*, wrote, "Bypass surgery was a substantial advance for managing patients with severe symptomatic coronary artery disease. Yet, in the United States as well as in the rest of the developed world and for rich patients in the third world, it rapidly became a theological fixation for treating patients with coronary artery disease. While the virtues of revascularisation were invariably overpraised, the grief at times provoked by these operations was commonly underreported."

Hegde says there is no independent study that shows angioplasty has any role in coronary artery disease at all. "Even children have blocks in the coronary arteries and they are natural. The plaque that kills does not block the vessel. They are called intraluminal blocks. The ones seen in the angiogram are intraluminal blocks that are just band aids put there by nature to help the vessel and



the heart," he explains. He believes that if we put an end to coronary angiograms, millions of people will be saved from morbidity, adverse drug reactions and premature death.

A study published recently in *JAMA* (The Journal of the American Medical Association) found that 80 per cent of patients advised coronary angiography were judged against it in the second opinion. Based on the results collected over the next 46.5 months, it was concluded that an estimated 50 per cent of coronary angiography currently being undertaken in the US is unnecessary, or at least could be postponed.

A large number of Caesarean sections are being done routinely in private hospitals as doctors do not want to wait for normal delivery and it is more profitable for them and the hospital, though there are numerous studies enlisting the advantages of nat-

ural birthing. Some doctors also point out that MRIs are not needed in most cases of back pain, but are routinely prescribed. The main reason such practices are common is that private and corporate hospitals have profit as their main focus. "I think, up till 1990, there was not so much commercialisation. But after the advent of multi-speciality hospitals and corporate hospitals, the modus operandi changed," says Arun.

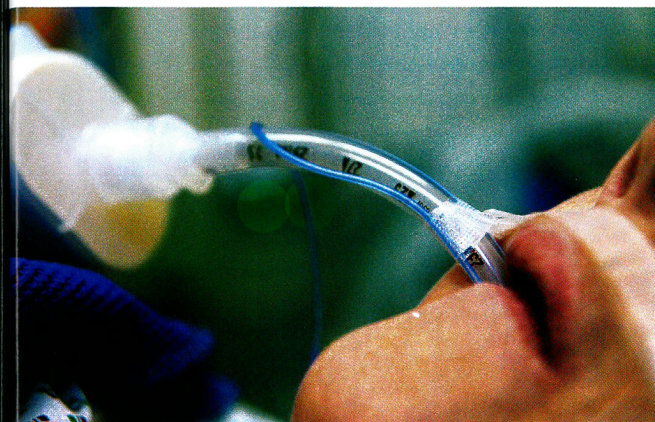
Doctors' dilemma

Kolkata-based Dr Gautam Mistry was working at a small hospital, which over the years became a super speciality hospital. "I used to draw a fixed salary per month. But after it became a super speciality hospital, they changed the working model. We didn't have salaries; our earnings depended on how much profit the hospital made from our patients through hospitalisa-

How to avoid the trap

A layperson may never know if the doctor's advice is right or wrong. So, here are a few tips:

- 1) Whenever a procedure or surgery is advised, seek a second opinion.
- 2) If you have gone to a large private hospital where you have been advised surgery, seek a second opinion from a private practitioner of repute.
- 3) If the doctor is putting pressure on you for a certain treatment, ask for the pros and cons of the procedure.
- 4) Find out if there are networks or forums that give advice on rational, ethical doctors and practices.



tion, procedures or investigations," says the cardiologist. He soon quit the hospital and believes most private hospitals put this kind of pressure on doctors. Many hospitals have targets for their doctors and these are discussed and evaluated at regular meetings. The practice of commission is also commonly seen today. Says Arun, "A pathologist was really frustrated after working in the field for nine to 10 months. Only three out of 150 doctors were ready to refer their patients to him without commission."

It is not just hospitals but pharmaceutical companies also have a huge role to play in overmedicalisation. Drugs are being pushed by pharma companies to hospitals and doctors who in turn give it to the patients. Due to the focus on profits, the rich are being over treated while the poor receive inadequate treatment, says Abhay. "Inequitable distribution of health care is harmful for both the poor and the rich," he says.

Get together to act

According to Abhay, there are a few ways in which such problems can be tackled. "First, there should be a database of ethical and rational doctors and citizen-doctor forums

where the two can interact. Creating such networks in every city will be a step towards positive change," he says. There are organisations like Hospital Guide Foundation (HGF) and Bangalore Birth Network that are doing a good job of educating people about rational practices in the medical field and connecting people with the right doctors. "HGF bridges the gap between patients and right medical advice. The founders have consciously ensured that there is no commercial transaction with patients, doctors or health care providers, hence ensuring unbiased medical advice is given to all who approach HGF," says Indirita Singh D'mello, director, HGF. She adds that HGF affiliates itself with practitioners after doing a reference check and finally follows up with patients for feedback, an essential part of completing the cycle of patient-referral service.

Bangalore Birth Network answers queries from expectant mothers and gives them evidence-based advice on what practices and tests are recommended and what can be avoided. "We also put couples in touch with doctors who are pro-natural birthing as currently a huge number of C-sections are unnecessary," says Nora Kropp, an

Be cautious

- 1) Angiograms: According to some experts, angiograms are non-diagnostic in nature and a study found that 80 per cent of patients advised coronary angiography (angiogram) were judged as not needing the test in the second opinion.
- 2) Angioplasty: For insignificant blocks in the arteries, angioplasties or bypass surgeries may not be needed. Get a second opinion if you are advised surgery.
- 3) MRIs for back pain: Found unnecessary in most cases.
- 4) EEG for uncomplicated headaches: Not required. EEG is taken for diagnosing seizure disorders.
- 5) C-sections: In most cases, a natural birth is possible and is far more beneficial for the mother and the child.
- 6) Hysterectomy: It is routinely done if a woman is close to menopause. In many cases, it is unnecessary.

administrator of the group. "While the World Health Organization recommends the Caesarean section rates should not be higher than 10 or 15 per cent, the average rate of C-sections in private hospitals is 60 per cent," she says.

While such networks may help to some extent, Abhay feels regulation of the private medical sector with standard treatment guidelines and regularisation of rates will remove the motive to do unnecessary procedures. He says, "If the rates for treating a patient with a particular condition are fixed, there would be no incentive to carry out unnecessary investigations or give excessive medication." He adds that in the medium to long term, it is necessary to have a system for universal health care in India to change the situation. Arun seconds this. "There also needs to be a qualitative change in public health care, and private health care should be made more accountable," he says. "We are soon planning to form a national network of de-commercialised, rational and ethical health care, that will be accessible to people. This is still in the discussion stage." □