

Regulation of collusive practices in health sector stressed

STAFF REPORTER

GUWAHATI, Sept 15 – Collusive activities among stakeholders in the healthcare sector have been identified as a serious concern by many civil society groups. They describe the current scene in India as detrimental to the consumers, who could be the patients or the guardians. With this background, Consumer Unity and Trust Society (CUTS) with support from Oxfam India will implement a project in Assam that will document the nature and type of collusive practices in the health sector.

In collaboration with the Action Network Trust ('the Ant') the project will have a participatory approach and seek to arrive at a consensus to build a roadmap to stop the malpractices in healthcare by identifying remedial measures.

This was announced in a meet held today at the Don Bosco Institute by representatives of Oxfam India, CUTS In-

ternational and 'the Ant'. A number of well-known civil society group members attended the programme.

In the opening remarks, Dr S Kaul of the Ant spoke briefly about collusive activities among doctors, clinics, hospitals, pharma companies and others, which had become a major hurdle in healthcare delivery to scores of people. He hoped that the meeting would reveal the dimension of the problem that has become more serious after India's adoption of economic liberalization policies.

Dr Kaul expressed concern that even though the problem was faced by everyone there was very little documentation available at present.

Deepak Xavier of Oxfam India in his speech laid stress on building a strategy to counter collusive activities in the healthcare and went on to say that his organization was also keen to know the positive developments that had taken place in the National Rural

Health Mission.

He said that it would be worth knowing how NRHM activities had impacted the private healthcare sector in Assam.

Making a detailed presentation, S Srinivasan of LOCO-ST, a Baroda-based organization, defined collusive behaviour as any action by principal actors that results in less action to medicines and less action to healthcare.

He believed that the main causes of collusive activities were privatised medical education, drug companies, pricing, clinical establishments, conflict of interests among medical professionals, among others.

Srinivasan dwelt at length on the interfaces between drug companies and doctors, which now was more frequent than ever. Acceptance of funds, gifts, free tours were some of the means in which drug companies influenced doctors to promote their products.

He cited cases in which doc-

tors attended dinners, recreational events, workshops sponsored by drug companies with vested interests. Company funding for medical schools, academic chairs and 'ghost' written articles favouring certain drugs or procedures were other instances.

Significantly, he mentioned that even some medical journals relied on drug company advertisements, and added that drug companies or hospitals formed links with Key Opinion Leaders (KOL) so that their endorsement could prop up certain products and services.

The need for regulation of collusive activities in the health sector was underlined by many participants who believed that it was the patient who had to bear an unnecessary burden for no fault of his or her. It was also agreed that the public has to be sensitised about the manner in which unholy alliances were being formed at the cost of patients who were oblivious of the happenings.