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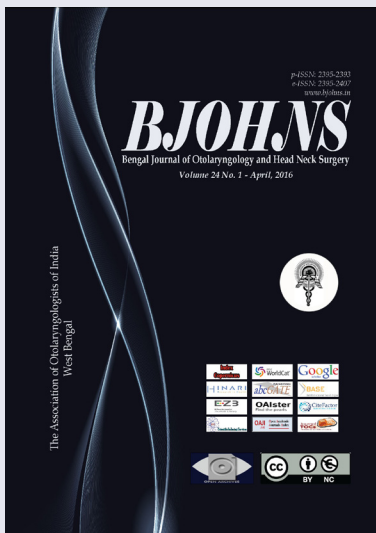
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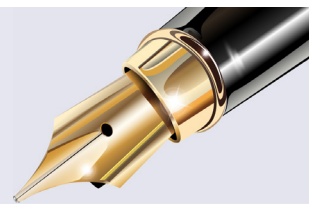
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From the Desk of the Editor



Medical science is soaring to new heights in its pursuit of excellence. However, it must be acknowledged that the gulf of mistrust and ill-feeling between the patient and the doctor is also widening. It is time we should introspect and try to bridge the gap with faith and trust.

Increased deployment of technology, while improving the cure rate, has added to the burden of expenditure of the Governments on healthcare globally. The National Health Policy (NHP), 2002 of India, for example, changed dramatically from the NHP, 1982 to encourage the private sector to step in to regulate the burgeoning healthcare costs. The global healthcare industry has grown phenomenally and in the USA, the medical industrial complex has grown even larger than the military. The Indian health care sector is growing at a 15% CAGR to reach US\$ 158.2 billion in 2017 and is expected to grow to US\$ 280 billion by 2020. Per capita health expenditure in India was US\$ 68.6 in 2015. The hospital and diagnostic centres attracted FDI to the tune of US\$ 3.41 billion between April, 2000 and December, 2015, according to data released by Dept. of Industrial Policy and Promotion (DIPP). The growth of the Health Industry has essentially transformed a 'public service' into a 'for-profit enterprise'. India accounts for 21% of world's burden of disease but with a meagre expenditure on healthcare to the tune of 6% of GDP, it is one of the countries with the lowest public health spending. The crumbling government health infrastructure has attracted people towards the private sector. The industry is advertising directly to people about the newer technologies it has acquired to build the notion that scientific medicine has a potential cure for all ailments with the Governments doing little to expose the myth or improve their own infrastructure.

Over-dependence on science has metamorphosed the physicians into super-specialised technologists working on the bio-medical models, the erstwhile 'patients'. The uniqueness of each suffering man is ignored. "Each patient now is a statistic and similar to any other patient with the same illness."

As the patient loses his identity, the sacred bond of trust with his doctor fades. Doctors are now 'healthcare providers' and the patients are 'consumers'. Medical ethics becomes a hostage to business ethics. Widespread social indifference to gradual corporate takeover of the healthcare services has overlooked the physician losing his autonomy on clinical decision-making. The doctor happens to be the interface between the industry and the patient. He has to bear the brunt of the disillusionment and anger of the clientele for the mismatch between the promise and the performance. The doctors are scared and open the flood-gates of a multitude of investigations and procedures which add to the patients' expenditure and the consequent profit of the industry.

I would suggest two readings: one is a book, 'Dissenting Diagnosis' by Drs Arun Gadre and Abhay Shukla, and another is an article titled 'Market Health Care: The Commodification of Health Care' by Bernard Lown, Professor Emeritus, Harvard School of Public Health (*Philosophy and Social Action* 2000; 26:57-71), which may make you feel uncomfortable.

It is a difficult time and we should reiterate our faith in medical ethics and try to strengthen the bond of trust between the doctor and the patient to withstand the onslaught of the economic forces to marketise all human transactions. We cannot afford to allow technology and economics to dominate us to such extremes so as to render us philosophically bankrupt.

Dr Saumendra Nath Bandyopadhyay
Editor,
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