

Medical controversies: how India differs from the West

While human life, death, modes of begetting life (reproductive cloning, embryo selection, etc.) and gender change are major themes of medical controversies in the West, India has a distinct set of issues in this regard. We have female foeticide, and high rates of child mortality and death from tropical diseases. Toward health-care of the largest section of our society, we care the least as manifested by the decrepit conditions of primary healthcare centres (PHCs). The record of PHC placement would embarrass senior medical faculty of our country. Regarding the decrepit health care system, it has been concluded that, today it is not the mosquito, not the salmonella, staphylococcus or streptococcus bacteria, not tobacco, and certainly not the polio bacterium, despite the disproportionate effort spent on eradicating it, but it is medical corruption which is responsible for the sorry state of affairs. To make it sound more technical and acceptable to the medical profession, perhaps we need to label it 'corruptionomia'.

Medical science, by its very nature requires that its practitioners possess high virtues, normally unexpected of other professionals. Yet, academic dishonesty plagues Indian medical colleges. Academic dishonesty is defined as 'an intentional act of cheating or deceit while fulfilling academic requirements and/or duties'. Seventy per cent of medical degree holders in India are guilty of academic dishonesty as described by B. Geetanjali in her book, *Academic Dishonesty in Indian Medical Colleges*.

Copying in examinations by students is only the tip of the iceberg; faculty also participate in corrupt practices, including plagiarism in dissertation, and manipulating data and case records. Similarly, the administration becomes dishonest when it falsifies staff strength, recruitment criteria, etc., prior to an inspection by regulatory/statutory/supervisory bodies, in order to meet the requirements of recognition of a college. Academic dishonesty during student days is likely to

promote similar practices when dealing with their patients in future.

Some of the common corrupt practices among Indian medicos include absence from work despite drawing a wage from the Government, failure of drugs and other consumables to reach the intended end users and, unnecessary duplication of investigations for diagnosis purpose and irrelevant prescribing of drugs. The most dreadful evil is the nexus between pharmaceutical companies and the clinicians. This nexus has the potential to turn the Indian population into guinea pigs, as India is fast becoming a lucrative place for running clinical trials by multinational pharmaceuticals.

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Standard of refereeing in science journals

I agree with the letter¹, 'Standard of science'. Even *Current Science* has double standards for publication. An influential person can get his or her paper published easily, whether it has any novelty or not. Whereas others have little chance to get their papers published, even if there is novelty in the research finding. I cite my own experience with *Current Science*. I have seen the journal publishing regularly on new species, new records (even for state), rare and endangered species, etc. However, when we sent an article describing a new species for publication, it was returned stating that the journal does not publish such papers. Again, we sent a note for publication on a critically endangered endemic plant species which was rediscovered after 128 years from the type locality with only one individual

plant found growing. This time the note was returned stating that the paper has no novelty. Therefore, we wonder what kind of novelty the journal is looking for? So, how do we judge the quality of research publications in the Indian scenario? Renowned foreign journals have good editorial policies and expert referees, but it is not the case in India. People with little experience in a particular field become expert referees. And there are several 'cottage-industry journals' which publish anything that is in type form, but who is to blame.

Therefore, in my opinion we should have a strict code of conduct for editors and referees. I also have a few suggestions for *Current Science*. The name(s) and address(es) of the authors should be removed while sending papers for re-

view. This will do away with the biases of referees for a particular person or institution. *Current Science* should have a database of subject-wise list of reputed scientists in different disciplines from various parts of the country for refereeing. Also, in every volume one should have the names of the referees in order to be more transparent.

1. Suryanarayanan, T. S., *Curr. Sci.*, 2008, **95**, 8.

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