Editorial

Brand endorsement by medical association: Who will hit the “Bull’s Eye”? 

Though ethics in medical profession touch every discipline of medical fraternity, The Medical Council of India has assigned the responsibility on the shoulders of Forensic Medicine discipline to teach the “Ethics in Medical Profession” to the graduates of medical education and hence it becomes our duty to review the circumstances related there of.

We as a medical fraternity feel proud and fortunate to have constellations of medical associations in India. Among the chunk, Indian Medical Association (IMA) is the oldest and largest guild established in the year 1928 and enjoys the membership of specialists and super specialist even though separate associations of different specialty are also in existence. Even, The Honorable Supreme Court (Civil Appeal No.688 of 1993) in the case of “IMA versus V.P. Shantha & others” had allowed such association to appeal in a subject matter of “Representative” character. Until now the track record of IMA is full of creditable activities like Professional Protection Scheme (PPS), Social Security Scheme(SSS) for members and “aao gaon chale ” project for catering medical services in rural India. Thus, there is no doubt about agility and ability of IMA with reference to its goal and path breaking role.

But unfortunately, recently it is being dragged in a debate of “endorsement of fruit juice marketed by a corporate stalwart”. Probably, this is not the first instance where it seems to have crossed its ambit. In the past also, it had endorsed some soap, liquid soap, water purifier systems etc. However, such gesture didn’t create any major hue and cry among various sections of the community then, on getting sidelined in the light of some bigger issues having larger ramifications.

But there is no second opinion that such activity will make the association more affluent, the first and foremost concern before all of us is “Whether or not such endorsement has a component of conscience.” Can we imagine a future, when different associations start competing each other in the race of endorsement of commercial product? i.e. Ophthalmologists’ association endorses a brand of spectacle/ sunglass, Pediatricians’ body recommends a particular dipper for kids, Gynecologists’ organization hallmarking sanitary tampons/ napkins and what not. Medical profession is still considered as one of the dignified and honored one in India. There is potential apprehension in the mind of many medial and non medical people that such conduct will do taint the grandeur of a reputed profession and association.

Furthermore, whether or not a medical association is competent to endorse any commercial product. As far as the product in question is concerned there is an appropriate authority of ‘Foods and Drugs Control’ and under the circumstances what is the need of encroaching upon the powers and functions of that administrative authority.

Do we have intramural or in-house laboratory where the purity, potency or any other relevant trait of a product can be tested or we casually rely on the results of some extramural laboratory? Participants in a news item of electronic media (1st week of May, 2008) did not hesitate to express that any such gesture by a reputed association do convey wrong signals to many in the society.

Under the clause 6.1 in Chapter 6 of The Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, such activity by a physician (individually) amount to unethical act. If we are forbidden to indulge in such act in capacity of an individual, How our association can justify undertaking of such task?
We are in the era of LPG (Liberalisation, privatisation and globalisation- and not Liquid Petroleum Gas, though earlier may prove equally inflammable as later in coming days) and a reasonable number of medical students are pursuing education in self-financed institute at a high fee structure. What massage we wish to convey to our generations in context of ethics is equally important part of debate. Many eminent persons may agree to the perception that such activity no way conveys some positive signals to our medical generations.

It is high time to deeply think about “ethics for medical association” and to maintain a safe distance from unethical lucrative proposals of deceptive or illusive nature. Our responsibility may not simply end there. If we really claim to uphold the dignity of medical profession as a whole it becomes our pious obligation to the community to stop even commercial advertisement where the “characters of medical man” (not in real life) is shown endorsing items of human amenity.

Many learned members may put forward legal arguments in favour of such act but we must anticipate some admonition or reprimandation from legal or administrative authority in a “Public Interest litigation” by some activist, incriminating the association of camouflage activity and even we may be compelled to take a somersault on the issue concerned and also to follow the laid down code of conduct with ashamed face.

Summarily, if we self impose the standards at this juncture, it may not be too late to put on efforts to reinstate a “Next to god” image of medical man in the society. If, collectively and independently, we fail to do so, most probably any association can’t claim that it may be sculptured with golden letters in the annals of medical profession in India.

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Editor