**Title:** Unethical practice or need of the hour? Doctors should be allowed to advertise their skills

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**Abstract:**

MCI guidelines state that a physician is restricted to only making formal announcements regarding the set-up of a practice and advertisements in any form either alone or as part of a group, shall be deemed as misconduct.

This question arises now, in the midst of this global pandemic as to the relevance of these guidelines and the need for changing these guidelines.There has been a change in the way medicine is practiced with the advent of super-specialisation, institution-based practiced and an event based doctor-patient interaction. The benefits of advertisement include an increased autonomy for the patient in choosing their physician, increasing access to the patients and quashing the evils of the referral system.

The ethical aspects of advertisement also needs to be addressed if there is to be a change in the way advertisements are viewed. The principles of a fiduciary practice and professionalism of the practice can be maintained even with advertisements.

In conclusion, it is important to acknowledge the existence of advertisements already present. Acknowledging its existence will help us in setting up a suitable regulatory body and avoid misleading the public especially in the context of a constantly changing environment like the one the current pandemic has placed us in.

**Main Article :**

Advertisements are defined as a [picture](https://dictionary.cambridge.org/dictionary/english/picture), [short](https://dictionary.cambridge.org/dictionary/english/short) [film](https://dictionary.cambridge.org/dictionary/english/film), [song](https://dictionary.cambridge.org/dictionary/english/song), etc. that tries to persuade people to buy a product or a service.[1]

In the past, licensed doctors took a vow not to advertise because of a collective agreement that advertisements were ethically incompatible with patient care. So what makes the question arise now? What is the relevance of this question in this day and age?

According to the MCI 2002 guidelines, a physician shall not make use of him / her (or his / her name) as subject of any form or manner of advertising or publicity through any mode either alone or in conjunction with others. This included references to one’s professional position, skill, qualification or achievements. [2]The guidelines do allow a physician to make a formal announcement regarding setting up of a practice and details pertaining to it, but advertising one’s skills are strictly prohibited.

Why is advertisement so frowned upon? It’s important for us to look at the primary definition of the word advertisement itself. Advertisements, as mentioned earlier, are a means to persuade someone to develop interest in a particular product or service. So by virtue of this persuasion, it was assumed that this may create unnecessary wants for the patient. Our profession is a fiduciary one; so by virtue of the physician always being in a position of trust, it was felt that unnecessary persuasion on the part of the physician may put the patient at an additional risk of monopoly by the health-care system.[3] Another reason why advertisements were generally frowned upon was the very essence of the practice of medicine. Medicine is a profession, and as such what differentiates a profession from a trade, was the fact that even during the first encounter with a patient, because of the belief that this individual—by virtue of being a professional—is bound by ethical rules that prevent the exploitation of his or her knowledge and skill.[4] It was felt that advertisements would reduce the profession to a commonplace trade. This was true in the scheme of things which was in vogue then.

A lot has changed in the world today and therefore what was perfectly justified then, needs a re-look now, and the issue of advertising needs to be addressed from this perspective. Firstly, there has been a change in the practice of medicine. There has been a shift from an “individual based practice”, to a “team based practice”. This means that a mere word of mouth isn’t sufficient to make known a particular surgical team or a rehabilitation team.

There has also been a marked rise in specialization and super-specialization. Long gone are the days when the same family physician would attend to one’s delivery, to one’s paediatric needs, then to one’s lifestyle diseases such as diabetes and hypertension and finally attend to old age diseases. Today, one goes to different specialties as per one’s requirements. In this context, advertisements about one’s skills would give better access to the patients and enable them to take informed decisions. Another change in today’s world is the advent of an institution based care. Physicians may be the primary revenue generating members of this multi-specialty institution, but it’s important to acknowledge the fact that the revenue generated by the physicians also goes into paying off practically all the overheads incurred by the institution such as salaries of other members of the hospital, real estate expenses, equipment maintenance expenses and several other overheads. As such, a steady patient load is of paramount importance to keep the institution afloat and advertisements of doctors in their facility go a long way in ensuring this. The twenty-first century has introduced an event-based concept of medical practice. In the past, the doctor was part of the community and often engaged in various health care interactions with the community throughout his or her life. However, nowadays physicians are often accessed only when the patient has a particular illness. In other words, a particular event generates an opportunity for the physician to be consulted, and so when that event arises, advertisements would help the patient in identifying who would be best to address that particular event.

The benefits of advertisements are many. Advertisements give the patient better access in choosing their physician thus upholding the golden principle of medical ethics-Autonomy. [5]

This is an age of urbanization and migration. A doctor educated up north in Lucknow may practice down south in Bangalore. Unlike days gone by, where the doctor was often born, raised and educated in the same community thus ensuring the knowledge of the existence of his or her practice, in the present cosmopolitan environment a mere word of mouth is insufficient in doing justice to the years of study that this doctor underwent.

Another very critical point in favour of the practice of advertising in the medical field is the point about quashing the current trend of referral practice. It is an open secret that doctors often refer to a particular consultant or a particular radiologist for a scan due to a mutually agreed commission. While the doctor may or may not be the best fit for the patient at the given time, this referral from their own physician often ensures that the vulnerable patient will follow through to that particular referred doctor. On the other hand, if through advertising a choice of doctors and their credentials are displayed in a monitored and controlled manner, then this vulnerable patient may be in a position to pick and choose a doctor or hospital for himself.

There are a lot of ethical aspects to advertising as well. In the current climate, with the ever changing news about novelty treatments regarding Covid-19 and the generation of advertisements either by institutions or physicians themselves, the public has been at the receiving end of a rope in a dark tunnel. With any disease, there is always an associated vulnerability, but with a new disease this is far worse. By virtue of advertisements, the fiduciary relationship or trust between the doctor and patient is actually maintained, not broken. Another ethical aspect which needs to be looked at -professionalism. Professionalism often makes physicians unaccountable as they are only bound by an ethical code of conduct which can sometimes be open to interpretation. Therefore the definition of medical practice and profession actually needs to be re-looked in this context and advertisements help the case.

Exempting physicians from advertisements in this new age practice of medicine is foolhardy. It is high time we acknowledge the elephant in the room. The practice of utilization of advertisements exists, for which a regulatory body is the need of the hour. Identification of an existent ailment is necessary to provide a suitable cure. Diagnosis is a precursor to cure!

The time has come for the fraternity to acknowledge the existence of advertising in the field. Let’s stop the pretense. The current form of advertising in the field may not be present in the traditional manner, it could be through a variety of new platforms like social media which wasn’t present at the time of the MCI guidelines in 2002. Important to acknowledge the existence in all such current modes, only then can a suitable regulatory body be set up. This regulatory body would not merely address the concerns of the critics of advertising, it could and needs to serve as an SRO – Self Regulatory Organization, with the blessings of the MCI or the National medical commission as needed.

Advertising in the medical field is long overdue and the time for regulation of the same has now come.

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