

## Commentary: The times have changed: Are we listening?

The write-up "When the ophthalmologists turn blind" in this issue of IJO is indeed an eye - opener for the eye care professionals.<sup>[1]</sup> Times were when you treated a patient only with compassion and love, the thought governing your action being to use your best available knowledge and skills to rid the patient of his disease and misery and to counsel him, pat him, and reassure him.

Times have changed. In came the "Consumer Protection Act" 1986, which was made applicable to interactions between the medical professional (the service provider) and the patient (the service "taker," "client"! ) in 1993. The doctor became a "trader" and "seller" of his "wares." The "nobility" of the profession was "dead and buried"!

The "clients" became more aggressive, more demanding, abusive, and often violent if their perception of the "wares" offered was unfavorable or more importantly, their desired result was not achieved. The doctor would always guard his back to see if he was following the "protocols" rather than using his "wisdom" and "documenting well" rather than "doing well." Everything has changed—slowly but surely, imperceptibly at first, but now, blowing up in your faces; as doctors are abused, hurt and yes—killed by patients and their attendants. And this is true—not just for the paid services but also for the charitable service you did in good faith—as a good samaritan!! But does the doctor still live in the illusion of practicing a "noble profession?"

This and many more questions particularly those that concern ophthalmologists have been raised and dealt with in this remarkable write-up. The authors point to the huge compensations awarded in cases pertaining to loss of vision following surgery and argue that it is now essential to factor in the legal costs and compensations into the cost of surgeries performed. Shouldn't this also mean that the cost of procedures and surgeries be higher for the well-to-do patients as the compensation to be paid in case of an unfortunate happening, which is based on his earning ability, will be more? The constant efforts to lower the costs of the procedures for the patients in our country, where we feel the obligation to care for the underserved or operate even the paying patients at a cost one tenth that in a "developed" western country, may not be the right thing to do! Especially when the accreditation and judicial requirements for "consent," "protocols," and "documentation" are the same as in the west. The illusion "If we did our work honestly, no harm would come to us" has been shattered repeatedly and resoundingly by several judicial pronouncements. While the actions of judiciary and lawmakers in "good faith" are protected, no such cover is available to the poor eye surgeons who perform surgery in free eye camps as they are hounded by the police when things go wrong. The press headlines of surgeries "botched up" and "blinded" by eye surgeons come up with sickening regularity in the event of a cluster endophthalmitis, even if the surgeon is not at any fault in nearly all the cases.

The authors lament the lack of activism on behalf of the professional associations in stepping up for the defense of their members when they are confronted with such disasters. The associations have a huge role to play in fighting for the

issues involved. The associations also need to make advocacy as one of the main planks of activity to fulfill their role of making general public, the bureaucracy, the judiciary, and the legislators aware of the issues involving the medical profession. This is particularly important with regard to the rise in costs of medical care which became inevitable with advancements involving higher and costlier technology. This has been compounded by the "five star hospitality" expectations of the well-to-do patients. All of us including our associations need to be proactive in making people at large aware of the new realities. At the same time however, there is no denying that we need to have our own house in order with better self-regulation and monitoring to restore the profession to its high esteem.

The authors point to the huge compensation to the tune of 26.5 million rupees granted even against a government institution in a case involving loss of vision. The quantum of compensations granted may get even steeper after the new consumer protection act, 2019, passed by the parliament recently.<sup>[2]</sup> The new act increases the limit of compensation that a district consumer disputes redressal commission (CDRC) can grant from Rs. 20 lakhs to 1 crore. The state CDRC will have a limit of Rs. 10 crores and the national forum will deal with values exceeding 10 crores. The authors also emphasize proper attention to the "finer details" of and to the quantum of the indemnity insurance taken by professionals as well as their institutions.

The huge compensations awarded by the courts due to minor deficiencies in record keeping—such as the use of abbreviations and inadequate wording of the informed consents or minor deficiencies in instructions to postoperative patients or outpatients have also been highlighted in the article.

The use of "off-label" drugs such as "Avastin" for intravitreal injections is another issue of great importance discussed in the write-up. The recent controversies arising from the use of Avastin in India and its "ban" are all too familiar to us!

The article is indeed a wake-up call to the ophthalmic profession, exhorting it to have a serious re-look at all the aspects of this all important issue and carry out the necessary changes in our attitude towards our professional work.

Are we listening?

Is the general public listening to the anguished call of their much maligned physician?

**A K Grover**

Department of Ophthalmology,  
Sir Ganga Ram Hospital and Vision Eye Centres,  
New Delhi, India

Correspondence to: Prof. A K Grover,

Department of Ophthalmology,  
Sir Ganga Ram Hospital and Vision Eye Centres,  
19, Siri Fort Road, New Delhi - 110 049, India.

E-mail: akgrover55@yahoo.com

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