Trust lies at the heart of the medical profession. It gives credence to the relationship between a doctor and a patient. It supersedes effective communication skills, the expression of empathy and evidence based clinical knowledge. The doctor is a custodian of this trust that patients place in the medical profession. It is a relationship where patients give access to their bodies with the faith that the doctor is working towards their best interest. But what about the patients who are 'blindfolded' by their limited understanding of scientific advancements and their inevitable financial underpinnings? This raises huge questions when we are confronted with issues related to conflict of interest in our healthcare system. It becomes even more pronounced in an environment where monetary interests reign supreme and poverty and ignorance render patients vulnerable to exploitation.

I would like to share my personal experience of teaching medical students about the ethical concerns of physician-pharmaceutical interaction. It was surprising to notice varied responses from medical students on interaction between physicians and drug companies. Many believed that this is an integral part of the medical profession and doctors are entitled to privileges and gifts offered by the drug companies' representatives. Their view was based on a rationalization that since the cost of medical education incurred by a student reaches around 2.5 to 3.0 million rupees, so once a person becomes a practicing doctor it is his or her right to earn back that money. One student added that she would not hesitate to ask a drug company to furnish her clinic with furniture and digital accessories as that company had been doing for her parents who both happened to be medical doctors. She uttered these words with a sense of excitement and pride. Another student expressed a desire to be flown to all parts of the world at the expense of drug companies since they have huge budgets allocated primarily for the purpose of entertaining doctors under the guise of international conferences. One student had the curiosity to ask me about the nature and extent of my relationship with the pharmaceutical companies as he assumed that no doctor was immune to their influence. Another common opinion was that considering the scarce health resources of our country, it is imperative that we as doctors involve drug companies in helping poor patients by arranging free drugs and less expensive diagnostic modalities. Free drug samples that adorn the tables of health professionals are a further testament to this widely held belief.

During the discussion, a number of students acknowledged that they found no issue with going to five star hotels for luncheons and dinners as it served both the purposes of listening to eminent speakers and having a lavish meal. Their opinion was further reinforced by a recently held conference in the same institute that boasted huge stalls and posters from the drug and instrument making companies. The majority were flattered by the “izzat” (respect) extended to doctors by medical representatives. A specific observation was the sight of a medical representative carrying a doctor's handbag right from his office till he sat down in his car. For the students, this
was a moment of gratification and pride. There were a few concerned voices as well which questioned the basis of this interaction as it undermined the integrity of the medical profession by influencing the doctor's objective clinical decision making. For the few concerned students, these interactions were tantamount to taking bribes. In their opinion, there are no free gifts in the world and the pharmaceutical companies have some hidden agenda behind their dealings.

This interaction reflects the state of values that students carry with them into a medical school. Unfortunately, the majority already hold beliefs that doctors are only taking their due by accepting gifts and privileges from the industry. These beliefs are further reinforced once they observe doctors in the real world working in an environment with blurred demarcation between professional and personal interests. But the question arises that should the doctors be held to such high ethical standards when most of the affairs otherwise in the country are seeing a moral decline? Some would argue that most of the junior doctors in our country are stuck at the first stage of Maslow's hierarchy of needs. So why hold them accountable for something which is additional to the fulfillment of basic needs? In my view this is a weak argument. Rather it is a defensive rationalization for an act which is difficult for them to accept as it is morally wrong in its essentiality.

Medicine is a profession and as professionals working in the field, physicians are bound to abide by a certain code of ethics. The whole context of medical care revolves around patients and it is their best interest that has to be protected. Any act on the part of the doctor that compromises this fiduciary relationship is detrimental to the trust that the patients place in this profession. Therefore it is difficult to defend collaboration between two partners who are safeguarding different interests which can be at the cost of the vulnerable patient. The need of the hour is to enable our medical students to develop a thinking that allows them to reflect and critique. Once they develop this thought process they will be better able to make morally correct choices. Vitally, that choice would stem from deep reflection rather than blindly adopted prevalent practices. Unless we sensitize our medical students to the ethical basis of their conduct, we would find them as blindfolded to the truth as the patients are in the current healthcare scenario.