Drug pusher or healer: What are you?

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The commercialization of the medical system today has led to many doctors overprescribing costly drugs or recommending unnecessary tests, even within the voluntary health care sector. This article raises some questions to differentiate the drug pushers from the healers.

In 1980, THE ICSSR-ICMR ‘HEATH For All’ study group reviewed the drug and pharmaceuticals situation in India and came up with an assessment of the realis and a clear warning against the over-medicalising of the health system. They identified the doctor-drug producer axis as the major villain and the prescribing practices of doctors as the key culprit.

Two years later, at an MFC meeting, I had raised 10 questions, as a king of checklist for participants, helping them to decide whether they or their health institutions could be classified as ‘drug pushers’ or ‘healers’ (rational prescribers).

A decade later, I discover that those questions are still relevant. What is even more disconcerting is that even within the voluntary sector of health care, drug pushers still far outnumber the healers. This is particularly shocking since much has been done since the early 1980s to tackle the situation:

- The evolution of the All India Action Network;
- The publication of banned and bannable drug lists;
- The out linking of rational formularies (the CHAI-CMAI formulary is a case in point);
- Numerous workshops on the theme and innumerable books, booklets, bulletins and handouts;
- Public interest litigation to control irrationalities in the drug situation.

The questions, some of them reworded in today’s context, are:

- Have you accepted the concept of an essential, selected, restricted drug list in your practice to help select efficacious, safe and good quality low-cost drugs from the over 60,000 formulations that abound in the market today?
- Have you accepted the concept of generic prescribing to prevent misuse and misinformation by pharmaceutical companies on brand specialities, formulations and bio-availability claims?
- Have you stopped prescribing drugs whose...
only additional advertised value is
- A cosmetic embellishment, for example, a special flavor; elegant packing for example, a nice container; or an irrational combination?
• Have you stopped promoting ‘tonics’ whose only present value is the vitaminising effect on our sewage systems? Do you accept that what the poor need is food and what the rich need is health education to prevent overeating?
• Do you have a policy against accepting physician’s samples and other forms of inducement, both refined and blatant, from medical companies, including unethical trade discounts and offers?
• Do you propagate simple home remedies, home-based preparations, pharmacy-based low-cost preparations and even locally available herbal remedies that are not totally integrated with the, market economy? Have you closed all your efforts at the local ‘cottage industry’?
• Does your health centre practice also offer people various forms of non-drug therapies, including, holistic health, counseling and caring techniques?
• Does your selection of drugs for prescribing depend on rational issues like management practice; costing rationale, standardization and so on, and not, by the craze for ‘phoren’ multinational, private and large companies, or the equally irrational emphasis on the lowest priced drug in the market?
• Have you stopped having a ‘colonial western, ethnocentric’ policy towards alternative systems and therapies and adopted a more open policy of enquiry and evaluation to use traditional medicines and other therapies in a plural practice?
• In spite of your preoccupation with medical care, do you promote:
  - Clean water rather than antibiotics?
  - Food rather than pills?
  - Immunization rather than high-tech diagnostics?
  - Mothers’ milk rather than manufactured infant foods?
  - Primary health care rather than tertiary super – speciality?
  - Health rather than medicine?

The answers to these questions may help you determine what you really are: a drug pusher or healer (rational prescriber). If you have 10 affirmative answers, then you are the model CMAI member for 2000 AD. If you have 10 negative ones, it is perhaps time to stop paying your CMAI membership since you now qualify for the membership of the ever – expanding ‘MMC’ – ‘Medical Marketing Club’.
If you are somewhere in the middle, it is time to sit up and reflect collectively in your group. What would you like to be drug pusher, or healer?

Aspects of Over-medicalising

Vigilance is required to ensure that the health care system does not get medicalised, that the doctor-drug producer axis does not exploit the people and the abundance of drugs does not become a vested interest in ill health.

One of the most distressing aspects of the present health situation in India is the habit of doctors to overprescribe glamorous and costly drugs with limited medical potential. It is also unfortunate that drug producers always try to push doctors into using their products by all means – fair or foul. These are responsible for distortions in drug production and consumption more than anything else.

There is now an over-production of drugs (often very costly ones) meant for the rich and well-to-do, while the drugs needed by the poor people (and these must be cheap) are not adequately available. This skewed pattern of drug production is in keeping with our inequitable ‘social structure which stresses the production of luxury goods for the rich at the cost of the basic needs of the poor.


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