

Sleeping with the enemy is inevitable, not really  
Counterinterview, by Dr Maya Valecha

The article by Dr Amitav Banerjee on Association between [Doctors and Pharmaceutical Industry](#) is based on few things. One, worry for the most concerned people is that higher up research bodies, regulatory bodies and even WHO are playing in the hands of pharmaceutical companies and therefore opposing these higher authorities is more important. But we cannot say that doctors who are treating the patients directly is any less harmful.

Second assumption is which is actually the reason for the first reasoning is that medical research, medicine production, medical practice/healthcare system and the allied industries that are now to be important have to be in private hands.

When Dr Banerjee says, “Louis Pasteur’s work on rabies vaccine led to the rise of the vaccine industry. Alexander Fleming’s discovery of penicillin changed the course of medical history and spawned the huge pharmaceutical industry.” He is absolutely right doctors helped the pharmaceutical industry, but that is not the same as the collaboration of the two, helping the humankind.

**“. . . by the time laboratory medicine came effectively into the picture the job had been carried far toward completion by the humanitarians and social reformers of the nineteenth century. Their doctrine that nature is holy and healthful was scientifically naive but proved highly effective in dealing with the most important health problems of their age. When the tide is receding from the beach it is easy to have the illusion that one can empty the ocean by removing water with a pail.”**

**R. Dubos, *Mirage of Health*,  
New York: Perennial Library, 1959, p. 23  
Introducing a Medical Heresy**

The modern “heresy” that medical care (as it is traditionally conceived) is generally unrelated to improvements in the health of populations (as distinct from individuals) is still dismissed as unthinkable in much the same way as the so-called heresies of former times. And this is despite a long history of support in popular and scientific writings as well as from able minds in a variety of disciplines.

History is replete with examples of how, understandably enough, self-interested individuals and groups denounced popular customs and beliefs which appeared to threaten their own domains of practice, thereby rendering them heresies (for example, physicians’ denunciation of midwives as witches, during the Middle Ages).

However, even under the somewhat unrealistic assumption of a constant (linear) rate of decline in the mortality rates, only whooping cough and poliomyelitis even approach the percentage which would have been expected. The remaining six conditions (tuberculosis, scarlet fever, pneumonia, diphtheria, measles, and typhoid) showed negligible declines in their mortality rates subsequent to the date of [medical intervention](#).”

Association of TB and nutrition is well known and all of us know it, but ICMR had to conduct a [study](#) to know that improved nutrition can reduce cases & mortality of TB, let's tell them it's true for all infectious diseases so don't waste public money on studies & vaccines. Ensure nutrition, there are people barely managing one meal, no vax can save them.

There has been many other research after this, showing how almost all diseases were at their bottom-line when the vaccines were introduced. Current example of cervical cancer declining with

all non-pharmaceutical interventions, vaccine not full proof for prevention and still doctors using it freely in private sector and government to introduce it in National program, is an eye opener.

Dr Banerjee says, "The real conflicts of interests are upstream at the level of the WHO and ICMR rather than at the downstream where the humble doctor is treating individual patients."

The doctor treating individual patient is no humble person these days. He acknowledges this and tries to find some moral solution for this, which is not possible in this money-centric capitalist society. When money can buy every institution, it can buy the individuals easily. As in this [study](#) doctors do not want to even answer about big gifts to them and big Pharma Marketing Influences Prescriptions of 98% Doctors.

I do not believe in centralised authorities controlling the society but example of two consenting adults having liaison harming no third person is totally misplaced. Here the liaison between doctors and pharmaceutical industry is affecting the vast number of patients getting subjected to unnecessary investigations, medicines and even surgeries.

Opposition by IMA is being taken lightly but let me ask one thing is it not the height of [brazen](#) attitude of doctors when they say that they don't have money for their own further learning. How do other professionals keep themselves updated? Under the system suggested below, the CME will not be a compulsory thing with credit system, but because the elimination of vulgar money from the profession will attract only the most genuinely interested persons in this field and the genuine literature, conferences at low cost will be organised with government funding, not for moving around places and enjoying five star facilities.

The real solution lies in the complete overhaul of [the system](#) with socialisation [of pharma industry](#), healthcare system with complete control in the [people's hands](#) by participatory democracy. This will solve the problem of the higher authorities colluding with vested interests and controlling the system, thereby our lives. When the system is so rotten from top to bottom one cannot change it by just dressing it up.

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