

Indemnity bonds for MBBS students: Need for a change of perspective

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Compulsory service programmes for MBBS students have existed for many years in India and other parts of the world. Such programmes have been referred to differently as "obligatory", "mandatory", "requisite" and "compulsory" service (1). Governments look at these programmes as a means to deploy and retain the health workforce even as health professionals are lost to opportunities in other countries (2). Though these programmes have been successful, they have been carried out by enforcement on medical students to finish a rural bond (3).

Students seeking admission to the MBBS or the BDS courses in Maharashtra (and in many other states of India) are required to submit two undertakings (indemnity bonds).

- 1 A student going abroad within five years of completion of the course will pay a sum of ten lakh rupees to the Government of Maharashtra (ie, the expenses incurred by the government for his education).
- 2 A student will complete the course including the internship and will serve the Government of Maharashtra for a period of one year after the completion of the course; or pay a sum of ten lakh rupees plus the tuition fees (around one to five lakhs) for the course to the government.

These undertakings have their benefits and limitations, for both the government and the students.

- 1 On one hand, they compel students to complete the course and ensure that the government will have enough doctors working at primary health centres. On the other hand, they interfere with the fundamental rights of students: to leave a course that they may not like to continue; to take up a job of their choice after graduation; and to be able to go abroad after the completion of the course.
- 2 Though these undertakings appear to be equal, the impact may not be equitable for all students. Students from affluent backgrounds may not find it difficult to pay the bond and flout the undertaking, while students from poorer backgrounds may not be able to do so due to financial constraints.
- 3 Since there is only a limited number of seats and tough competition for admission to medical courses, some of the aspirants may remain on the waiting list. If those students who - within a few months of joining - wish to opt out of the course are not discouraged by the indemnity bond, the students on the waiting list may get the vacated seats, benefitting both.
- 4 It may be useful for students to go abroad and experience medical training and practice in different parts of the world. It may be a good idea for the

government and universities to develop liaisons with medical schools abroad, to facilitate student exchanges with financial help and to provide for special sabbaticals to encourage learning. An embargo of five years will only deprive the student of such wider exposure to medical practice.

- 5 Stringent undertakings and indemnity bonds like these may deter students from opting for medical courses. They may prefer to either enrol for some other course that does not impose such restrictions, or seek admission in a more liberal medical school abroad.

In order to have more doctors in rural areas the government may consider offering incentives and better facilities rather than punitive measures. It is high time that we discuss the ramifications of these practices, and either modify or abolish them altogether, or come up with viable alternatives.

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Declarations of conflict of interest are still inadequate

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Declaration of conflicts of interest (COI, understood mainly as financial) in medical publications is long established. Most journals refer only to the guidelines of the International Committee of Medical Journal Editors (ICMJE) (1) but not to those of the WAME (World Association of Medical Editors) (2). We surveyed 17 journals and found only one (*BJOG*) (3), which explicitly mentioned "religious interest" as an example of a possible COI and one other journal included "personal belief" (*Journal of Obstetrics and Gynaecology of India*) (4) as a COI. Of the other 15 journals, 10 used the ICMJE as their COI model. They were the general journals, *NEJM*, *JAMA*, *Lancet*, *BMJ* and *JIM* (*Journal of Internal Medicine*); the pediatric/neonatology journals *Pediatrics* and *Journal of Pediatrics* (this also mentions WAME) but not *Acta Paediatrica*, which mentions COPE; the obstetrics/gynaecology journals *AJOG* and *IJOG*; and the *British Journal of Haematology* but not *Blood*, which uses the American Society of Hematology's own COI model. Neither *EJOG*, *JOG*, *Indian Obs Gyn*, nor *J Obstet Gynaecol India* clearly specified a COI model.

The ICMJE COI guidelines fail to include involvement in religious and/or secular groups which take sides on the subject being discussed, while the WAME guidelines specifically do so. Instead the ICMJE uses the vaguer phrase "intellectual beliefs". The actual ICMJE COI-form does not itemise religion. To maintain their scientific credibility, medical journals must start requiring disclosure of such ties. A typical example where current ICMJE rules fall short is the ongoing heated debates over the ethics of prenatalology and of physician assisted suicide.

As physicians and scientists, we are concerned about this failure. Political and religious groups not infrequently try to exert influence by encouraging eminent scientists, preferably with an impressive title like Professor, to act as mouthpieces and decoys for their agenda. It is unacceptable that experts in ethics sometimes fail to acknowledge their personal beliefs. It has long been considered self-evident that those commenting on public issues must declare their political allegiance. Similarly, in debating sensitive and contentious medical issues where advances in research are making hitherto unimagined interventions possible, full disclosure is not just desirable but a *sine qua non*.

That sailing under false flags (or none at all) seems standard on various internet websites is regrettable, but beyond the control of the medical profession. However, we contend that medical journals must become vigilant in ensuring that all relevant conflicts of interest are clearly, thoroughly, and unequivocally declared. As an example, a tentatively amended version of a COI applied to our present communication could be formulated thus: "None of the authors has any financial COI with respect to the content of this article. None of the authors is a member of a political party or religious or secular organisations and action groups with opinions on the issues dealt with in the article." Reviewers should follow the same COI requirements. Practically speaking, having a mandatory "button" to be clicked as part of the submission mechanism may be the simplest.

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Reporting ethical processes in the *Nursing Journal of India*

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Nursing research is a developing field to which individuals within the profession can contribute substantially based on their skills and practical experience of nursing care (1). Both reporting of informed consent and ethical approval are key aspects of published papers which indicate the researchers' knowledge of and sensitivity to ethical aspects of research (2).

Informed consent is not only required for clinical trials, but is an essential condition before enrolling each participant in all research involving human subjects whether diagnostic, therapeutic, interventional, bioequivalence, social or behavioural studies, and for all research conducted within the country or abroad (3).

A retrospective research design with quantitative research approach was used to assess the reporting of ethical approval and informed consent by all studies published in *The Nursing Journal of India* from January 2001 to December 2014. *The Nursing Journal of India* is the official publication of the Trained Nurses Association of India (TNAI), New Delhi and is the oldest journal of nursing in India. All issues of this journal were hand-searched by the authors.

Data was analysed using descriptive statistics ie, frequency counts and percentages. Results indicated that a total number of 238 research studies and 14 case studies were published in the relevant time period. Of these, informed consent was not mentioned in 182 (76.47%) research studies, and ethics approval was not mentioned in 191 (80.25%) research studies. As many as 10 case studies (71.42%) did not mention informed consent and ethics approval. All research studies and case studies involved research on human subjects. We believe these findings should not be interpreted as a lack of ethical principles being followed by the nurse researchers, or that consent, verbal or written, was not being sought while conducting the research studies, but that they fail to report it appropriately while getting their researches published.

These results are comparable with the research conducted on two Indian paediatric journals which concluded that only 30% of manuscripts published in the journals have mentioned ethics committee approval, and only 47% of prospective study reports have indicated that informed consent was obtained (4).

Researchers, authors, and editors need to be sensitive and responsible to ensure adequate reporting of the ethical and