Opinion and Debate

Corridor consultations: Should this practice be discouraged?

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In Pakistan, despite the Health Ministry's vows to abolish the practice of getting medicines without prescription from qualified medical practitioners, the system of 'Corridor consultation' is very much in vogue. In the absence of strong and corruption-free judiciary, this practice can never be stopped. Our health system is also not flawless in a multiple ways, especially the issues of vigilance on practices, medical auditing, periodic performance evaluation, medical corruption and non-accountability to serious medical negligence. No wonder, we do not have a system of protective medical insurance against any medical negligence as it in the western world. The simple reason is that we do not need one. Ironically, the safety of patients remains in jeopardy. These problems are not only restricted to poorly functioning government hospitals, but some well known private institutions were also found to be implicated in serious complications as a result of patient negligence. The regulatory body does not address the problems in a satisfactory way. The important observations in medical practice are: 5-minute consultations by general practitioners, specialists and in many instances even psychiatrists. The reason given is "too much load of patients", "time constraints" and "perceived notion of expertise" etc. It is not possible to generalize this observation in the absence of empirical studies but this attitude in practice is applicable on a wide spectrum. One step beyond this problem is the trend of seeking medical advice for a relative and getting proxy prescriptions. This practice is carried out by the friends, relatives and colleagues of a medical practitioner. Ironically, a medical practitioner who happens to suffer from a medical illness may get corridor advice from a medical practitioner colleague.

The General Medical Council (GMC)[1] in its recommendations for 'good medical practice' strongly emphasizes on a number of factors: to establish the patient's current medical conditions, history, concurrent or recent use

of other medications, proper assessment of patient's medical condition, identify the likely cause of the condition, ensure that there is sufficient justification to prescribe the medicines/treatment proposed, ensure that the prescribed medicines do not have any contra-indication and to make a clear, accurate and legible record of all medicines prescribed.

The Canadian Medical Protection Association (CMPA)[2] reports about a case in which an orthopaedic surgeon recommended treatment without actually seeing the patient. He relied upon the information provided by the Emergency Room Physician. As a result of this negligence, the concerned doctor had to face the legal repercussions. In a study[3] related to doctor's health seeking behaviour, it was transpired that doctors perceive considerable barriers to seeking appropriate medical care. A group of doctors from Health Advisory Service recommend that doctors should have their own general practitioner and should avoid 'corridor consultation'.[4]

In terms of health care access, marked similarities were noted between doctors and the general population, especially with mental health issues.[5] In case of liability in informal consultation, the court would generally examine all of the facts and circumstances to determine if a patient-physician relationship existed. Only when a duty of care can be established, then a physician may be liable for medical malpractice.[6] Courts have consistently ruled that no physician-patient relationship exists between a consultant and the patient who is the focus of informal consultation. The courts have applied a consistent set of criteria that help define the legal parameters of this activity.[7] In an ethical analysis, it was suggested that when an informal consultation does not entail any danger to the patient or others, the physician may agree to the request. If a reportable infectious disease, a serious danger to the community, is involved, the physician should refuse informal consultation or treatment.[8]

Reverting back to the local scenario, the absence of accountability, appears easy for doctors to get away with any adverse consequences of corridor consultation and hence this practice continues unabated. The question arises as to whether it is appropriate for the doctors to continue this practice individually while being oblivious of the safety of the patient and their own moral obligation? There are a number of steps that a doctor can take in line with ethical guidelines and their inner voice which can go a long way in promotion of safe practice. After all, it is for the long term benefit for the health care system of the country that is already in doldrums and engulfed with corruption. Is it possible to take a collective oath to refrain from such practice or alternatively seek guidelines from Pakistan Medical and Dental Council?

Reference

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