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Editorial

I am happy to announce that Golden Jubilee celebrations of Manipal College of Pharmaceutical Sciences are underway. We have successfully conducted wide range of programs. To highlight a few, we have organized 27th annual convention of Indian Pharmacy Graduate’s Association in January 2012, followed my MCOPS annual day function, IHPA conference in February 2012, Indian Pharmaceutical Association convention was held in the month of March 2012 and National convention of Association of Pharmacy Teachers of India was held from 12 to 14th October 2012.

As a part of our Golden Jubilee Celebrations I am having pleasure to invite to attend 5th International Conference on Medicinal and Herbal Products which will be held from 25th to 27th January 2013. We believe, this is a great opportunity for fellow pharmacists, faculties and students to get together and also to keep them updated by interacting with international speakers and researchers from specialty of Medicinal and Herbal Products. Details regarding the golden jubilee celebrations are available at www.manipal.edu website, also we will keep you updating regarding the same in the forthcoming issues.

Regards

Prof  N Udupa
Editor In Chief, IJCP
Message from ACPI

Pharmacists are considered as custodian of medicines and there are adequate laws and regulations enacted in the country. This empowerment has come of necessity or else there can be rampant misuse of drugs leading to many injuries to humans. As we are seeing in our healthcare system. These accidents go uncounted and unnoticed as there is no system to assess. There is a need to claim the proprietary to claim the authority of pharmacist as the custodian of medicine and participate in healthcare activities ensuring the patient safety and rational drug utilization.

Prof Anantha Naik Nagappa,

President, ACPI
MUSHROOMING OF PHARMACEUTICAL EDUCATIONAL INSTITUTIONS AND AFTERMATH

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The pharmacy education has shown bouts of boom and recession which is leading the students, staff and management in private institutions to despair and apathy. As per the website of Pharmacy council of India, its approved list comprises of 666 colleges offering diploma in pharmacy, 822 institutions offering bachelor in pharmacy and 120 colleges offering doctor of pharmacy programs.\textsuperscript{1,2} These institutions are supposed to run as per the education regulations and their amendments of Pharmacy act of 1940. These institutions are also regulated by AICTE, UGC and State governments. Although the regulatory bodies in principal should work in a complimentary manner however there is little communication among these agencies. This has led to total chaos and compartmentalization of the profession and its practice as it is currently visible in healthcare practice and drug industry. The pharmacy profession is one among the three core healthcare professions and it needs to collaborate with the other core healthcare professions like medical practitioners and nurses. Recently, the All India Council of Technical Education (AICTE) has given permission for numerous master’s degree programs with large numbers of intake capacity. For example, a new branch of post graduate studies in an existing college will get admission permission for 18 seats. This has led to the poor quality of education for the pharmacy post graduates.

Pharmacy profession has branched on into industry, teaching and marketing which offers sizeable opportunities and practices for pharmacy graduates across the country. These opportunities allow the pharmacists to develop human resource for teaching and manufacturing which are entirely dependent on the economic growth of the country. The new jobs created in this area every year are very low in comparison to the aspirants of jobs produced by the pharmaceutical educational institutions with respect to the other countries. On the contrary, the industry is negotiating for cheap labor by offering minimum salary to the pharmacy graduates. On an average, with great difficulty, a B-Pharm graduate can get a startup of 5000-6000 Rs. per month. As many of the graduates don’t find appropriate places, they all rush towards higher
education like M Pharm and PhD which gives them some breathing time. The job market for the graduate pharmacist is at its very low and there are many instances where the pharmacy graduates are applying for primary school teachers and other general fields. Unfortunately, the employability of a graduate pharmacist is not taken into consideration before educating them in the pharmacy field.

The drugs being technical commodities need a well-trained, qualified pharmacist to advise patients for their safe and effective use. In most of the developed countries a qualified licensed pharmacist is involved in informing the health consumers and the patients. This information provision service along with the professional care has emerged as a vital link between physicians and the patients. Doctor, nurse and pharmacist make an alliance for the comprehensive healthcare and disease management. Patients frequently consult the licensed pharmacists for detailed information and the pharmacist has become an integral professional for provision of patient safety and efficacy. On the contrast, our country doesn’t have the guidelines and necessary legal infrastructure to develop pharmacy based services as seen in other developed countries. Unfortunately, the pharmacy based services are suspending at the ground zero level and unlike developed countries the patient in India are deprived of advanced healthcare. It is impossible for a single or a group of healthcare professionals to provide the best healthcare as the information is too large and needs to be judged by the angle of pharmacist and the nurse. That is why a team of healthcare providers are seriously considered in developed countries for healthcare provision. There are large number of opportunities of practice in the area of clinical pharmacy, hospital pharmacy and community pharmacy.

**Current scenario:**

The 3-tier program of pharmacy education system comprising of diploma, graduate and post-graduate degree is available in India. The diploma in pharmacy is a two year program and comes under the purview of the education regulation of the Pharmacy Act 1948. There are many institutions engaged in conducting the D Pharm program producing a large number of diploma qualifications. Apart from this, there are many retail pharmacists who have got license on the pretext of being in business for several years before the enactment of Pharmacy Act. All of them have gathered and made an association by the name All India Organisation of Chemists and Druggists. These types of associations, by virtue of the membership number are capable of
influencing the government to amend/ withheld the decisions pertaining to improvement in qualification or upgrading the qualification from diploma to degree holders for the practice of pharmacy. These associations are opposing the adaptation of Bachelor of Pharmacy as the minimum qualification for registration as licensed pharmacist. The diploma holders in pharmacy are ineffective in delivering the services of pharmacy to the health consumers and patients like in developed countries.

Fig 1: Regulation of pharmacy education in India

What needs to be done?

- A system should be constructed which ensures uniform distribution of educational institutions in geographical locations. It is a usual practice with a private educationist that he prefers urban settings to establish the educational institutions. They prefer cities like
metros or state capitals. If we look at the educational institution’s geographical distribution then apart from this popular trend we also find new trends which are not only strange but also highly objectionable.

- A pharmacy college can only be started by getting permission from governments, universities and regulatory authorities apart from UGC, AICTE etc. The mushrooming of the pharmacy colleges is a recent phenomenon of last 5 years and has grown unprecedently in several states like Andhra Pradesh and Rajasthan. In Andhra Pradesh, the Ranga reddy district has 44 and the Warangal district has 36 odd colleges which are approved by the regulatory authorities and the government bodies. The question arises now is why the government is giving permission to open up so many colleges in a place like Warangal? 4

The aftermath

The total no of diploma and degree colleges in India are 717 and 1,076 respectively, which educates approx. 39960 diploma holders and 72,788 degree holders every year whereas the job market can accommodate approximately 5000-6000 candidates every year. 3 The number of pharmacists emerging every year is quite huge as compared to the job opportunities available in the country.

Also, as we can see from the geographical distribution of the pharmacy colleges in India (Figure 2) that the distribution of the colleges is very uneven with big clusters of colleges in a few states and almost 14 states having less than five colleges. Of these, 3 states have not a single pharmacy college while 6 have only 1 pharmacy college. This leads to a situation where there is excess of pharmacists in one part of the country and scarcity in other parts because of which some parts will be totally deprived of the services of pharmacists while the other parts will have excess of pharmacists and no jobs to offer them.

Getting employment is a major issue of concern among the youth right now in a developing country like India. There is no balance between the number of jobs and number of degree and diploma holders coming out every year and there is no job security for thousands of students holding their degree from these numerous pharmacy colleges. This situation ultimately affects the consumers of the services offered by the healthcare sector.
Another issue is the lack of regulations and their implementation with respect to the minimum technical qualification in the industry and also in the community pharmacy profession. This leads to a compromise on the quality aspect in case of industry and pharmacy as a profession. The pharmaceutical industries are recruiting normal science graduates without any pharmaceutical or technical background instead of the pharmacy graduates. The science graduates are ready to work for lower salaries and there is no rule restricting the industry to recruit non-technical people to do technical jobs and to ensure the technically trained pharmacy graduates a better opportunity to contribute in an efficient way.

**Figure 2: Distribution of Pharmacy institutions state wise across**
References

SELF MEDICATION PRACTICES – PERSPECTIVE OF RURAL SOUTH INDIA

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Abstract

Self medication is defined as the use of medication by a Patient on his own initiative or on the advice of a Pharmacist or a lay person instead of consulting a medical practitioner. Self-medication differs from self-care in that it involves drugs that may do well or cause harm. It is a descriptive cross sectional study has been conducted in rural parts of Anantapur district, Andhra Pradesh, India aims to evaluate knowledge attitude and practice of self medications. A total of 163 subjects were interviewed among that 13 subjects have been excluded due to incomplete response; Most of the study subjects practicing self-medication even if they are chronic and without the proper knowledge about it, different kinds of predictors were identified for self-medication practice, those predictors has to be evaluated to decrease irrational use of OTC medications or self medications. Our study shows that majority of the population had poor knowledge about appropriate self-medication, thus to avoid or minimize the problems with self medication, the patients should be educated about the dangers of indiscriminate usage of drugs, continuing pharmacy education must be provided to community pharmacists to improve the safe use of OTC medications.

Key words: Self medication, self care, OTC medications

INTRODUCTION:

Self medication is defined as the use of medication by a Patient on his own initiative or on the advice of a Pharmacist or a lay person instead of consulting a medical practitioner. Every day people throughout the world act on their own for their health; they practice self-care. In some instances, they do so through self-medication, which is now increasingly being considered as a component of self-care, Antimicrobial resistance is a current problem worldwide particularly in developing countries where antibiotics are often available without a prescription.
Self-medication differs from self-care in that it involves drugs that may do well or cause harm. In several studies it has been found that inappropriate self-medication causes wastage of resources, increases resistance of pathogens and generally causes serious health hazards such as adverse drug reactions, prolonged suffering and drug dependence. Self-care may be known as, a range of behaviors’ exhibited by individuals to promote or restore their health or lay behavioral responses to illness in contrast to professional care or actions taken by lay persons in their own health interest without formal medical supervision.

The definition of Self-care is what people do for themselves to establish and maintain health, prevent and deal with illness. These activities are derived from knowledge and skills from the pool of both professional and lay experience. They are undertaken by lay people on their own behalf, separately or in participative collaboration with the professional.

Especially in developing countries, professional health care is relatively expensive and in some cases not readily available thereby making self medication an obvious choice of healthcare service. Furthermore, it has been noted that many drugs that can only be purchased with prescription in developed countries are OTC in developing countries. Also, medical regulation has resulted in the proliferation of counter free drugs that are in high demand for the treatment of highly prevalent diseases.

Inappropriate self-medication has the potential to cause serious harm, not only to the patient themselves but also to those whom they suggest medication, potential problems of self medication should be emphasized to the population to minimize this risk.

Community pharmacist plays a significant role in guiding and providing proper education to the community. The role of the pharmacist as information providers needs to be reinforced and it is being suggested that education campaigns are to be set up for proper usage of medicines.

**METHODOLOGY**

It is a descriptive cross sectional study has been conducted in rural parts of Anantapur district, Andhra Pradesh, India aims to evaluate the knowledge attitude practice about self medications by using a validated pre structured questionnaire it comprises of 15 questions related to knowledge attitude and practice of their self medications. Samples were selected randomly and they were
asked to verbally answer a 15 item questionnaire along with basic demographic details like age, sex, place of living, level of education etc. Before initiating an interview, each sample is explained about the nature and purpose of study and their oral consent were taken to participate in study.

RESULTS

A total of 163 subjects were interviewed among that 13 subjects have been excluded due to incomplete response; demographic details of subjects included in our study were shown in Table I, according to our survey that most common illness which makes the subjects to practice self-medication is fever, cough, cold, headache and body pain, which is depicted in Table II. Most of the subjects (64.6%) approached for self-medication when their illnesses are acute (within 24 hours). In our study population considerable number of subjects (12%) practicing self-medication even if they are chronic (above 12 weeks)

Table I. Demographic details of the patients in the study that were seeking self-medication.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Patient Parameter</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 1-20years</td>
<td>24.6%</td>
</tr>
<tr>
<td></td>
<td>• 21-40years</td>
<td>46.6%</td>
</tr>
<tr>
<td></td>
<td>• &gt;40years</td>
<td>28.6%</td>
</tr>
<tr>
<td>2</td>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Male</td>
<td>46.6%</td>
</tr>
<tr>
<td></td>
<td>• Female</td>
<td>53.3%</td>
</tr>
<tr>
<td>3</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Literates</td>
<td>74%</td>
</tr>
<tr>
<td></td>
<td>• illiterates</td>
<td>26%</td>
</tr>
<tr>
<td>4</td>
<td>Social status</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Married</td>
<td>46.6%</td>
</tr>
</tbody>
</table>
Table II Conditions for seeking self medications:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Conditions</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pain</td>
<td>30%</td>
</tr>
<tr>
<td>2</td>
<td>Headache</td>
<td>21.3%</td>
</tr>
<tr>
<td>3</td>
<td>Cough &amp; cold</td>
<td>20.5%</td>
</tr>
<tr>
<td>4</td>
<td>Fever</td>
<td>28.6%</td>
</tr>
</tbody>
</table>

Table III: Predictors for seeking self medication:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Predictors</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Immediate relief</td>
<td>45.35%</td>
</tr>
<tr>
<td>2</td>
<td>Disease is not serious</td>
<td>43.35%</td>
</tr>
<tr>
<td>3</td>
<td>Easy &amp; convenient, economical etc</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

Table III shows the various reasons for self-medication practice. Our study found that different kinds of predictors are responsible for self-medication practice, immediate relief and disease condition is not serious were the major concern for self medication practice and other predictors for self-medication is to be believed that, self medication is easy, convenient and economical etc. Around 46.6% of the study population purchased the drug they need it for self care by saying the name of the drugs, there are equal number of people gets their medication by explaining their illness to their drug dispenser, more than half of the study population (53.3%) requested for analgesics/antipyretics for their self-care an interesting finding is that around 9.6% of study population requested for Vitamins and minerals for their self-care, other medications which are used as self-medication in our study population are antimicrobials, respiratory drugs and gastrointestinal drugs etc. Figure I represent the different types of drugs used as self medications in our study population.
In this study very few peoples (32%) knows the Indications of the drugs which they take, whereas majority of people (28.3%) indicated that they knows how to take their drug for self-care. As show in Table IV, 18.1% of our study population knows nothing about their self-medication which they are taking, few of (25.3%) our study population mentioned that they are getting information about their self-medication from doctors, nurses, or health care workers but without prescription and few people are getting information from their Dispensing pharmacists (24%). It must be noted that considerable number of people (13.3%) are receiving an advice about their self-medication from their relatives or friends and some of the traditional healers, 63.3% of the study population has not gone for any sources of care before their self-medication, around 22% of the subjects taken a care from traditional medical practitioner previously. 56.6% of our study population taking their self-medication along with other prescribed medications, mostly they are anti-diabetic drugs, anti-hypertensive, cardiovascular and gastrointestinal drugs.

Table IV: Sources of information for self medication:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Sources of Information for self-medication</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Received no advice</td>
<td>18.1%</td>
</tr>
<tr>
<td>2</td>
<td>Read ladle or leaflet</td>
<td>12%</td>
</tr>
<tr>
<td>3</td>
<td>Advised by neighbors, friends or relatives</td>
<td>13.3%</td>
</tr>
</tbody>
</table>
4  Suggested by traditional healers 5.3%
5  Advised by Doctors, nurses, health workers but without prescription 25.3%
6  Recommended by pharmacists 24%
7  Others 2%

Our study also identified that 20% of our study population visited the pharmacy for self-medication more frequently (more than 3 times in 6 months) and considerable amount of population visited the pharmacy more than 2 times for their self-medication in a 6 months period, 20% of our study population expecting to get the information about the overall view of drugs while they purchase medications, most of the study population expecting for information regarding the usage, dose, frequency and duration of drugs, which is depicted in Table V.

Table V:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Type of information they require</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of the drug</td>
<td>20%</td>
</tr>
<tr>
<td>2</td>
<td>Indication</td>
<td>15%</td>
</tr>
<tr>
<td>3</td>
<td>How to use</td>
<td>18.6%</td>
</tr>
<tr>
<td>4</td>
<td>Overall view of drug</td>
<td>28.3%</td>
</tr>
<tr>
<td>5</td>
<td>Frequency and duration</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

Apart from this, plenty of subjects are sharing their self-medication with others preferably while they think it is a same situation and most of the people (63.6) preferred tablets as a self-medication because of its easy use, Very least number (6.67%) of the study population mentioned that self-medication may be harmful and not recommended in all conditions.
DISCUSSION

Self-medication could be defined as taking drugs without the advice and monitoring of physician\textsuperscript{7}. It is practiced in most of the countries, In our sample study, self-medication was more common and irrational, Plenty of people practicing self-medication most commonly for their acute illness and from our study we consider that self-medication is a public health problem due to lack of health awareness to common people and lack of continuing pharmacy education to community pharmacists. Most of the people directly approaching community pharmacists for their medical services because of its easy and convenience and even practicing self-medication without knowing the Name, dose, frequency and duration etc. People are practicing self-medications along with other prescribed medications which may lead to severe drug interactions even they share their self-medication with others. Analgesics and antipyretics are majorly used self-medication, which is more similar to other studies\textsuperscript{7}. There are major problems like possible risk of nephropathy and possible drug induced gastric ulceration, to avoid these situations, regarding the usage of gastro protective drugs must be emphasized on pharmacists, which may require continuing pharmacy education to the community pharmacists.

V. CONCLUSION

Our study shows that the majority of the population had poor knowledge about appropriate self-medication, Appropriate effectiveness of self medication is questionable, due to lack of information, or due to lack of proper medical follow up, and inappropriate self medication practice may leads to severe problems like drug interactions or adverse drug reactions, thus to avoid or minimize the problems with self medication, the patients should be educated about the dangers of indiscriminate usage of drugs, continuing pharmacy education must be provided to community pharmacists to improve the safe use of over the counter medicines.

REFERENCES :


ETHICAL ISSUES OF PATIENT CONFIDENTIALITY IN CLINICAL TRIALS

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*Corresponding Author: Anantha Nagappa Naik

INTRODUCTION

In clinical practice a patient has to divulge all his/her personal matter to the physician. There is a need of good understanding when the personal information is shared between two, and when a third party like sponsor or the staffs conducting clinical trials are involved there may be divulgence of information and it is a serious ethical issue when somebody’s personal information is divulged to others especially of the information belongs to the patients participating in a clinical trial. If patient confidentiality is not maintained it also would lead to social outcry in which the individuals might face isolation from the main stream of society as knowledge of his disease has become public. It may also affect marriage perspectives and other social opportunities if someone else learns about the details of the health by referring to clinical trial sponsor or to staff conducting clinical trial. Hence there is a need to document all details of participants in clinical trials as it is not only mandatory requirement but also relevant to carry out analysis of clinical trials to find out outcomes.

The details of patients such as patient history, current condition; current status of disease is available with clinical trial sponsor. This information is also important for insurance agreements, social acceptance and other personal relations.

The patient who has given all his information for the clinical trial conduction has done so with a trust that the data he has given to the clinical trial team will never be used to harm his prospective and opportunities. The trust will be breached when the sponsors do not protect the data and knowingly or unknowingly divulge it to the public at last. Hence the management of practice of patient’s individualized data is the responsibility of sponsor and other responsible members of clinical research team to provide adequate protection. This is like the ethics of good
clinical practices and the Institutional Review Board and other regulatory agencies make it a point to build the data systems so that patient confidentiality is fully assured.

The patient confidentiality data which is in the form of group without bearing any details or identity is necessary for evaluation of clinical trials. Those details which are likely to be used in submissions either to patent office, regulatory authorities or to the public domains can publish this data which is no way breached or violated to the patient confidentiality.

In a situation of data submissions the individual patient particulars in the case record forms should be made a confidential document and this can be done by coding the case record forms and decoding it later. The consequences of poor control of patient confidentiality may give rise to many problems for the participants and his family.

For ex: The participants buy a health insurance policy and the insurer may seek the details of health status of individuals. As a health insurance is sold to individuals on solicitations, the insurer being aware illegally may reject the proposal of policy. This would lead to loss of opportunity of getting a health policy.

Data regarding age, gender, occupation, religion, marital status are not considered as the confidential data. But the data regarding laboratory findings, scan reports, diagnosis of individual patients are considered as confidential.

Many a times especially in small communities, their individual identity is recognized. Where each individual are known to others in such community, the management and practice of patient confidentiality assumes a new dimension. Knowingly or unknowingly a care giver who is also a party for conduct of clinical trial may divulge individual’s disease status. These kinds of utterances in public place are also a breach of patient confidentiality.

The concept of patient confidentiality has been recorded since 4th century BC by Hippocrates. He stated “Whatever, in connection with my professional service, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times. But should I trespass and violate this Oath, may the reverse be my lot.”

1
INDIA AND CLINICAL TRIALS: ADVENT OF CRO’S

Due to the rise of so many CRO’s in India it is becoming more difficult to control the volunteers who participate in clinical trials as the volunteers are economically downtrodden, educationally poor, vulnerable to be taken for trials and likely to be misused. Hence there should be strict regulations and good clinical practice guidelines on the conduct of clinical trials.

STATUS OF CLINICAL TRIALS IN INDIA:

Potential Healthcare industry is the world's largest industry with total revenues of approximately US$ 2.8 Trillion. In India as well, Healthcare has emerged as one of the largest service sectors with estimated revenue of around $ 30 billion constituting 5% of GDP and offering employment to around 4 million people. By 2025, Indian population will reach 1.4 billion with about 45% constituting urban adult (15 years+). To cater to this demographic change, the healthcare sector will have to be about $100 billion in size contributing nearly 8 to 10% of the then GDP. By then, the 10 large national healthcare networks would be able to absorb 30% of the market share. The leaders in the Indian healthcare sector will be benchmarked to international quality and efficiency standards. Opportunities According to Investment Commission of India, the sector has witnessed a phenomenal expansion in the last 4 years growing at over 12% per annum. As per a recent CII-McKinsey report, the growth of this sector can contribute to 6-7% of GDP and increase employment by at least 2.5 million by 2012

HIPAA: HEALTH INSURANCE AND PORTABILITY ACT:

This act came into existence in Unites States of America in 1996 and was published in the year April 2001. The act was enforced since April 2003 by Office of Civil Rights. The main aim was to ensure confidentiality or protect the medical records of patients when using electronic devises or when the patient data is reviewed by the insurance parties.

Penalties ² under this law include: $100/violation up to $25,000/year, for wrongful disclosure criminal penalties are $50,000 and/or 1 year in prison or for the intent to sell information criminal penalties are $250,000 and/or 10 years in prison.

In India, there are no such regulations and there is an emergency to have such an act so as to prevent violations on patient confidentiality.
PRACTICES OF PATIENT CONFIDENTIALITY: LESSONS FROM SOME CASE STUDIES

Patient confidentiality is compromised when there is a hurry to recruit patients and access to patient databases to find the eligible patients by investigators. In such cases patients are not aware that their databases are accessed by people other than their physicians.

CASE 1: SOME SITE ADVERTISEMENTS TO ATTRACT SPONSORS

“Our database consists of a wide range of patients with different diseases classified in terms of ICD. This enables the sponsor to recruit large number of patients in time.”

There is a breach of confidentiality when one investigator consults another investigator for the recruitment of volunteers for clinical trials. Physician may refer his own patient to the sponsor. Thus the patient’s databases reach a third party without his knowledge.

CASE 2:

When the volunteers are required in large number then the efforts to reach such volunteers may extend to other investigator from a bigger hospital. Such an investigator may be provided with a good incentive or some attractive compensation.

Some Clinical trials are advertised in such a way that the volunteers are attracted to participate in the trial without thinking of the consequences. This kind happens when the volunteer is economically poor.

CASE 3:

Israel 2007 case: A very famous cardiothoracic surgeon was found HIV positive in January 2007. This was notified to the Ministry of health and all the patients who were treated by this doctor right from 10 years before January 2007 were contacted. A few of them who approached were given a checkup. But none of them were found to be HIV positive. The Ministry of Health decided to resume his work but restricted to only certain areas like counseling and training his junior doctors.
With so much of technological development and involvement of so many people in health care practices there is obviously a great increase in the breach of confidentiality. Hence strict enforcement of confidentiality laws especially in a country like India has become very necessary for maintaining the patient data. This would help the doctor and the patient to build a good understanding.

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