

Catalogue of professional and ethical blunders

Nutrition Society's 'Certificate Course in Clinical Nutrition (Level 1)

On March 16 Health Action carried an article on a presentation made by Dr K Balasubramaniam at the seminar organized by the Consumer Affairs Authority on the Unethical Promotion of Drugs. In this article Dr Balasubramaniam highlighted vividly the negative impact of unethical drug promotions by the pharmaceutical industry and the cost to the consumer.



Today, there is mounting evidence and a growing concern on how the pharmaceutical industry influences the Medical Profession to prescribe unnecessary drugs and even how normal physiological conditions are blown out of proportion and are assigned 'Serious Sounding' Medical Names to make the people feel that they are suffering from a medical disorder that needs to be treated by drugs. The Health Action page has carried numerous articles on such issues in the past.

In Dr Balasubramaniam's article, using data from peer reviewed medical journals he noted that physician - industry relations which involve gifts small or big, drug samples, travel grants, sponsorships of continuing medical education, influence prescribing practices in a way that the industry profits take precedence over patients' health and well being'

civil society or any concerned individual to know the association of the pharmaceutical industry in this exercise. Today in the scientific field it is accepted that any funding obtained should be clearly indicated for reasons of transparency.

Clinical Nutrition. Many participants would have paid for the course believing that they are paying for a course in 'Dietetics / Clinical Nutrition'. Considering the above, it is highly unprofessional and unethical to issue even a certification of participation.

Nutrition

Nutrition has emerged as an important field in preventing and curative health field and as a result, both the pharmaceutical and the food industry have extended their domain of activity to the field of nutrition too. Today, we highlight how the pharmaceutical industry has begun to influence the Nutritionists and how the Nutrition Society of Sri Lanka has engaged in an activity it may not be professionally competent to handle, leading to many questions on professionalism and ethical conduct.

We understand that on March 24 and 25 the Nutrition Society of Sri Lanka along with the Indian Institute of Nutritional Sciences - IINS (whose official status or whether 'accredited' to conduct and issue certification of 'Certified Clinical Nutrition Specialists' is not known) has conducted a 'Certificate Course in Clinical Nutrition (Level 1)' at a star hotel in Colombo. Worryingly, a course that is internationally acknowledged to be highly professional and clinical has been sponsored by a Multinational, Pharmaceutical Company in Sri Lanka! This is a dangerous situation. If pharmaceutical companies get involved in certification, all what the public could say and pray for is: "God Save the Patient".

Certification and Transparency

At the end of the course the participants have been issued with a 'Certification of Participation' for participating in 'The Dietetic / Clinical Nutrition Education (Level 1) - 20 hours. The certificate is counter signed by the President of the Nutrition Society and the Chair, Indian Institute of Nutritional Sciences and there is no clue for any prospective employer, patient, the

Promotional Material

We are in receipt of promotional material used for the course which indicate that there have been many serious professional and ethical blunders committed by the Nutrition Society in this regard and in the interest of public health we would be highlighting initially a few glaring blunders of the society.

- We have received complaints that many participants were unhappy about the course content and the manner in which the so called certificate course was advertised (ie: clinical Nutrition) and conducted but many attended the course on the second day in order to obtain the certificate which they could then use to produce to obtain credit for 'Professional Development'.
- It is alleged that the course was advertised hurriedly to the members of the Nutrition Society, Medical Doctors and some dietitians working in hospitals; a diverse group with differing levels of knowledge and experience who can not be evaluated or certified together. According to the promotional hand out used, the total cost was Rs.7000 of which the participants had to pay Rs. 3500.
- Although the Course was advertised as a 'Certificate Course in Clinical Nutrition', it is alleged that what has been taught during the two days had been on Enteral (Tube feeding through nose throat, gastro-intestinal tract etc) and Parenteral Feeding (Intra Venous Feeding). From what we gather, the above areas are highly clinical subjects that can not be taught at a hotel in two days and should be taught in a teaching hospital and in any case, form only a minor part in a vast curricula of Dietetics and

Questions

1. The word 'clinical' itself indicate the need for such training to be conducted in a clinical setting. On what basis did the President and the Council of the Nutrition Society decide to conduct a "Certificate Course in dietetic / clinical nutrition at a hotel?"
2. Has the Nutrition Society got a mandate or the expertise to issue such certification? Yes / No
3. Are there any members in the Council who are qualified and experienced in Dietetics / Clinical Nutrition? Yes/No
4. Did the President and the Council study the course content in detail before deciding to conduct such a course? Yes / No
5. Since the above was not a workshop (talk shop) or a two-day seminar but a "Certificate Course" were any members of the council assigned to sit through the entire course and evaluate the course content? Yes / No?
6. If Yes, were the assigned members qualified and experienced to evaluate such a course?
7. If the course was evaluated, in the interest of public health and transparency, we request the Nutrition Society to publish the findings of the evaluation through this column.
8. If the course was not evaluated, could the President and the Council Members kindly explain why it was not evaluated?
9. Could the President and the Council kindly indicate the criteria that were to be used by the society to certify / select the candidates eligible to undertake Level 2?
10. What were the need and the basis on which the Nutrition Society decide to issue a 'Certificate of Participation'?
11. Why is that the sponsors name not mentioned in the certificate? This raises issues in transparency on funding, objectives etc.
12. Could the Nutrition Society explain the Background of IINS. Is it a government body / an accredited university / institution with a qualified and experienced faculty that has powers to issue the suffix CCNS - Certified Clinical Nutrition Specialist.
13. Could the Nutrition Society / University of Wayamba kindly verify whether the resource person is a Professor Emeritus of Wayamba University, Sri Lanka?
14. Considering the above in the interest of public health, transparency and a serious professional and an ethical obligation to the unsuspecting patients, prospective employers and the general public, we sincerely hope that the President and the Council would answer the above questions in to to, as early as possible.
15. Over to the Secretary, Ministry of Health and Nutrition, President and the Council of the Nutrition Society and the Vice Chancellor of the Wayamba University.

- A concerned professional and health activist

Health Action

Conducted by Dr. Koiththamalli



Next monsoon: Are we ready for Chikungunya

The Law and Society Trust this week held a public meeting on Chikungunya and Public Health - the role of the Community. Among those on the panel was Christine Perera, Secretary of the Peoples Movement for the Rights of Patients. Here are excerpts from her speech.

How many in the audience did not get chikungunya? I was one of the lucky few. It devastated families. After six months many are still suffering from the after effects and it cannot be predicted how long these will last. At last count the number was 37,667 and counting. What about the next monsoon rains? Are we ready for it?

Yet, after so much havoc we do not take this small insect the mosquito very seriously. Do you know how many diseases are spread by the mosquito? I could name a few DENGUE, CHIKUNGUNYA, FILARIA, MALARIA, and ENCEPHALITIS. What we do not realise is that with a little effort from the community we can restrict the breeding places. But is the community taking any action? I am sorry to say we do not.

The authorities alone are unable to handle this huge task. They do not have the resources.

What we can do

Inform the authorities of blocked drains, neglected properties in your area.

Keep your gardens and surroundings clean. But that does not mean that you throw your garbage into the next garden or on to the road.

Try to form committees in your area to deal with this.

Inform the authorities if anyone in your family is sick.

A few important facts

Do not panic and run to your doctor each time you get fever. By taking too much medicine you are losing your natural immunity.

Get your GP's advice before consulting specialists.

Use medicines rationally. Do not be guided by misleading advertisements.

Use antibiotics as prescribed.

Do not take antibiotics without prescriptions. They cause harm if misused.

Get to know the health regulations and health authorities in your area.

Write letters to the media.

Write or telephone the health authorities. After sometime you are bound to get some response. Please do not say what can I do and keep quiet.

Conduct educational programmes throughout the year. I am sure you can use the money saved by prevention for this.

Implement regulations. The new regulations on breeding mosquitoes should be given wide publicity and action taken on complaints. Do more research.

Local Government authorities - my experience

Unfortunately, I have found a very negative attitude from the authorities. That is mainly why people do not go to them. They think it is pointless. I have found most in the engineering department very unhelpful. Their attitude is as if they are doing us a favour.

The cleaning of the roads and drains has been given to private companies, but no supervision is done. They do not carry out the work properly. They lack resources and manpower. I have an ongoing battle with this company. Now they run away when they see me. I have written many e-mails with regard to this to the authorities, yet they are given the contract again and again.

Area MO does not take any action. I have to complain right to the top. Then a PHI will come and have a look at the place but no proper action is taken. They will blame the engineering department. This is something common with the local government authorities - passing the buck. I have been complaining about two neglected properties for the last six months, but nothing has been done so far.

When I ring and complain about mosquitoes, they will only spray my garden. This is a funny rule. When I point out the uselessness of spraying only my garden, they say since I have complained the instructions are only to spray my garden.

I can go on and on, but time limits me.

Now I will get to the media: Regrettably, the media has forgotten the very important role they should play in public health. I find there are very few serious health journalists. At many seminars you could see most of the journalists leaving once the chief guest has finished the speech. They do not seem to realize that the important information comes after.

You will find that during an epidemic or other health related matters they will write some articles as just another news item, but no follow up is done. I wrote an article about chikungunya and sent it to most of the editors, but I suppose they did not think it important enough to publish. We little realize importance of health until we lose it. So do your very best to safeguard it.



Britain slaps ban on claims made by baby milk makers

"Health Action has highlighted the unethical promotion of milk foods and the misinformation given to mothers. We publish today the media statement by Britain's Baby Milk Action which identified illegal claims which will no longer be tolerated. Companies in Britain appear to have accepted, they must redesign their labels and scrap promotional campaigns with immediate effect. People expect Sri Lankan regulators to introduce similar prohibitions and get the milk food companies to re-design their labels and scrap promotional campaigns.

saturated Fatty Acids (LCPs) are important for development, a claim that an independent review of research finds is not substantiated.

Companies appear to have accepted they must re-design their labels and scrap promotional campaigns with immediate effect. Some of the same companies, however, have successfully blocked similar prohibitions recently introduced in the Philippines.

Illegal claims on these packs will no longer be tolerated. Including:

'Now even closer to breast milk',

'Closer than ever to breastmilk',

'Prebiotics support natural defences',

'Helps brain and eye development'

Campaigners have claimed victory as crackdown on 'closer to breastmilk' infant formula promotions is announced in Britain

New guidance to Trading Standards officers informing them that health claims widely used to promote infant formula are 'non-compliant' with legislation are being claimed as a major step forward to protect infant health and a mother's right to independent information. It has also been spelt out to companies that they can no longer claim that their formulas help a child's natural immune system or that additives such as Long Chain Polyun-

UK Trading Standards were recently informed by LACORS (Local Authorities Coordinators of Regulatory Services) of an update to guidance first issued in 1997 following the adoption of the Infant Formula and Follow-on Formula Regulations 1995.

The law contains an annex of claims such as 'iron enriched' that are permitted on the labels of infant formula. The Law clearly states that ONLY these claims may be made. However, companies ignored this Annex and claimed that the Law lacked clarity and Trading Standards did



nothing to stop the profusion of illegal claims until now.

Baby Milk Action and partners in the Baby Feeding Law Group (BFLG - consisting of all major UK health professional and mother support groups) have been monitoring company practices since 1997 and calling for the authorities to prosecute companies guilty of illegal promotion.

Last month it launched an expose, Hard Sell Formula, in support of its call for the law to be strengthened and for the promotion of follow-on milks to be stopped. In response to the BFLG campaign, the Government gave a

commitment in its 2004 public health white paper, Choosing Health, to strengthen the law. In 2005 two surveys, one by the Department of Health and one by UNICEF and the National Childbirth Trust, found that the claims had influenced parents perception and that over one third of British mothers (34%) believed that infant formula is the same or almost the same as breastfeeding.

Patti Rundall, OBE, Policy Director at Baby Milk Action, said:

"This is a major, but long overdue, victory for infant health which hopefully will protect all mothers and babies. In order to make wise decisions about infant feeding parents need accurate and independent information, not commercial promotion. A health or nutrition claim on any breastmilk substitute is inappropriate,

highly promotional and misleading. By highlighting one or other ingredient and failing to warn of the risks of artificial feeding - the formulas - which in reality can never compare with human breastmilk - appear to have a health advantage over breastfeeding - which is never promoted in the same way.

"If a particular formula contains a new ingredient which has been proven - through independently funded and reviewed research - to be safe and useful then it should be a legal requirement in all formulas. All babies who are not breastfed should have the highest quality substitute. The Government must make sure that these misleading claims are stopped - not just on infant formula but on follow-on formulas and advertising too."

Your health your page

It is widely agreed that medical science, medical or healthcare services could have a moral and ethical foundation only to the extent they foster the well-being and welfare of the patient.

What do we see in Sri Lanka today? Is it largely a system where drug companies, private hospitals and pharmacies are getting rich along with some others at the expense of the poor unsuspecting patients? This health action page is aimed at some

remedial measures to restore the patients' well-being as a top priority in healthcare services. Providing quality and affordable drugs to all and gradual empowerment of patients are among the aims. We invite comments, suggestions or critical assessments from readers.

Please write to: Health Action, C/O the Daily Mirror, PO Box 1136 Colombo, Fax, 2423258, email, mirror@wijaya.lk or Telephone 4-715896.