What ails Medical Research in India?
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Editorial

With 648 Medical Colleges in the country, churning out 98013 medical graduates in 2022, it is assumed that India will be at the forefront of medical research providing solutions to its unique health problems. Unfortunately, that has not happened. Medical Research is still considered to be a fancy activity that eats away service time and hence has been restricted to a very few elite medical institutions over the years. The quantity of research is measured by the number of publications and there are no standardized parameters for assessing the quality of research.

Even the Indian Council of Medical Research (ICMR) which is an autonomous body for conducting medical research and its new avatar in the form of the Department of Health Research (DHR) has not been able to perform as per expectations. It has been criticized for failing to produce high-quality research papers presenting pioneering, groundbreaking, innovative, or practical solutions to the health problems plaguing India. Five years back, a leading English newspaper screamed. [1] “The ICMR could not even list one practical application of its hundreds of research papers published in various national and international research journals which helped cure any disease or diagnose it with better accuracy or in less time, or even one new basic, applied or clinical research or innovation that opened a new frontier of scientific knowledge.”

The fact remains that ICMR's health study results are overwhelming and do not reflect the scale of India's disease burden. In the same year, a study published in Lancet Global Health [2] revealed that in 2017, there were about 9.7 million deaths and 486 million DALYs in India. Most were seen in rural areas. The major causes were communicable, maternal, perinatal, and nutritional disorders. The research conducted elsewhere may not be generalizable to the Indian population owing to differences in biology, healthcare systems, health practices, lifestyles, culture,
and socioeconomic standards. Questions that are pertinent and specific to the Indian context have not been answered and have remained understudied.

If we try to analyse the barriers to medical research in India, some of the reasons could be:

1. Non-development of a research ecosystem within the healthcare delivery systems of the country. The focus is mainly on services and populations catered rather than on gaining insights into the improvement of the quality of care.

2. Clinicians are overburdened with patients and there is no systematic allotment of research time and space within the teaching framework.

3. Lack of an inquisitive mindset amongst the healthcare providers, with the enthusiasm of the young talent being criticized for “wasting time and energy”.

4. Inadequate training of the healthcare personnel in terms of research methodology and requisite skills.

5. Lack of research facilities within the medical colleges, which has been somewhat addressed by the Multidisciplinary Research Units (MRUs), but we still have a long way to go.

6. Lack of collaboration and crosstalk between clinicians and basic scientists. Each remains isolated in its own silo and is not aware of the capabilities and potentials of the other.

7. At an institutional level, very few medical colleges have sustainable collaborations with Institutes of Excellence in Basic Sciences in the same city and end up being sample suppliers for some research projects.

8. Whatever little product development has occurred during medical research, technology transfer, scaling of production, and access to the products have remained thorny issues.

9. Lack of documentation and digitization leads to the wastage of mountains of valuable data being generated daily in the process of healthcare delivery.

10. Lack of continuity of research in the same department, with successive batches of students carrying on disjointed dissertations has made things more difficult.

11. Incentives and recognition for relevant medical research fall far short of what clinical practice can achieve.

12. Selecting a limited number of authors of publications for promotion purposes has led to the generation of a lot of worthless publications which do not contribute to the betterment of healthcare.

13. Clinicians have failed to realize that research is not an isolated activity, but a continuous process firmly embedded in quality patient management.

The readers can go through the findings from a newly established rural medical college in India[3] and a medical university in Iran[4] to perceive the barriers to healthcare research. This journal is trying to help researchers find their voice in the real-world setting where search and research are an integral part of healthcare delivery in the community.

Please let us know how we are doing and how we can overcome some of the problems which I have highlighted here.
References


