Clinician and researcher – Can the twain ever meet? A young clinician's perspective

Sir,

While research is increasingly being recognized as a necessary and indispensible part of patient care and physician education in the western world, there still exist pockets in the Indian medical community where its acceptance as a desideratum for physician training and practice is sadly lacking. Although there are ongoing efforts to galvanize research conducted by physicians in India, their denouement can be considered dubitable in the face of some rather rough odds faced by the fledgling researcher.

The editorial "Opportunities and challenges in conducting medical research in India: Food for thought" in the previous issue of this journal[1] detailed some of the issues which befall mid-level or senior researchers in India. We would like to voice some of the challenges faced by junior clinician-researchers, postgraduates, tutors, and residents. Young researchers hardly express the hardships they face for fear of unpleasant repercussions at their parent hospital, preferring to suffer in silence than jeopardize their career and peace of mind. The drama that surrounds the process of conducting research in India awaits a hero to champion the change for the better.

India has been identified as a potential gold mine for conducting clinical research,[2] particularly by drug companies and their ilk. However, when medical students or graduates, willingly or otherwise, venture into this challenging field, it is usually without a fancy pharmaceutical banner or corporate support, and more often than not, in the setting of a busy hospital. These doctors are not only hard pressed for time to treat the ailing, but also have to contend with lack of specific protocol or resources,[3] shortage of staff, poor documentation of history and treatment, and finally, a tendency for the patients to abscond or flee from treatment follow-up. Not surprisingly, pursuing medical research in India is not for the faint hearted, and given their druthers, most medical students veer away from this course.

These obstacles will not be anything new to physicians involved in research in India, particularly if the researcher happens to be junior in the hospital hierarchy. Ideas of research are often aborted at conception, as unforeseen barriers at each step often force the interested researcher to reconsider his or her decision to proceed with the proposed work. If the researcher's grit and determination prevails over this internal conflict, he is unfortunately plunged into a world of misguidance and confusion.

For a start, not many junior and sadly, even senior doctors appreciate the importance of research or are even aware of what the term implies at the present time. They wrongly

justify that research does not give them day-to-day answers to the busy physician's dilemmas[4] and instead, question how research is expected to reduce the work load that doctors in India are expected to handle. On the contrary, the researching clinician's share of patients might be redirected to colleagues, while he remains closeted somewhere doing research. There are also those who feel that research is not "their job"; they are content to look at what others report, or if they do perform research, it is directed toward sprucing up their academic career record rather than from scientific curiosity.[5] Attending research workshops or orientation courses are merely things to put on their *curriculum vitae*, or at best, of use to promote their own ideas. How many senior clinicians fire up the spark of research in their students? They can hardly be blamed as the educational constitution of Indian Medical professionals hardly concentrates on producing meaningful research, the postgraduate dissertation being a mere contrived formality in the path to obtaining a medical degree. This lack of befitting importance to research, combined with the indifference of the assigned mentors, fosters an apathetic temperament toward this challenging aspect of medical science.

Secondly, once the determined young researcher has managed to somehow convince his superiors, peers, and subordinates into supporting his efforts to do research, he has to deal with the aforementioned lack of resources both in terms of manpower and intellectual input. Convincing patients to participate in medical research by allaying their fears and apprehensions is less formidable than the endless red tape that has to be surmounted with no proper clearance protocols in place, suggesting that giving up the project with its concomitant hassles would be more prudent.

Several mentors are regrettably uncooperative when queries on topic selection, research methodology, and statistical analysis are posed, "go and find out" being the common refrain. It is left to the hapless researcher to make the best of what he has and formulate a research protocol, stumbling through decisions and largely depending on the internet for direction. When the project is finally presented to the Ethics Committee for clearance, the researcher faces a Herculean task to convince them that the project, in addition to not harming the patient in any way, also will (a) not require much funding, i.e., be self financed for a large part, (b) definitely give phenomenal results when completed and bring accolades to the department, (c) not take much of the valuable time or input of the department Head or others, and (d) be structured so that no novel suggestion about the modality of diagnosis or treatment of a condition will be offered, lest it offend the American/European/Japanese researchers who may state otherwise.

Despite all odds, if the researcher succeeds in getting the research project off the ground, there follows the formidable job of documentation and recording data. An average clinician attends to anywhere between 20 to 50 patients daily. The junior researcher will not be exempt from this duty and so the actual task of data collection might be relegated to inexperienced and often uninterested paramedical staff or subordinates. Consequently, the quality of research data is inadequate and inaccurate. Forging consent forms, filling in spurious data, and covering up poor documentation is hardly ever questioned or reprimanded because there are no ways to verify these misdeeds anyway, and if not done, the project stays grounded till it is forgotten. In addition, superiors may actually encourage this flagrant wrongdoing, so that the research project might be completed ahead of schedule (or in the last possible minute) without the required periodic status assessments.

Once the data are assimilated and it is time for the write-up, the researcher stumbles into authorship contentions, with everyone in the department hierarchy wanting a citation in the publication. The harassed researcher might manage to please most people, with his or her own name tucked away at the end of the string of "contributors." After such a harrowing experience, inclination to ever pursue research will have been firmly and finally extinguished.

By the time the final phase of sending the article to a journal for publication arrives, many young researchers have acquired evil scruples of their own. From forging contributors' signatures to sending an article simultaneously to multiple journals, while blatantly attesting that this has not been done is a gamble many will risk in order to save time. There seems to be no other way to beat the system that targets and crushes the zeal for research. In the race for publications, the ends always seem to justify the means. The sad outcome of this entire process is that not only is the interest in research killed like an unfortunate anti-hero, but the transfer of apathy and deceit to the next generation of potential doctor-scientists is like an enduring villain in a play gone horribly wrong.

This does not gainsay that there are no earnest and dedicated doctors who pursue research with a refreshing passion. And how wonderful to encounter someone like that! Fortunate indeed is the young researcher who finds an encouraging and supportive mentor, for he can then conduct his research while gaining precious experience and skill. The harassed and struggling junior researchers await the day when senior consultants do not feel the necessity to stall or nip the talent of researchers, either because they are viewed as an intellectual threat with too much ambition or because they do not see research as anyone's but their business. It is time we realize that good researchers yield good clinicians,[5] and that research should not entail harassment and despair. It is imperative that

the chosen research guide has the proper attitude and interest in research so that he or she encourages research ethics in his student. In a country with the brightest young minds at their disposal, we wait for senior faculty to gladly embrace the opportunity to guide young doctors to do more ethical research with an infective keenness in order to produce better physicians.

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