Pakistani physicians must stop taking the easy option of approaching pharmaceuticals for funding their activities—be it attending or arranging conferences or getting something for their units like a water cooler or fans. For many pharmaceutical companies 'Corporate Social Responsibility (CSR)' has become an euphemism for legalized bribery. Companies promote CSR because of the huge profits they make in other areas by bribing doctors to prescribe their medicines. There is nothing like a free lunch.7

There is no justification for physicians asking pharmaceutical companies to fund various personal functions other than greed and corruption. There is no justification for pharmaceutical companies to fund various activities of physicians other than increased profits. Both parties need to clean up their acts.

Both parties should remember that in Pakistan, patients pay out of their own pockets for drugs.8 So every time a physician is sent on a foreign trip or a foreign speaker is brought to Pakistan by a pharmaceutical company, patients are funding these activities.

Physicians must always act in the best interests of patients. Interacting with pharmaceutical companies causes serious conflict of interest and has the potential of compromising patient care. Hence physicians should think carefully before seeing medical reps or accepting gifts from them. While physicians may claim there is an educational value to seeing medical reps, they should look at other unbiased and objective ways of getting the same information. Physicians should also think carefully before going to conferences on companies' funds or ask companies to fund CME seminars and symposia.9 Unless physicians take this radical and strong stance the exploitation of one by the other will continue. And patients will ultimately pay the price.

Ethics and morality should transcend all social classes and all types of work places. It does not matter whether one works in a well resourced private institution or a poorly resourced public one. While most things in life are relative, some things are, and should be absolute. The physician-patient relationship is an example of the absolute category. Its sanctity must be maintained at all costs.

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Student’s Corner
Letter to the Editor

Competency Assurance of General Practitioners - Role of Regulatory Authority

Madam, general practitioners (GPs) constitute the backbone of any health care system. It can easily be said that they comprise the majority of health care providers in most parts of the world and therefore treat the major bulk of patients. The situation in Pakistan is no exception as GPs make up about 85% of all the registered doctors. They are responsible for initial assessment and treatment of around 80% of patients.1

The majority of GPs practice independently in their private clinics and therefore must be knowledgeable, skilful and abreast with the latest medical developments to deal with common health problems in the community. Pakistan, home to around 160 million people, faces the double burden of infectious diseases like malaria and tuberculosis which are endemic along with the impending threat of non communicable diseases like diabetes, asthma and cardiovascular diseases. Studies on tuberculosis, diabetes and asthma conducted in Pakistan on general practitioners' knowledge and skill to diagnose and manage such diseases conclude that they do not have the required acumen.1-3 This problem is not limited to Pakistan. Literature highlights the same issue with family physicians globally as well. Norman et al. reported in 2003 that around 10% of Ontario physicians had some performance difficulties.4

Professional isolation of the GPs can be the major contributing factor in this problem as they are cut off from the teaching atmosphere and have none or few opportunities to consult their colleagues.5 Countries like Canada have devised a Continued Medical Education (CME) program for GPs together with a competency assurance system to solve this problem.5 Unfortunately Pakistan still does not have any similar CME program or competency assurance system for GPs. Once licensed, GPs are not re-assessed for their competency. Goulet et al. in their study have suggested that "As part of their mission to protect the public, professional medical licensing authorities
have the duty to ensure the professional competence of their members and the quality of the service they deliver.\textsuperscript{5}

In view of the current state of knowledge and skill of GPs of Pakistan and the international evidence regarding CME, we recommend that Pakistan Medical and Dental Council, the national health regulatory authority, should formulate a structured CME curriculum and establish a competency assurance system for GPs in order to ensure the best possible healthcare delivery to the public.

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Letter to the Editor

Pattern of Glomerulonephritides in Adult Nephrotic Patients-Report from SIUT

Madam, The true frequencies of different glomerular lesions underlying nephrotic syndrome (NS) in our population are lacking. Occasional papers published in the past are mostly based on light microscopic (L/M) features and at the most represent morphological patterns and not the disease entities.\textsuperscript{1-3} SIUT is a tertiary care centre for renal diseases and transplantation in Pakistan and is equipped with diagnostic modalities including immunofluorescence (IMF), serology and electron microscopy (EM) required for the precise diagnosis of glomerular diseases. We have reviewed renal biopsies of 350 adult patients with nephrotic syndrome over a period of eight years (June 1996 and July 2005). Ours is the first study of completely worked up renal biopsies from Pakistan, thus representing the true pattern of glomerular lesions in adults.

At our center, two cores of renal tissue are routinely obtained. One core is fixed in 10% buffered formalin and is processed for light microscopy; the other core is divided into two halves. One half is fixed in glutaraldehyde 2% and processed for electron microscopy and the other is put in OCT compound and snap frozen for immunofluorescence study. For light microscopy, routinely 10 serial sections are cut, with levels 1, 5, and 10 stained with haematoxylin and eosin (H&E), level 7 is stained with trichrome, level 8 by PAS, and level 9 by GMS (Silver). Multiple serial sections are also frequently examined to find the characteristic lesions of for example, FSGS. In our lab, renal sections are cut at a thickness of 2 um.

Our data indicate that focal segmental glomerulosclerosis (FSGS) is the single most common cause of NS (36%), followed by membranous GN (24%) and minimal change disease (14.2%). Other less common lesions included lupus nephritis (6%), mesangiocapillary GN (4%), mesangio proliferative GN (3.7%), Amyloidosis (3.7%), and IgA nephropathy (2.2%), IgM nephropathy (1.8%), diabetic nephropathy (1.2%) and a number of rare lesions.

This data reveals that our pattern of GN is similar to those reported in the West, as shown in recent reports from US\textsuperscript{4-5}, but in contrast with local studies.\textsuperscript{1-3} Notably, the frequency of mesangiocapillary and mesangio proliferative GN is very high in local studies and that of FSGS very low or missing altogether.\textsuperscript{1-3} This possibly is due to the fact that these morphologic patterns in our biopsies were categorized into distinct disease entities with the help of serology, IMF and EM. This should always be tried for precise diagnosis and optimal management of patients with glomerular diseases.

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