**Image and perception of Medical Profession – Past and present**

It is a Holy Grail for almost every Indian parent that their wards admit to a medical college, become doctor and embark on the thriving career that brings laurels. Perhaps there is no other profession which commands such a respect as medical profession because it helps in changing one’s life and also of people around. Globally, India has highest number of medical colleges. Medical profession requires hard work; endure lengthier periods of training both at undergraduate and postgraduate level, compromise personal and family time and dedication for lifelong learning. In spite of these many shortcomings we do find lakhs of students all over India are aspiring to pursue medical profession. Every year not even single medical seat in any medical college either government or private sector go vacant. Currently the healthcare industry is considered the best career choice for young people world wide. That may, in part, reflect assumptions about the social status of a medical career. In the West, the increase in the percentages recommending medicine, nearly doubling for both men and women since 2001, reflects a growing perception that Medical career is also a practical choice. Even in India, as a recession free career choice, Medicine continues to be a valued career choice. However; the focus to be a valued career choice. However; the focus is on specialisation and superspecialisation within specialist areas. Thus climbing the ladder of success is said to be more complicated than even before. Prospective Indian medical students and their parents have realised that specialisation is inevitable for the medical student who seeks to carve a niche for himself in this competitive profession. The doctor is respected by people in all walks of life. Even in today's commercial world, the public image of the medical man is still intact as a person who saves lives.

Over the last few years, the medical profession in India has been in a protracted state of crisis. Doctors across the country have been exposed and indicted on counts of corruption, professional negligence, taking kickbacks, and illegal dual practice, both in the court of law, and in society at large. The statutory body responsible for stewardship of the medical profession is the Medical Council of India (MCI); its mandate is to oversee medical education, professional and ethical standards in the medical profession, and the registration of medical doctors in India. With multiple and ever serious allegations and indictments related to corruption, incompetence and dereliction of duties in checking the misconduct amongst doctors, the MCI is at the heart of this crisis. This erosion of trust is not a problem that is unique to the medical profession in India; evidence shows that it is a growing concern, globally. To better understand this erosion of trust, it is important to understand and unpack the social phenomenon of ‘trust’ in the healthcare context. Trust is particularly important in the context of healthcare because it is a means of bridging the vulnerability, uncertainty and unpredictability inherent to the provision of healthcare. Relationships of trust involve one party, the trustor, harbouring positive expectations regarding the competence of the other party, the trustee (competence trust), and also the trustor, harbouring an expectation that the trustee will work in his/her best interest (intentional trust). It has been argued that a more earned and conditional or critical trust is an appropriate basis for the doctor-patient relationship. This is considered appropriate because of both, the costs and dangers of blind trust wherein there is a risk of corruption, exploitation, or domination particularly for those with a lack of resources, as well as due to the imperatives related to patient autonomy preferences. Another important way of understanding trust relations in the context of healthcare is to distinguish between interpersonal trust – the trust between individual patient and individual care provider/ doctor, and institutional trust, which relates primarily to trust in the medical profession or in the healthcare system. Some authors refer to the latter as systems trust, which signifies “accountability and the checks and balances and systems that maintain fairness, preventing incompetence or malign intent”. How systems trust and interpersonal trust relate to each other is, however, quite complex; trust in a particular care provider does not necessarily translate into trust in the medical profession or in the system as a whole, or vice versa. Finally, a key feature of trust as a relational construct is its fragility; while it is difficult to earn trust, it is easy to lose it; trust needs to be continuously earned to maintain it at an optimal level, and to allow the doctor-patient relationships to function well. The possible interventions based on current evidence include (i) Incorporation of innovative and experiential learning-based approaches for delivering medical ethics and medical humanities courses; (ii) Development and streamlining of neutral and transparent procedures for recording and resolving medical disputes; (iii) Incorporation of professional self-reflection skill development as part of medical and continuous professional education, and create fora for doctors to freely self-reflect in their professional lives; (iv) Development and promotion of dialogical processes involving neutral third parties to redress grievances; and (v) Development and establishment of non-punitive systems for reporting of medical errors and incidents in private and public facilities.

In conclusion, it is high time that the doctors in India individually and collectively, seriously reflect upon the state of their profession, its priorities and its future direction. Today, a self-administered, long, and structured course of critical self-reflection is the self-prescription, the medical profession needs, both in India, and in many other countries. It is not just the need of the moment, the doctors owe it to their patients.