

upcoming technologies can help us in this matter is anybody's guess.

The basic needs of people like good hospitals, affordable healthcare infrastructure and hygiene should be looked first, which presently are in shambles in the country. Despite good intentions, health systems are unable to deliver high-quality, affordable services to all. Thirty thousand children die each day due to substandard healthcare. Recent reports indicate that India has a corrupt healthcare system³.

Some of the approaches for better health may be revamping the existing set up of government hospitals, with management professionals taking up the management and administration of hospitals rather than the doctors, who should be allowed to concentrate on their work. Regulation of finances must become more stringent. A regulatory body should be set up at the national level to manage the finances of the government hospitals with both the Central and states sharing the problems and their solutions.

In the place of government-controlled councils, private administration controlling professional bodies on the lines of western countries have to be brought in now with transparent working. There are several doctors, physicians, academicians, entrepreneurs and health managers of repute who can contribute to developing a working model of government hospitals that can run without hassles. These are already working well in some of the smaller southern states of our country. Micro-insurance, micro-financing, crowd-credit financing and many more viable economic modules of governance of the health sector are the need of the hour. Trusts of multinational companies and big corporate houses have already started working in this direction. There is no dearth of finances, but certainly we do need to manage them properly. Under the present circumstances, this is not difficult with state-of-the-art economic models available⁴.

Reacting to a recent report by Silva⁵, several top Indian experts in healthcare

have given invaluable suggestions, e.g. public-private partnerships need more encouragement, with an increasing role for government as the financier of healthcare rather than the provider, protecting the generic drug industry, reducing the healthcare taxes, training of more community health workers and free access of healthcare to all.

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2. Abdul Kalam, A. P. J. (with Rajan, Y. S.), *India 2020 – A Vision for the New Millennium*, Penguin Books, 1998.
3. Berger, D., *Br. Med. J.*, 2014, **348**, 3169.
4. Widge, A. and Cleland, J., *Health Policy Plan*, 2009, **24**, 108–115.
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The dilemma of quality publication and its benefits in India

This is with reference to the letter by Gunasekaran¹, regarding the issues of publication ethics in the subcontinent. He has rightly highlighted the prevailing menace and misuse of the fake impact factor-index concept, predatory journals, and the journal membership editorial board criteria. Evaluation of one's research quality in Indian universities and colleges for academic promotions has always been a complicated issue, often swayed by academic politics, nepotism and favouritism. Leaving aside some quality institutions, most universities and colleges have succumbed to this practice since ages. One of the reasons for this serious academic anomaly has been the almost non-existing culture of competitive research attitude in Indian academicians. It would be improper to cite examples, but we all know how appointments of lecturers, readers and professors have been made and are still being made in our temples of learning. Under such a situation, a researcher appointed using fake achievements will

never be fair to his predecessors. The vicious cycle will go on and on.

In most of our well-funded government research and development laboratories, research publications, getting Ph Ds and other promotion-based requirements are just fulfilled using unfair means. The quality of research output from such laboratories is poor.

In such a scenario, how can we expect miracles in scientific research? We have to make revolutionary and sweeping changes in our research set-up, including colleges and universities. Let suggestions made in this journal on the topic¹⁻⁴ be strictly followed in all academic appointments, promotions and other research benefits of Indian institutions.

I would also like to suggest that our august bodies like UGC/MHRD and other such boards must consider giving more credit to the quality of a research paper, rather than accepting at par papers published anywhere. At present, such fake research papers published in predatory journals make one a college or a

university professor, frustrating those who strive hard for quality. Such a measure will naturally perish the predatory journals soon.

An important aspect of assessing the quality of a paper would be to use the double-blind method by tenured expert faculty.

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3. Balaram, P., *Curr. Sci.*, 2013, **104**, 1267–1268.
4. Beall, J., Greedy Indian publisher charges authors and readers, requires copyright transfer, 18 March 2014; <http://scholarvoo.com>

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