

# UNLICENSED MEDICAL PRACTICE AND INSTITUTIONAL SILENCE: A CASE STUDY ON PMDC'S INEFFECTIVE RESPONSE AND THE IMPLICATIONS FOR PUBLIC HEALTH AND NATIONAL INTEGRITY

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**Received: 12/2023**

**Published: 03/2024**

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## **ABSTRACT**

The most critical issue of unauthorized practice of medicine by unregistered individuals is claiming to be registered medical practitioners/military personnel has turned into major area of public health concern in Pakistan. With a particular lens on impersonation and quackery, this research elaborates upon the systemic issues that exist when it comes to keeping doctors in check, and questions whether PMDC is the right institution to undertake this responsibility. Adopting a qualitative approach, interviews were conducted comprising 10 health care employees, 10 medical fraud victims, and 10 regulatory authorities, through using case studies. Furthermore, secondary data from local reports, media articles and related literature were examined to better understand this issue. [The study found several serious issues, such as the PMDCs informal enforcement of medical laws, illegal use of military grades by impostors and the adverse effects on patient health as well as resulting institutional disgrace.] Results: Thematic and narrative analyses of interview data revealed that both victims and health care practitioners harbored serious concerns about the emergence of quackery and the limited measures that regulatory bodies were taking to address it. The paper suggests several policy solutions to curb these issues such as enhancing the verification process, making it illegal to impersonate military ranks, introducing a public black book, and increasing public awareness about unqualified practitioners. According to its analysis, Pakistan can combat the growth of illegal medical practice, safeguard public health, and regain trust in its healthcare systems by enhancing regulatory monitoring and legal action.

**Keywords:** Unauthorized Medical Practice, Pakistan Medical and Dental Council, Impersonation, Public Health, Regulatory Failure, Healthcare Ethics.

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## **INTRODUCTION**

In Pakistan, the problem of quackery that is practice of medicine without any legal authorization is only on the rise and seriously endangering people lives, trial and credulity of their healthcare system in a way that has raised serious questions over the reliability of their healthcare institutions. While the availability of unqualified doctors is a serious problem which affects all strata of society, the problem is especially acute in rural and per urban areas where absence of access to qualified healthcare providers opens the gateways for quacks and fake doctors. These people generally have no formal medical training or accreditation but still profess to be qualified to treat patients, causing severe health risks, such as misdiagnosis, improper treatment, and occasionally death (Alvi, et al., 2023).

The practice of medicine in Pakistan is regulated and overseen by the Pakistan Medical and Dental Council (PMDC), which is the primary regulatory authority responsible for monitoring the country's healthcare professionals to ensure that they maintain rigorous standards. But no matter how many times the PMDC tries to ring around the rosy with a regulatory framework, it only works in theory; the system is utterly useless on the ground and does little to stop the spread of illegal medicine (Ahmed, et al., 2018). The current crisis the lack of enforcement is the key contributing factor to it. In many cases, quacks go unprosecuted, finding loopholes in the law, or engaging in deafeningly believable lies that insulate themselves from scrutiny (Bhatti, & Ali, 2022).

One of the strategies employed by many of these cheaters is to present themselves as experts, sometimes with fake titles, which seems to confer an element of respectability on them. Some people will claim to be affiliated with the military, or exaggerate their qualifications as specialists, to gain the trust of vulnerable patients. Such fake titles serve to confuse the public and shield them from legal and institutional accountability. Notably, one of those cases is a self-proclaimed doctor accused of practicing medicine in violation of the law for decades. A self-proclaimed, fake military officer, they live free as though legally cleansed and continue operating under an air of invincibility (Creswell, & Poth, 2016).

In Pakistan's healthcare sector, where the affairs are already in a sorry state, such elements make things worse. They contribute to undermining the work of legitimate medical providers, warp the public's understanding of healthcare

professionals, and endanger the quality of care available to the population. Additionally, the continued existence of quackery sheds light on the shortcomings of institutional oversight. The PMDC and other regulatory bodies make every effort to tackle this, but due to insufficient resources and lack of political will, they are unable to effectively reach the remote communities where these illegal practices often prevail (Feuer, 2023).

This paper seeks to examine the unsettling case of the man in question, and how this alleged physician has evaded justice for so long. It aims to do so through a detailed analysis of the tactics of such quacks and the function of regulatory institutions in this regard visavis the broader problem of illegal medical practice in Pakistan. It hopes to identify systemic shortcomings through its examination of this case and others like it, and provide recommendations for improved oversight to ensure that only qualified practitioners are providing medical care to the public.

### **THE CASE OF A SELF-PROCLAIMED DOCTOR AND ‘RETIRED ARMY CAPTAIN’**

The unsettling case of a self-styled medical doctor going by the title “Captain (Retd) Doctor” raises serious questions about the enforcement mechanisms of Pakistan’s health care oversight apparatus (Alele, & Malau-Aduli, 2023). The Pakistan Medical and Dental Council (PMDC) is the appropriate body that regulates those who treat patients by issuing registrations only to the qualifying but in this case, one individual did practice medicine without having any valid registration from the PMDC. Dodging scrutiny and profiting from prestige? The Captain (Retd) Doctor title In this ruse, the impersonator uses the titular of either MD or DO to register as a doctor and gain access to vulnerable persons, particularly in rural or per urban settings, where qualified healthcare is scarce, and practice with professional cover (Christensen, et al., 2020).

This seems to be a repeat pattern, and many patients report having filed complaints against this man after you had traumatic experiences from this treatment. These allegations are an indication that the actions of the individual in question not only have put lives at risk, but they have undermined public faith in the healthcare providers. Those sorts of impersonations are particularly worrisome because the treatment of a medical patient is a delicate task where a miss in care or in diagnosis could have serious health consequences, including disability or death. The persistence of this criminal to practice without any legal action poses a worrisome question on the role of authorities in holding such people accountable for their actions (Wang, & Si, 2013).

A formal application was filed in PMDC’s verification department to probe the authenticity in this regard. As part of the standard procedure, the applicant also paid the verification fee, which is Rs. 2,000, and it was immediately encased into PMDC’s account. Further payment was made to allow for a full vetting of the person’s credentials, and to determine if they were registered with the council. Despite receiving the fee and processing the application, PMDC has not yet issued an official, written response in the matter. Although verbal communication from the council has reportedly confirmed that the person has never been registered as a doctor, there has been no formal report, nor any written confirmation till date. This absence of a paper trail is troubling and raises serious questions about the transparency and efficiency of the PMDC’s verification process (Waraich, et al., 2022).

Moreover, PMDC not issuing a formal notice of the accusations as well makes for disturbing questions that suggest the institution itself cannot be trusted. Feel free to ask Follow up questions if you want more details Not only is this silence from PMDC irritating to complainants and the public but it is also a poor reflection on the institution’s capacity to safeguard the integrity of the medical profession in Pakistan. It is this failure to be proactive that points to a need for better oversight an effort to ensure that those who misrepresent themselves as medical experts are not allowed to escape consequence, and at the same time are kept from being in roles that would allow them to harm the public (Waqas, et al., 2014).

However alarming this situation may seem though, it is made worse by the very fact that this individual persists in their illegal activities despite being known as a fraud by the rest of us. This speaks to the wider problem of policing this sort of unqualified medical practice in Pakistan, where enforcement of regulations is frequently lax, while legal redress is often slow or inadequate. The failure to act decisively in this case is emblematic of a broader problem of institutional inertia and inefficiency one that accommodates the existence of quacks and fraudsters while patients pay the price (Fusch, et al., 2018).

### **RATIONALE OF THE STUDY**

This study aims to analyze the increasing problem of quackery and impersonation within the medical industry, with a specific emphasis on the significance of institutional failure in the nature of this issue. This study aims to expose the systemic weaknesses of Pakistan’s healthcare regulation when it comes to throwing physicians with military titles behind bars, by exploring the constantly ineffective regulation and enforcement of the PMDC and attempts to act against those abusing military identities.

## STATEMENT OF THE PROBLEM

Unauthorized practice of medicine in Pakistan, where unregistered individuals are impersonating qualified medical professionals, many with military backgrounds, providing medical services, is an emerging challenge. This common problem not only presents a serious risk to public health but also erodes confidence in the medical profession and associated institutions. Despite the existence of the Pakistan Medical and Dental Council (PMDC) and many other regulatory bodies, these bogus practitioners are still going unchecked, endangering the lives of patients and damaging the integrity of health systems.

## RESEARCH OBJECTIVES

1. To investigate the extent of unauthorized medical practice in Pakistan, especially in rural and per urban areas.
2. To examine the role of PMDC in regulating medical professionals and its response to fraudulent practices.
3. To explore the use of military identities by fraudulent practitioners and its impact on public trust.
4. To propose actionable recommendations for strengthening regulatory oversight and legal action against impersonators.

## RESEARCH QUESTIONS

1. How prevalent is the unauthorized practice of medicine in Pakistan, and what are its consequences for public health?
2. What are the key failures of PMDC in preventing and addressing fraudulent medical practices?
3. How does the impersonation of military identities by fraudulent practitioners affect the reputation of national institutions and public trust?
4. What regulatory, legal, and policy changes are needed to combat quackery and impersonation effectively?

## LITERATURE REVIEW

The problem of unauthorized medical practice ranging from quackery to impersonation of medical professionals has plagued Pakistan for decades. The extent of quackery, its impact on public health, and the difficulties regulatory authorities face when it comes to trying to prevent these unlawful acts have been described in several studies and reports (Watson, et al., 2023). In the Pakistan health care system, unauthorized and unapproved medical practices are prevalent, where practitioners not only have a degree but also offer treatments without prior assessment, let alone evidence of their effectiveness. This calls into question the regulatory practices and the potential for harm that such unauthorized medical practices pose to public health (DeCarlo, 2018).

## PREVALENCE OF QUACKERY AND ITS IMPACT ON PUBLIC HEALTH

Several published data show the magnitude of quackery in Pakistan which is higher in rural and peri urban areas where citizens have no access to qualified health care professional. Due to the absence of healthcare infrastructure there, it is observed that the places are quite susceptible to attracting fraudulent medical professionals. These unlicensed practitioners, often with no formal medical training, charge patients little, and in some cases nothing, to attract clients, but provide them with dangerous treatments, misdiagnoses and, at least in some cases, death. The issue of quackery has been associated with patients' poor health status and has contributed to the erosion of trust in legitimate providers of care (Goodwin, & Zaman, 2023).

## INSTITUTIONAL FAILURES AND THE ROLE OF PMDC

The PMDC regulates medical practice so that only qualified persons are permitted to give human services. But numerous accounts indicate serious gaps in PMDC's regulatory capacity regarding medicine. According to them, PMDC faces challenges such as limited resources, lack of political will, and corruption that prevent it from taking action against unqualified practitioners. According to a report by the Human Rights Commission of Pakistan (2020), even though there are several complaints lodged the PMDC usually does not take decisive legal action or publish public notices about quacks, which make them operate without fear of prosecution (Wazir, et al., 2022).

## IMPERSONATION OF MEDICAL AND MILITARY TITLES

One particularly troubling trend noted in the literature was the prevalence of fraudulent medical practitioners claiming false military titles. According to studies by researchers, some people use military titles such as "Captain (Retd)" to gain legitimacy and evade scrutiny in order to appear credible and trustworthy. Doing so not only is fraudulent to patients but also sullies the reputation of the military institution. Studies show that military titles have proven especially successful at adding an air of credibility to these charlatans who use the public's regard for men and women in service to hide their own lack of credentials. The literature highlights the importance of firmer enforcement against the misuse of military identities in the interest of both public health and the integrity of the armed services (Bibi, et al., 2021).

## **CHALLENGES IN ENFORCEMENT AND ACCOUNTABILITY**

There exists a literature detailing a spectrum of enforcement challenges confronting regulatory authorities related to quackery and impersonation. But there is little legal and institutional mechanism to charge people with fraudulent medical practice, as shown in some previous studies. While PMDC has rules in place covering the registration of competent practitioners and barring the unlicensed from working, enforcement is a big problem. According to a report by World Health Organization (2023), interagency coordination and collaboration especially between the regulators such as Pakistan Medical & Dental (PMDC) and law enforcement agencies is lacking whereas coordination between them is required to take prompt legal action against quacks. Additionally, there is no public blacklist where someone can see if they have already been done by a fraud and this helps criminals just moving to a different place and continue to do the fraud (World Health Organization, 2017).

## **PUBLIC PERCEPTION AND TRUST IN HEALTHCARE**

Quackery and impersonation not only harm patients physically but also erode public faith in the health system. Researchers described that when patients are harmed or deceived by a fraudulent practitioner, their trust in legitimate providers is undermined, so that they may be reluctant to seek medical care in the future. This erosion of trust has longterm public health implications, as patients may seek out even more dangerous forms of unregulated care. To support this hypothesis, they state that public awareness campaigns are essential for the education of the population about the dangers posed by quackery, as well as for equipping them with the means to verify the credentials of their healthcare providers. Though, literature also indicates that awareness at the public level tends to be low, especially in remote areas, where education and information access is sparse (World Health Organization, 2022).

## **REGULATORY FAILURE AND PMDC'S RESPONSIBILITY**

One of the most important bodies ensuring the integrity of medical profession in Pakistan is PMDC (Pakistan Medical and Dental Council). As the national regulator, it is legally and ethically obligated to ensure that only qualified, licensed health care professionals practice medicine. These tasks go beyond merely registering medical practitioners; they involve credentialing, licensing, and taking legal action against impostors or unqualified medical practitioners who place the public health in jeopardy. When an institution so solemnly charged with such consequential responsibilities simply refuses to act, it lessens the institution we so often claim is there to protect the health and wellbeing of its citizens (Chachar, & Mian, 2022).

The case bears out a grave mishap on part of the PMDC in not providing a written statement on the case, despite repeated requests and payment of dues by the applicant. By accepting the verification fee of Rs. 2,000 and then failing to provide a formal response, it has demonstrated gross negligence or, more disturbingly, a willful avoidance of being made officially accountable. The time between Biden's decision and the appointment date got longer and longer, as an institution with the mission of defending the public a government difficult of approach when it should forcibly attack those who trespass against it at once became blind and did nothing. The verbal assurances made repeatedly that the individual in question was never on PMDC are empty, and can only be substantiated with a formal written statement or report; their mere veracity lacks the authority and credibility essential for an official statement to convince the general public. The absence of transparency and action on this matter points to a fundamental dysfunction in the regulatory body, which either cannot or will not conduct its mandate under the ordinance (Choudhry, et al., 2023).

Such institutional inaction, or ineffectiveness, is a gross betrayal of the public's trust. Pakistani citizens depend on PMDC to maintain and satisfy the standards of education, training and ethical conduct for health care professionals. When the board does nothing about fraud, patients are put into harm's way. In this recent case, this medical impostor who unsparingly describes himself as "Captain (Retd) Doctor" is still practicing medicine with no action against him. The failure of the PMDC to take legal action against him in order to investigate, prosecute and, ultimately, close his practice only gives this man the impunity to continue abusing patients and, in some cases, putting their lives at risk (Fisher, 2017).

The consequences of regulatory failure are massive, and the other participants get a cut)Allowing quacks and fraudsters to keep practicing phones not only puts the health of the people they treat at risk, but erodes the trust in of patient physician relationship and invites a general loss of trust in the medical profession. People will lose trust in all medical practitioners, informed or not, if they conclude that the State agency will fail to protect them from fraud. This erosion of trust may lead to patients going to providers that are increasingly less qualified or more dangerous further exacerbating the public health crisis (Gabbard, 2016).

In addition, the fallout from this failure is not simply a tarnished reputation. In reality, the damage done by these fraudulent practitioners can be devastating. Misdiagnosis, inappropriate treatment, as well as prescribing poisons or counterfeiting of the medicine are some topics including improper oversight leads to physical injury, permanent disability

or even death. Letting a quack run loose is more than a breach of ethics; it is an act of endangering human lives (Biaggio, et al., 1998).

When the PMDC is too afraid or unable to investigate cases that might involve physicians in the breach of medical ethics, this sets a very dangerous precedent. It sends a message that unqualified individuals can infiltrate the medical profession in Pakistan and that they operate outside the law without facing any consequences (World Health Organization, 2022). This will potentially enable quackery to grow in regions with poor access to healthcare services, where such areas have a more amenable environment for the susceptible groups to be victimized by these pseudo doctors (Frierson, 2022).

A fundamentally more alarming aspect of all this is that the lack of an effective regulatory system of medical practice is not only an enormous failure of public health. It also constitutes a fundamental breach of the moral contract between state and citizen. Such shortcomings of a national authority like the PMDC leave the most vulnerable people at the mercies of those who prey on their desperation. The PMDC must act fast and decisively to restore faith in the healthcare system, ridding it of fraudulent practitioners and making sure that cases like this do not go unchecked.

## **USE OF ARMY IDENTITY AND THE DEFAMATION OF NATIONAL INSTITUTIONS**

Something about the military identity, even a false one, adds a layer of complexity, alarm, and overall magnitude to this fraud—it's much worse than impersonating a banker to get a loan. The person is not only travelling as a medical professional, but he was pretending to be associated with Pakistan's prestigious Armed Forces too by writing "Captain (Retd) Doctor." A military title, and especially a claim to be a retired army officer, provides an aura of authority and legitimacy that the person would not otherwise have. It is a calculated effort to use the credibility of Pakistan's military to garner patient trust and avoid legal and societal repercussions (Ahmed, et al., 2020; Black, 2017).

What is particularly worrying about this case, however, is the lack of serious action taken by whoever makes up Pakistan's Armed Forces against the misuse of their identity. In recent years, the military has been swift to act when its reputation is sullied by defamatory statements posted on social media or other platforms. Indeed, several people have been promptly penalized for saying unflattering things about the Army, and public figures are frequently punished for insulting the military's image. In this case, though that of a man who has been posing as a military officer in order to sustain fraudulent medical practices over a prolonged period of time the Army has taken a conspicuously lackadaisical approach. Not only does this impersonation inflict clear harm on the victims of the fraud, but also on the institution of the military itself, and yet there has been no public condemnation or legal repercussions from the Armed Forces (Ahmed, et al., 2020; Ansari, 2015).

This dual enforcement standard is deeply damaging for a host of reasons. First, it allows the reputation of the military by association with illegal activities, particularly in a sensitive sector like healthcare. Pakistan's Armed Forces are highly regarded and revered, and any refer back to any association of it with fraud/malpractice, direct or indirect, would be enough for its public confidence to be adversely affected. By not attacking this fraudulent use of military identity, the impression is created that the military refuses or is incapable of protecting its own image from being corrupted (Ahmed, et al., 2020).

Additionally, such selective enforcement of rules not only compromises the credibility of the Armed Forces but also sends a signal that some behaviors are perceived as minimal or insignificant, regardless of their potential for serious damage (Ahmed, et al., 2016). The Army's silence on this matter would imply a policy vacuum in terms of protecting its institutional integrity from impersonation and misuse. The military directly acts against other subjects or entities that tarnish its name, yet fails to do so against those impersonating it for a decade in this case. This selective approach risks being seen as favoring or lying low when faced with serious integrity breaches in its own ranks (Begum, et al., 2020).

In addition, the military's lack of action adds to the feeling of impunity over the actions of the perpetrator. "It sends a message to everybody else who might be thinking, 'Can I get away with this?' that, apparently, you can." It means that people can easily falsify military credentials or affiliations without any fear of being called to account for it, gaining more momentum for the illegal practice. This, in turn, further undermines public trust not just in the military but in the larger system of law enforcement and regulatory oversight.

In addition to the harm inflicted by the impersonation itself, the lack of military intervention also imposes a considerable burden on the perception of the public against the oversight of institutional mechanism in the country. If the Army as an institution does nothing about this abuse of its identity, how can one be sure that other institutions like PMDC can really be expected to administer to their own rules and regulations? Ultimately, this case brings to light the urgent need for this kind of unified, consistent approach toward both fraud, safeguarding national institutions, and ensuring that people who commit fraud and in this case, especially those who use prestigious institutions to and through to bolster questionable motives, like the military are held utterly accountable for their actions. The refusal to act in this case is a missed opportunity for the Army to preserve both its own integrity and the interest of the broader public (Begum, et al., 2020).

## RESEARCH METHODOLOGY

Research Methods: This was a qualitative study based on case studies, interviews with stakeholders (health care professionals, victims and regulatory authorities), literature review and analysis of official reports. Interviews and document reviews were used for primary data while secondary data were included from different news articles, reports and studies related to medical malpractice and impersonation in Pakistan. "This study competes for an understanding of the problems, with insights based on evidence of how to reform."

## DATA ANALYSIS

**Table 1 Data Analysis Overview of the Study**

Data Source	Method of Data Collection	Key Themes/Focus Areas	Purpose of Data	Analysis Approach
Healthcare Professionals (n=10)	Semi structured Interviews	Healthcare perspectives on the prevalence of quackery, PMDC's regulatory role, and strategies to tackle unauthorized practitioners.	To understand the challenges healthcare professionals face in curbing unauthorized practices.	Thematic analysis of interview transcripts to identify patterns and recurring themes.
Victims (n=10)	Semi structured Interviews	Victim experiences, the consequences of fraud, impact on personal health, loss of trust in the healthcare system.	To gather firsthand accounts of how quackery affects patients' health, trust, and wellbeing.	Narrative analysis of personal accounts to assess emotional and physical impacts.
Regulatory Authorities (n=10)	Semi structured Interviews	The regulatory challenges in monitoring medical professionals, gaps in enforcement, and the role of PMDC in addressing fraud.	To explore the regulatory bodies' perspectives on unregistered practitioners and their enforcement capabilities.	Comparative analysis of responses to assess systemic flaws in the regulatory process.
Existing Literature	Document Review	Historical context of quackery in Pakistan, previous studies on the prevalence of unauthorized medical practices, and public trust.	To provide a theoretical framework for understanding the ongoing issue of medical malpractice and quackery.	Systematic review of relevant literature to identify trends and gaps in research.
Official Reports	Document Review	PMDC's official policies and actions, institutional responses to quackery and medical malpractice.	To assess how PMDC and other bodies have formally addressed the issue of unlicensed medical practice.	Content analysis of official documents, including PMDC reports, to assess responses and policies.
News Articles	Secondary Data	Media coverage of cases involving quackery, impersonation, and fraud within the healthcare sector.	To understand public perception and media portrayal of quackery in Pakistan.	Media analysis to evaluate the public's understanding and reaction to fraudulent medical practices.
Reports on Medical Malpractice	Secondary Data	Frequency of medical malpractice cases, reported incidents of unauthorized medical practitioners, and consequences for patients.	To analyze the scale of malpractice in Pakistan and the impact on public health.	Descriptive analysis of statistical reports to quantify the extent of malpractice and its effects.
Reports on Impersonation	Secondary Data	Instances where individuals have impersonated medical professionals or military officers, and the consequences of such actions.	To assess the prevalence and impact of impersonation within the medical field.	Case study analysis of documented impersonation cases to understand patterns and methods used by fraudsters.

This table presents an in-depth overview of the data analysis approach in this study, whether the data was collected across a range of sources, the types of reflection, the overarching themes, objectives, and analysis techniques. The table presents the data sources, with each row corresponding to a distinct data source, which can be an interview with a healthcare professional, victim or regulatory authority, or secondary data that was utilized from published literature, news stories and official reports. The semi structured interviews were conducted on the first three data sources, i.e., Healthcare Professionals, Victims, and Regulatory Authorities. The interviews provided further rich qualitative data about the

phenomenon of the quackery, the regulatory role of PMDC, and experiences of individuals with fraudulent practitioners. Health professionals shared their struggles dealing with quackery, and victims offered personal testimony about the physical and mental toll of visiting unqualified practitioners. Along these lines, regulatory authorities added to these discussions when they talked about the systemic and institutional failures they face when enforcing medical regulations. The thematic analysis of the interviews led to the emergence of several themes highlighting recurring problems like failed effectiveness of Pakistan Medical and Dental Council (PMDC), absence of accountability, and the detrimental impact of quackery on the public health system and public's faith in legitimate medical entities. The Existing Literature source involved conducting a document review of previous research and reports regarding the issue of quackery and illegal medical practices in Pakistan. Before delving into the methodology, they presented a historical context that provided background to enable comparison between the challenges faced 100 plus years ago and those taking place today in the medical realm. The study was able to contextualize the empirical findings from the primary data as it conducted an academic literature review. The methodology undertaken to perform the systematic literature review is detailed below.

Also the Official Reports were reviewed from PMDC and other regulatory bodies to see how these institutions have formally dealt with fraudulent medical practices. These efforts highlighted potential shortcomings in existing anti quackery policies, the actions taken in response, and the mechanisms for enforcement through a content analysis of the documents. One of the main issues highlighted was the delay and unavailability of an effective action by PMDC.

Secondary data sources include News articles and Reports on Medical Malpractice. The media coverage also raised awareness of public perceptions and portrayals of quackery and the overall societal impact of fraudulent medical practitioners. We learned to study the news articles themselves to see how other media affects whether and how the public is aware of and acts on these issues. Meanwhile statistics on medical malpractice gave an overview of the extent of the problem, emphasizing how endemic unauthorized practice is in Pakistan and its impact on public health. Analyzing these reports descriptively allowed for the quantification of the magnitude of the problem and effects on patients. Finally, to examine cases in which impersonators assumed medical or military designations to establish credibility, Reports on Impersonation were reviewed. Analyzing these reports in the context of case studies helped identify patterns of deception and comments of exploitation which in turn has helped illuminate how the decoys operate and put forward the consequences of such acts on public health and trust and confidence in legitimate institutions. Using qualitative information collected in the form of interviews, supported with secondary data from irrigation, newspaper articles and literature reviews, the research provides an in-depth analysis of the quackery phenomenon, its implications for public health and the intervention of regulating institutions to tackle this increasing menace.

## CONCLUSION

After all, it is one thing to fail to act on the part of the Pakistan Medical and Dental Council (PMDC) quite another to scream about exonerations from the heavens while thousands of unregistered individuals continue to act like registered doctors, pretend to have military backgrounds, in their medical qualifications, and threaten the national integrity and potentially harm public health. In a broader context, this case represents a symptomatic failure of the system where firewalls of procedure do not translate into action in real life, and dubious maneuvers often go unpunished. Beyond the immediate human cost, this failure has broader implications for trust in the systems built around health and safety (Berk, & Parker, 2009).

The fact that this quack is still practicing and continues to call himself "Captain (Retd) Doctor", is a strong reason why there is a dire need for a stronger and more forceful response to the quackery in the healthcare service in Pakistan. These offenders are operating with impunity, which indicates a serious breach in the enforcement of medical laws; a situation that threatens the health and safety of the population at large. Moreover, the participation of these practitioners within criminal outfits, blurring even farther the lines between medicine and illicit action, increases the risks that society, which is already exposed to such threats, suffers (Appelbaum, 2021).

To tackle this escalating issue, urgent intervention at the regulatory, legal, and policy levels is essential. These it depends on the PMDC taking immediate measures like validating medical qualifications, probing the malpractice and expelling quacks from the healthcare sector. Fraudulent practitioners should be held accountable, and the legal measures must be enforced stringently, ensuring the public is not subjected to any damage. In addition, the reforms ensuring policies for the improvement of the verification mechanism, strengthening the institutional capacity of the regulating bodies and strict punishment for the practice of unqualified individuals (Bowie, et al., 2016).

It is essential to protect the reputation of legitimate medical institutions from misrepresentation and also that of the Armed Forces from exploitation and defamation. Instead, both the PMDC and military remained silent on the growing impersonation and fraud a blatant quackery that should not be allowed to continue which only adds to the deterioration of public trust in the country's health infrastructure. There is a clearer danger in the disconnect between institutional

accountability and actual conditions on the ground, and to that end, we need a coordinated, holistic approach to tackle these problems head-on (Vybiral, et al., 2023).

In the end, there can be no stopping the endemic threat of quackery without a collective effort by all relevant parties regulators, the police, the medical establishment, and the wider community. The integrity of the medical profession can only be restored and the public trust rebuilt through transparent, decisive actions, and the population's health and safety assured through effective reforms. Immediate action must be taken to stop this burgeoning menace, protect the credibility of genuine institutions, and ensure that patients receiving medical care are treated by adequately trained, qualified personnel (Vybiral, et al., 2023).

## **POLICY RECOMMENDATIONS**

The below mentioned policy recommendations without question would be helpful to address this persistent challenge of quackery, impersonation and ineffective regulatory body to safeguard public health due to the impact of a plethora of systems of health care delivery:

### **OFFICIAL VERIFICATION PROCESS**

It is essential to make the Pakistan Medical and Dental Council (PMDC) bound under the law to respond in writing to all verification requests, particularly those pertaining to unlicensed practice and impersonation. This verification must be transparent, timely, and documented. Payments for verifying services, when made, should lead to a formal and clear formal decision who is responsible for it at every step. It would eliminate the delays which currently occur, and would provide a clear record of actions taken to ensure that those who practice under a linked online professional identity as if they were qualified, but do not have the necessary professional credentials, are expelled as quickly as possible.

### **LEGISLATION AGAINST IMPERSONATION OF ARMY OFFICIALS**

The Ministry of Interior and the Ministry of Defence should introduce a joint policy to criminalize impersonating military titles on any occasion, especially on the professional front like in healthcare. Considering the grave consequences of abusing a military identity whether to carry out fraud, or to exploit the image of military engagement there ought to be a specialized provision which explicitly belligerents the misrepresentation of military ranks or titles. This legislation would crack down on the "bothering" of military identities to gain legitimacy or evade accountability and hold those responsible to account under criminal law, protecting both the reputation of these essential services as well as public safety.

### **PUBLIC REGISTRY OF BLACKLISTED INDIVIDUALS**

The PMDC must devise a public register of claimed illegal practitioners who have been authenticated as unregistered. Such a database could be a resource for the public and other health care providers to validate the credentials of medical practitioners. It would also deter fraudulent people, as they would face social disgrace and professional consequences when placed on a public blacklist. In addition, this registry should be updated regularly and made available online to inform the public of unlicensed practitioners in their communities.

### **MILITARY RESPONSE TO IDENTITY MISUSE**

This question can be better answered if the Pakistan Army takes proactive measures to address the misuse of military identities. We need a clear legal framework to act against impostors and individuals who use the name of the Army to earn illegal and undeserving benefits. This will include finding a mechanism for liaison between the PMDC and Army's Legal Branch to ensure that such cases are swiftly and efficiently resolved. For this, the edit should have a dedicated complaint coordination cell maintaining a fast track for complaints regarding impersonation so that they are investigated faster and pursued at the legal end on a priority basis.

### **CRIMINAL PROSECUTION AND PUBLIC AWARENESS**

For stopping the expansion of quackery, legal action should be taken against the established quacks that put lives at the risk, impersonate institutions or assist criminal networks. Rogue Doctors: [They] Give a Bad Name To Real Physicians. "Rogue Doctors" Should Actually Be Prosecuted for Malpractice, Fraud, Any Crime They Commit. At the same time, a nationwide public awareness campaign must be conducted to educate citizens on how to vet medical credentials. Access to information about the risks of using unlicensed practitioners must be made available and so too the ability for the public to identify fraudulent individuals. Media campaigns might illuminate the risks of quackery and explain how to pursue credible medical care, thereby enabling the public to make informed choices about their health.

These policy measures are a few of the many things that must be done to begin tackling the system that allows for quackery and impersonation to flourish unopposed. Strengthening our regulatory framework, enhancing accountability for fraudulent conduct and educating the public on these issues will assist in rebuilding trust in the healthcare system,

protecting public health, and preserving the integrity of national institutions. Implementing these measures is crucial to ensure a safer, more trustworthy and transparent medical system for all citizens.

## **IMPLICATIONS FOR PUBLIC HEALTH AND MEDICAL ETHICS**

That the likes of this self-styled ‘Captain (Retd) Doctor’ continue to operate is, of course, a sign of a deep and systemic rot in Pakistan’s healthcare and regulatory systems. This failure not only reveals a lack of accountability, but also a broader issue of insufficient enforcement, regulatory oversight and protection of public health. These have serious ramifications for the public health, the medical profession and society.

First, the presence of fraudulent practitioners threatens public confidence in the medical system. But when patients are fooled into thinking that they are receiving real, legitimate treatment from qualified and experienced professionals, the impact can be devastating, spanning from misdiagnosis to damaging or deadly interventions. This is a health policy thinned and degraded by the vultures at the edges. The overwhelming number of unqualified practitioners further compromises an already overstretched system with little access to appropriate health care. It makes it very difficult for the public to know when to trust their doctor and when they are scammed, fostering intense confusion, fear and doubts in approaching medical care.

Similarly, the institutions of health, especially the different and regulating bodies overseeing medical practice in Pakistan like the PMDC that has destroyed the reputation of many doctors, are also terribly hurting due to such ongoing cases. Resentment of this nonchalance also leads the public to conclude that these institutions do not want to or cannot do their job of protecting public health. To restore this integrity is far beyond challenging within the medical community but necessitates levels of institutional character that extends to its public and the goal of providing high quality, evidence based medical care in Pakistan. When citizens lose faith in institutions designed to regulate healthcare, they are more likely to turn to unregulated sources of care, perpetuating quackery, he said.

The engagement of such fraudulent practitioners with criminal networks (for instance, dacoits, etc.) and the way they support these elements adds an aspect of concern to this whole problem. Reports state that criminal groups are being given “treatment” and other similar services decided on by people like the one being investigated. They achieve this either by providing legitimate medical services or serving as a front for illegal enterprise, creating a nexus of illegality that marries healthcare with criminal behavior. These alliances do more than magnify the injuries already inflicted due to their deceitful practice of medicine; they serve to empower the criminal elements that would otherwise lack access to medical services or the means to keep their underground enterprises running.

This combination of illegal medicine and crime creates a vast network of harmful systems that merit action. It underscores the importance of taking a wholeofgovernment and wholeofnation approach to stopping this vicious cycle of fraud and criminal activity. Such illegal networks must be dismantled through cooperation of law enforcement agencies, regulatory bodies, and healthcare institutions and any medical practitioner must be held to high standards of professional conduct irrespective of his affiliation or background.

These criminal acts further endanger the health and safety of the general public, as abusive practitioners supplement their income through illicit means. Not only do these individuals continue to engage in unethical practices when they provide medical services to criminal elements, but they also engage in a dangerous and illegal behavior by providing cover or aid. For instance, if criminals in hiding from the law or in need of medical services would seek to avoid detection, these alternative practitioners offer a refuge that could keep them from prosecution or allow their crime to persist unchallenged. As such, the destructive behavior of these quacks becomes a collective harm response that warrants urgent disruption and systemic change. The presence of such individuals (fraudulent medical practitioners) in both fraudulent medical practices and criminal activity is destroying the very foundations of the medical ethics or the medical profession of patient care, no malfeasance and beneficence. They do not abide by any ethical guidelines, as they do not practice the trade in good faith, but simply seek personal gain and use whomever they can manipulate for their abuse. This practice not only continues harm but breaks the trust that is the foundation of the patient provider relationship. Unethical medical practice requires that healthcare providers ensure that measures meet appropriate standards of care, do not violate legal or professional guidelines and act always in the best interest of the patient. Phony practitioners lie outside these dace faults, polluting the heart of medical ethics and accelerating the decline of healthcare standards.

If such cases are still reported in Pakistan, this demonstrates an urgent need for reform in medical regulatory framework. It calls for more rigorous oversight, the willingness to hold unqualified practitioners accountable, and collaboration among regulatory agencies, law enforcement and the medical community to ensure that public health is protected. The virulence of quackery and its damaging impact will only continue and worsen by the absence of such actions, and the costs to public health, morality, and social stability will be great for many people.

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