

Does the Medical Commission Bill encourage quackery?

PARLEY Training practitioners to head health centres is worth trying, but with strong regulations



Sujatha Rao is former Union Secretary of Health



Anant Bhan is a researcher in global health and bioethics

On August 1, the Rajya Sabha passed the National Medical Commission Bill, 2019, which provides for the training of certain health-care practitioners for modern medicine. The medical fraternity has vehemently opposed this idea and feels that the Bill will encourage 'quackery'. R. Prasad converses with Sujatha Rao and Anant Bhan on the possible ramifications of the Bill. Edited excerpts:

What is the doctor-patient ratio in India, and how acute is the shortage of allopathic doctors, particularly in rural areas?

Sujatha Rao (SR): As you know, we don't have credible data. But estimates show that there could be about eight lakh doctors actively practising, which would mean that we need an additional five lakh doctors, but that's just a gross estimate. The differentials come between the northern and southern States. There is no doubt that there is adequate number of doctors in both Kerala and Tamil Nadu, whereas in Bihar and the northern States, there is an acute shortage. Again, there is a differential between the rural and urban areas, as a large number of doctors tend to cluster in urban areas. So, even in the so-called surplus States like Andhra Pradesh and Telangana, you may find it difficult to find doctors in the tribal areas or in the very backward rural areas though overall, they may not be as badly off as the northern States.

India as a whole also has a huge shortage of specialists. So, you may have doctors but it does not necessarily mean that they can adequately address certain diseases. The whole question of doctor-population ratio as per the World Health Organisation (WHO) norms doesn't really have much of a meaning. You have to really split it and look at the issue in a granular manner.

Anant Bhan (AB): With allopathic doctors, historically, we have had some degree of shortage. I think there have been attempts to try to address that by opening more medical colleges. We've also had many State-level initiatives to increase the number of medical seats. So, I

mean, there is a clear urban-rural divide; there is also an inter-State divide that is quite stark. Some States seem to be doing fairly well as compared to even probably the WHO requirements. But in many other parts of India, there is an acute shortage. Finally, you might have enough doctors in terms of numbers, but will they actually stay on in rural areas if posted there?

What initiatives have been taken to address this shortage?

SR: There are three broad reasons why the public policy has been weak vis-à-vis the doctors in rural areas. One is inadequate investment; two, the incentive structures have been very weak; and three, the nature of work that a doctor in a primary health-care setting is expected to do in a rural area is very different from the kind of training he gets as an MBBS doctor. So, he's not really toiled and trained to cope with the public health issues. Public health is a very weak area of instruction in an MBBS course.

We have not been able to have a proper training programme that really enables young doctors to go and work in rural areas. In terms of bridging this gap, yes, Chhattisgarh and Assam did work on having a three-year-trained physician, something like the old LMPs (Licentiate Medical Practitioners). They're really very good. I do believe that you don't need full-fledged five-year-trained MBBS doctors to deal with some of the basic public health issues in rural areas. What could be adequate are three-year-trained public health practitioners, who would really address all our infectious diseases and public health requirements of the rural poor. This is how this whole community health worker debate started in 2010.

AB: From what I understand, there are three or four ways in which governments have tried to increase the number of doctors working in rural areas. One is by using incentives for practice in rural areas. We've had a mixed bag with that. In States like Chhattisgarh, that has worked for a limited amount of time. The other model that has been



There is a clear rural-urban divide when it comes to the number of doctors in India. A doctor examining a child in Andhra Pradesh. • GETTY IMAGES

used is that of a 'bond' – once you are trained with government support, you have to serve for a certain number of years after your MBBS or after your postgraduation. That has also been a mixed bag; in some States it has been implemented, in other States, it has been very poorly implemented. The third idea is having in-service, postgraduation seats. The government reserves postgraduation seats specifically for those candidates who work for a certain number of years with the government. That has helped to some extent. These are the three or four models. [But] I don't think we have really had a comprehensive way of being able to respond to the gap yet.

Do you think short-term training of people who don't have medical qualification would be sufficient?

SR: I have seen them in the field and they are not good enough to cope with the challenges. I liked what they did in Chhattisgarh with the three-year course. They trained them [the students] in medical colleges like any other student but then restricted them to public health. I'm not very interested in these bridge courses and six-month programmes. I don't think they can be very effective.

AB: The bridge course is an interesting approach. I think it is not the unqualified medical practitioners

who are being trained but formal health-care providers of some kind, whether they are nurse practitioners; or nurses who are being converted to nurse practitioners; or AYUSH (Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy) doctors. All of them have had some health experience.

The question is: Will a six-month course be enough? And what exactly does it train them to do differently than what they were already doing? If they are to be deployed as middle-level care providers or community health officers, do they have adequate skills at the end of six months? And on what empirical evidence is that six-month period being decided? I think reducing the training to six months is a bit of a concern. I guess the reason they're doing this is that it is difficult to get candidates to be trained beyond that, or maybe governments are not willing to stay at them for longer.

Do you think the short-term training of community providers will lead to substandard care for the rural population?

SR: For whatever reasons, doctors are not going to rural areas and there is a huge gap between demand and supply. Now, there has to be a sort of short-term measure. Auxiliary nurse midwives, who are trained for 18 months, are already giving antibiotics and are also in-

involved in immunisation programmes. Even if the nurses stay for 16 months or 18 months as a nurse practitioner, then it's going to be a game changer. But then there must also be a focus on quality. Our bureaucrats are constantly looking for numbers. So they come with all the silly ideas of three- and six-month training [courses] and force the system to churn out substandard training and we end up with people giving substandard treatment.

AB: We already allow certain kinds of health-care providers [non-doctors] to give medicines. The question is: How wide should the scope of such practice be? But I think that fundamental redesign where [such providers] will be heading the health and wellness centres is an experiment worth trying.

Who do you think should be chosen to undergo this training?

SR: Nurses, if trained well, can be a great asset. Or you can have, like in Chhattisgarh, the three-year trained rural medical practitioners. AYUSH doctors provided with some public health training could be a great asset. But I am wondering whether that's the appropriate cadre to bring in as AYUSH by itself has so many strengths. Why on earth are we getting well-qualified AYUSH practitioners to practise allopathic medicine? But then, there's also the political [angle], where AYUSH doctors want to get into government service by becoming mid-level providers.

AB: Individuals currently being considered are certified health providers of some kind. They are not qualified to be allopathic doctors but they are qualified to be nurses or AYUSH doctors.

The individuals who have been considered for even the middle-level care provider positions are people who are within the health system already, or who have trained in some way already and could be taking on this additional position. So, it's in a sense retraining [or] additional training for them.

There are two models for health and wellness centres – AYUSH doctors going through a bridge course, or nurse practitioners going through a bridge course. The Chhat-

tisgarh and Assam model is currently not being tried out. [But considering that] it worked fairly well for rural health care, it's also an experiment worth looking at. However, they [these courses] faced so much opposition from the doctors' collectives, especially the IMA [Indian Medical Association]. And that is going to be an issue whenever you try to scale up any of these programmes. Yet, we don't really have an alternative model.

Further, unless we try out some of these experiments, we will never know and the status quo is not something we should be finding acceptable any longer. I think we've had rural populations and large sections of the population suffering for many years due to the absence of quality health care, and that needs to change. And if that requires certain experiments to happen, those should certainly be tried. But [it should be tried] with regulation, with adequate planning, with adequate lead time, with evidence gathered about whether it works or not.

Do you foresee a situation where the solution, in the form of community health providers, becomes a problem bigger than the shortage of doctors we face today?

SR: It depends on how the designing and implementation goes along. If they [the government] do it all in a hurried way, then the prognosis is not going to be good. But if they have a plan, then it can be a game changer.

But perceptions of patients are changing, preferences are changing, people are not willing to settle even for a nurse. In a State like Kerala, they're not willing to look at even MBBS doctors, they only want specialists. So, these partially trained people may not get preference and may fall by the wayside.

AB: For better or worse, we have to see how the experiment goes. I think a continuous redesign, actually having a strong evaluation framework, a strong regulatory governance framework is extremely important. My sense is that if the experiment fails, it will be abandoned before the number of these providers is too high. I think the key equation is whether this experiment is worth trying or not.



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Much ado about little

Hollowing out of Article 370, which had become a shadow of its original self, doesn't come as a surprise

MOHAMMED AYOOB

The government's decision to abrogate Jammu and Kashmir's special status was duly rubber-stamped by Parliament. Provisions of Article 370 were used selectively to undermine the basic thrust of the Article, namely, regional autonomy.

Close observers of the Indian scene had anticipated this action for some time for a number of reasons.

First, this move has been part of the Bharatiya Janata Party (BJP)'s agenda since it was established in April 1980. It had also been a part of the founding agenda of its predecessor, the Jana Sangh, since Shyama Prasad Mookerjee launched it in 1951. The BJP, when in office from 1998 to 2004, was unable to implement it because it was part of a coalition, and other members of the coalition were averse to any such action.

Erosion began in 1953

Second, and more important, over the years, Article 370 had become merely a shadow of its original self and, therefore, largely redundant as far as the governance of Jammu and Kashmir was concerned.

The process of its erosion began in 1953 with the removal of Sheikh Abdullah from the office of Prime Minister of Kashmir by the Jawaharlal Nehru government on suspicion that he harboured secessionist tendencies. To stay in power, Abdullah's successors, especially Bakshi Ghulam Mohammed and Mir Qasim, were more than willing to see the Centre expand its tentacles into the State by successively amending or distorting Article 370.

The Congress Party, which is shedding tears today at the abolition of the State's special status, was primarily responsible for the attrition of its autonomy over six decades.

Even after Sheikh Abdullah returned to power in 1975 by accepting a watered-down version of the autonomy guaranteed under Article 370, Jammu and Kashmir's special status continued to be more a myth than reality. This was demonstrated very clearly in the 1980s when Prime Minister Rajiv Gandhi forced the Na-

tional Conference, led by Farooq Abdullah, into a shotgun marriage with the Congress Party.

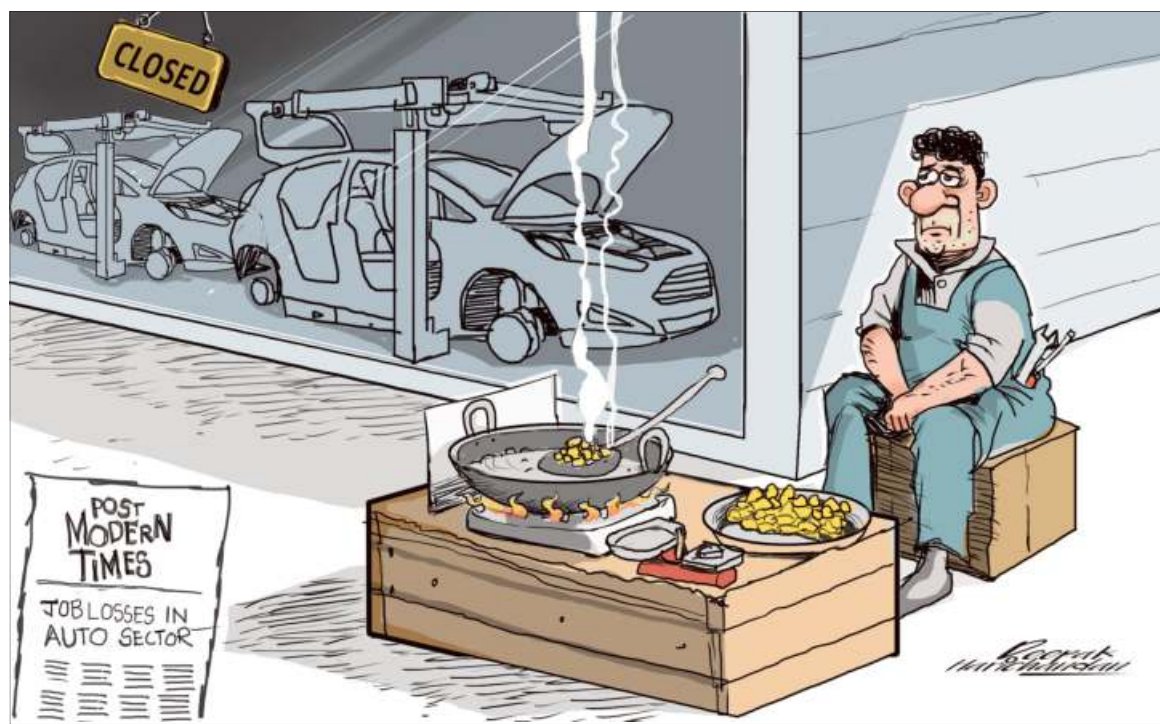
The 1987 elections were allegedly rigged to deny the Muslim United Front a sizeable number of seats in the State Assembly that it was projected to win. The insurgency and terrorism in the Valley in the past three decades can be traced directly to this folly that turned peaceful opponents into violent adversaries. It played directly into Pakistan's hands and provided it the opportunity to export terrorist groups into Kashmir to create mayhem and anarchy.

Article 370 had, therefore, become merely a symbol without any real content of Jammu and Kashmir's autonomy and special status. New Delhi's interference in the State was of a far greater order than was the case with any other State in the Union. The Narendra Modi-Amit Shah duo have merely removed the veneer of the State's special status, thus exploding the myth that India's only Muslim-majority State was being shown greater favour by the Centre in comparison with other States. This myth helped Hindu nationalist forces to mobilise not only against

Articles 370 and 35A; it also contributed hugely to their propaganda that Congress governments were engaged in appeasing Muslims. Jammu and Kashmir's "special status" can no longer be used as a stick to beat Muslims from the rest of the country, who should distance themselves from this controversy for two reasons. First, the Hinduist propagandists will tout any opposition as "anti-national". Second, Muslims in other parts of India owe nothing to Kashmiri Muslims who have in fact become an albatross around their necks by not unequivocally opposing the violence committed by terrorists among them and by raising "azadi" slogans. Further, Muslims from Kashmir have not exactly shown empathy when it comes to the vital concerns of Muslims in the rest of India.

While in the hierarchy of journalists, Hollingworth would be somewhere in the upper atmosphere and I in the lower depths of the Pacific, luck is thankfully agnostic in its favours. It was the 2014 Nobel season and Malala Yousafzai was a favourite to win

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NOTEBOOK

In the right place, at the right time

On being the first Indian to report on Kailash Satyarthi's Nobel win

P.J. GEORGE

Reporting is driven by curiosity, skill, experience, and, sometimes, pure luck.

Journalists who happened to be in the right place at the right time have delivered some of the greatest scoops in the business. Clare Hollingworth, the great war correspondent who broke the news of the outbreak of the Second World War, figured it out when the wind blew apart a cloth separator at the Germany-Poland border while she was crossing it, and she got a momentary glimpse of tanks parked in the valley below, ready to move into Poland.

While in the hierarchy of journalists, Hollingworth would be somewhere in the upper atmosphere and I in the lower depths of the Pacific, luck is thankfully agnostic in its favours.

It was the 2014 Nobel season and Malala Yousafzai was a favourite to win

the Peace Prize. Unlike the science and literature prizes that are announced in Stockholm, Sweden, the Peace Prize is Norway's territory. The winner is announced by the Norwegian Nobel Committee in Oslo in October. This is where the 'right-place-right-time' part falls into place.

Arctic programme

I had reached Oslo at the beginning of October for a slew of interviews and to learn about Norway's Arctic programme. The then-Indian President Pranab Mukherjee was set to arrive in the Norwegian capital a few days later, and a focus area of the visit was India's Arctic programme at Himadri Station, the base located in Norway's Svalbard.

After several days of interviews and presentations, by October 10, I was thoroughly horrified by the potential impact of melting polar ice caps and rising sea levels, and had sought

refuge in my hotel room. It was then that a sympathetic contact in the Norwegian Foreign Ministry mentioned that my press pass could get me into the Peace Prize announcement at the Norwegian Nobel Institute, a few minutes' walk away.

Given the chance to break the tension over impending climatic doom with some award-winning drama, I walked into the press meet and hung around at the back of the room. There was considerable buzz among the media since Ms. Yousafzai was in the running; so when the Nobel Committee chair and former Norwegian PM Thorbjorn Jagland spoke her name, two Japanese television journalists standing near me started screaming 'Malala, Malala' at their cameras and had to be shushed by the rest of the journalists. By then, I had completely missed the second winner's name.

Fortune favours even the

not-so-bold since, seconds later, the circular with the press statement reached the back of the room, and my brain caught on that Kailash Satyarthi was also a winner.

Framing a question

My body took a few more seconds. Then I rushed to the front row on the authority of my shared brown skin with the winners. That worked, since Mr. Jagland quickly acknowledged my raised hand. It was also unfortunate as I was yet to frame a question with enough gravitas on an Indian and a Pakistani sharing the Peace Nobel.

After a short staring contest with the former Premier, I managed to blurt out a tolerable question which got a passable answer. I plopped down immediately after that to file a copy for *The Hindu's* website, becoming the first Indian to report on that historic event.

The Hindu

FROM THE ARCHIVES

FIFTY YEARS AGO AUGUST 9, 1969

'Social control' of private sector

The formulation of a policy for the "social control" of the private sector is now understood to be engaging the attention of the Union Government, which is at present considering the recommendations of the Industrial Licensing Policy Enquiry Committee. In the course of its recommendations, the Committee has evolved the concept of "joint sector" which refers to the private sector firms, a substantial part of whose production operations is financed by public financing institutions. While State participation in private firms through the financial institutions has been there for a number of years now, the Committee has urged the adoption of more effective State control. Besides the State getting its representation in the management of the private sector units, the Committee has suggested that the financial institutions should insist on the whole or part of their assistance in the form of loans and debentures being convertible into equity at their option. The Committee has suggested that the law should be amended, if necessary, to provide for this.

A HUNDRED YEARS AGO AUGUST 9, 1919

Lala Lajpat Rai. Unable to Return.

Lala Lajpat Rai writes in 'Young India' of New York: I am exceedingly sorry that the Secretary of State's order prevents my going to India and England just when I wanted most to be there. India is in the grip of a terrible famine and the conditions there are very distressing. For the last 25 years of my life I have been taking active part in the work of famine relief and it pains me considerably to feel at this juncture that I should be unable to do anything for my people. Events are developing rapidly in India and every Indian who feels for his country and is desirous of taking part in its life must feel that his place is there in the midst of his countrymen and not 12,000 miles away from home in a position of comparative safety, comfort and ease. Personally I am not sorry for having been in the United States during the war, but now I am overwhelmed with a sense of guilt at not being in India, to play my part in the great struggle which my countrymen are carrying on against such great odds. This war was fought to free the world. Its immediate effect is the tightening of the chains of those who were in bonds before and who were induced to fight for world of democracy. Will the governing classes learn nothing from history?"