

To

The Secretary
Department of Health and Family Welfare
New Delhi

Re; Spate of recent proposed decisions / notifications against medical professionals

Sir,

Medicos Legal Action Group is a trust formed by few doctors to look after interests and welfare of MBBS doctors and take legal action where needed. The trust works to create and spread awareness in the medical profession and the public about medicolegal issues through various means, for removal of quackery, for the diffusion of useful knowledge on matters related to health specially with training and working of medical personnel and to liaison and advocate with Government and its agencies including MCI, MOHFW, State Governments on issues related to MBBS doctors their training, their service matters and overall welfare.

We are concerned that MBBS graduates today are unemployed, underemployed and exploited. There is rampant frustration among them due to lack of opportunities which makes many of them leave Indian shores in search of better life.

We have been following closely developments at MOHFW a few of which have deeply disturbed us. These are

- 1) Notification issued by Dr Vishwas Mehta Joint Secretary, Min Of Health and Family Welfare Govt of India vide Letter no D.O.No.V.11025/65/2012-MEP.I dt 19-05-2013 to the State Departments of Health and Family Welfare requesting them to amend the Law prevailing in their State relating to registration of practitioners of modern scientific medicine to provide an enabling provision to allow enrolment of ISM professionals in State Medical Register for registration of practitioners of modern medicine as maintained by State Medical Councils. This notification is nothing but official directions to practice quackery and needs to be withdrawn for the following reasons;

- a. In case of Bhanwar Kanwar vs Dr R K Sharma Honorable Supreme Court has already awarded a sum of Rs 15 Lacs compensation against a Ayush Doctor for prescribing allopathic medicines.
 - b. In case of Poonam Verma vs Dr Ashwin Patel Honorable Supreme Court has categorically considered practice of allopathy by homeopathic doctor being outright negligence.
 - c. National Consumer Dispute Redressal Commission in case of Prof P N Thakur vs Hans Charitable Hospital has also considered a Ayush Doctor as an unqualified doctor to prescribe allopathic treatment to patients.
 - d. Indian Medical Council Act has not been amended as yet. Section 15(2)(b), Section 17, subsection (2)(b) of 1970 Act and subsection (3) of section 13 and section 15 of IMC Act provide for registration of only those practitioners holding relevant educational qualifications in modern system of medicine as mentioned in part II of the third schedule (minimum MBBS) to be registered in Medical Registers maintained by Medical Council of India and State Medical Councils. Only such practitioners can practice modern scientific medicine in the country.
 - e. Also there is the fact that Ayurveda is our country's heritage. When we ask trained ayurvedic doctors to prescribe modern medicine we denigrate our own heritage by acknowledging that ayurveda is not good enough to treat our patients.
 - f. Govt. should then accept that AYUSH experience in India is a failure as it cannot even manage common medical conditions on their own and need to resort to covert and illegal modern practice for managing these conditions. It must shut down AYUSH department and close/ban all AYUSH institution.
 - g. The infrastructure of Ayush colleges should be used to start Medical colleges imparting MBBS degree. The stringent requirements of MCI regarding starting a medical college should be lowered to match that needed for a AYUSH college or a BSc (CH) degree imparting district hospital. All existent AYUSH doctors should be given an option either to practice pure AYUSH or to take a 2 yr bridge course to upgrade to MBBS. Then there will be no need for back door entry for ayurvedic doctors into modern scientific system of medicine.
- 2) Recent news regarding one year compulsory rural service by MBBS doctors before they can apply for postgraduation. This decision / proposal is bad for all concerned.

- a. The Government does not have Primary Health Centres with posts for MBBS doctors in sufficient numbers (43000) every year to give guaranteed placement to all MBBS graduates.
- b. In absence of these jobs doctors will be left to find for themselves jobs in rural areas and then get certified by local patwari, tehsildar etc to become eligible for PG. This will lead to corruption and will not solve the problem for which this solution is envisaged.
- c. Girls outnumber boys in medical colleges today. Given the social norms of the nation this decision will be a deterrent as by the time they get married (usually after they get selected for postgraduation involving minimum one year of dedicated study) they will be more than 26-27 yrs age.
- d. In decision of Dr Kamini Singla & Ors vs State of Punjab and ors the honorable Punjab and Haryana high court denied benefit of rural service to 1100 rural medical officers with more than 5 yrs of bonafied rural service. This means that only those employed by State Medical service like PCMS and posted in rural area will be able to avail the advantage of rural service in PG admissions.
- e. The policy to give benefit of additional marks in PG exams was to be implemented only from 2013 (according to Post Graduate Medical Education (Amendment) Regulations , 2010 (part II) vide notification no MCI.18(1)/2010-Med/49070 from academic year 2013-14) hence the question of MBBS doctors not opting for rural service to avail this incentive does not arise as so far this benefit was not notified.
- f. There is an argument given of how MBBS student cost 1 cr to the nation but pays pittance (in Govt colleges) hence should pay his debt to society in form of rural service. First we dispute this figure as arbitrary, exaggerated and deliberately inflated. Second Govt gives subsidy for diesel, power, food etc. Does this mean that all taxi drivers who avail the Govt fuel subsidy have to "pay their debt to society" by providing free service to poor, or mandatorily ply the taxi in rural area only. Or should all those who avail subsidized or free power distribute 5 % of their agricultural produce, or manufacturing products to areas of need over and above the various taxes Govt imposes on them. Any 5 star hotel uses a generator running on subsidized diesel and should therefore as part of its social responsibility serve 5% of its total clientele from BPL free of cost.
- g. Private colleges charge an arm and a leg for medical education . How then is it justified in the name of social responsibility that an MBBS graduate from a private medical college not availing any government subsidy be forced to do rural service, probably free of cost and then pay the local tehsildar / patwari for a certificate of completion of rural service.

- h. Fresh MBBS graduates even after internship have limited knowledge of practice of medicine. They need years of supervised working before they are competent to independently treat patients. General practice or primary healthcare of the kind needed to be practiced in rural areas without investigations and other facilities is tougher than practice of a limited speciality in a supervised hospital environment. Releasing fresh MBBS graduates against their will on rural population unsupervised can have disastrous consequences. This proposal simply demonstrates how low a priority health is given by our government.

There are many more issues in which we would like your intervention however we are focusing on these two issues as being most harmful for medical profession, medical education and health of nation. Kindly reconsider these decisions / notifications at the earliest to prevent definite unfortunate consequences.

Yours sincerely

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Convener
Medicos Legal Action Group

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