

## Editorial

### T 20 in medical practice

Government of India seems to be fascinated by the experiment of Twenty- Twenty in cricket. Especially ministry of health and family welfare in total influence of IPL has decided to bring the short term doctor course i.e.BRMS or BRHC.But One must take into consideration; it is not entertainment; we are dealing with human body! Government is trying to make joke with the lives of rural India.NIMA opposes such efforts.Although We are not having a nuisance value as far as voting politics is concerned. But every one of us must try to make the citizens of India aware about this unjust and unconstitutional course to be implemented by our health minister.

One task force to study the rural health commented on the miserable situation of health of people living in rural areas. It is concluded in the committee report that the doctor patient ratio in India is adverse. People in rural area are deprived of the basic health facilities. They are supposed to approach big cities for their health care needs. During life threatening emergencies they fall victim as they do not get the tertiary care right in the time. The group of scientists has commented on the lengthy medical courses and the repetition of topics in the syllabus.

Based on the report one NGO headed by Dr.Meenakshi Gautam from Uttaranchal filed petition (w.p.13208/2009) in Nov 2009.She alleged that government has failed to perform their responsibilities towards the health of people living in rural areas. Based on the report of the task force; she made a prayer in the petition to bring a separate short term course of medicine as the present course is too long and these doctors are not willing to go in rural areas because they want to pursue the Post graduation or want to fly abroad.

Initially notices were issued and opinions of the respective parties were sought. Last year we got noticed about the petition after the press conference of our health minister and then chairman of MCI.They presented with a short term course of medicine called BRMS (Bachelor of rural medicine and surgery) later on called as BRHC (Bachelor of rural health care).In the press statement a plan of colleges in the 150 districts of India where there is no medical college. This scheme comprised of big government grants, fees form students, again visitations to colleges by inspectors and economics (?) involved in it.The students of 12<sup>th</sup> science will bw taken not on merit but on first come first serve basis.

Sometimes in the April 2010 the judges listened to the concerned parties and our council CCIM was also party in the matter. A NGO from Calcutta called FBT also got intervened.IMA, Kerala opposed the scheme. When this particular scheme was declared by the union government; state government of Kerala opposed it at the first instance. The government of Gujarat accepted it. But the experiment is not unique .This attempt to bring rural doctors was done in Maharashtra in 1977 which had to be withdrawn in two years. The students were absorbed in routine MBBS.Attempts were made to start such course in Madhypradesh and Chhattisgarh. There was same result too. Out of 1300 doctors who came out of the course only 400 are in the medical field others have pursued other fields.I would like to appeal all the

parents in the country that this shortcut to medical practice can lead to depression in their ward because of unemployment.

Surprisingly the country from where we have imported this concept of bare foot doctors; china has also dropped this idea. Countries who have a shortage of doctors have introduced a concept of nurse doctor who are licensed for certain diseases and some treatments. The countries like Indonesia, Thailand have also successfully bridges the deficit in the number of doctors and the total population.

Similarly the assumption based on the doctor patient ratio in India (1:1700) which is away from the ideal ratio (1:400) is wrong. If we add the number of all the ISM doctors the ratio comes to 1:700 which is practically nearer to the ideal.

If we look at the proposed curriculum of the course and its structure, one can definitely point out that there is injustice to the rural population. The doctors will be trained for 3 and half years. They will be taught by the retired professors in the medical colleges. Practical will be taught by the medical officers in the rural hospitals and PHCs. The national human rights commission has pointed out discrimination between rural and urban population. For urban population qualified and trained doctors and for rural population such half baked doctors?

In April 2010 the judges accepted that the attempts of the government were in hurry. The concerned parties are not at all considered. The interim order was to convene a meeting of all the concerned parties; i.e. the association of the doctors, councils, researchers, NGOs in the field of rural health. We waited for the meeting to happen but such meeting did not happen. Insead a meeting of deans of medical colleges was called and based on that department of health and family welfare made an affidavit last year in September. This time the judges were changed and the view to look towards this petition changed dramatically. The NGOs, associations and other professional bodies were not considered at all. The court ordered to go ahead with the course immediately. The ministry took the meeting of the state health ministers and came with a joint proposal to launch the programme.

Looking at the history of the course and the practical details; this course is not going to be helpful for the rural health on the contrary it is going to develop official quacks. The full trained specialist doctor even are liable to commit mistakes then why not such half baked doctors? And why to risk the health of the rural people in the hands of such untrained doctors? NIMA has repeatedly asked the government to provide legal backup to the ISM doctors who are already practicing in the rural and tribal areas. Despite of bringing such T20 style medical courses government should really improve the rural infrastructure; give incentives to doctors practicing in the rural areas.

NIMA has opposed this course at national level by holding press conferences, meetings, protests and writing to the mps and all the concerned parties. NIMA supported the all students dharana at Jantar Mantar in New Delhi. NIMA supported nationwide Anti BRMS protest by IMA and took joint meetings. Let me clarify one thing, we are not against rural health but the solution towards it is not practical.

Last week only the President of MCI Dr.Sarin has taken a U turn. He has refused to form the curriculum of the said course. He said that the doctors of the said courses cannot be registered under IMC Act 1956 and hence cannot be allowed to practice modern system of medicine. Now the ball is again in the court of Union government. Government has no other golden mean than to involve thoroughly and legally the ISM doctors in the national health.

One more current update is government has reduced the rural part in the compulsory internship of ISM docors.This behavior is really contradictory to the policy of improving rural health. Students of all ayurvedic colleges are agitating against this notification.NIMA strongly supports the aggrieved interns. We have written to concerned authorities and councils. Hope Government will take a right decision on both these burning issues....

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