

CURE IN PROGRESS

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

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Several medical emergencies in the past five years, including the AES outbreak in Bihar in June, have shone the light on the deficiencies of India's healthcare sector. It's clear that the country lacks quality medical professionals at the panchayat and district levels. Medical research in the country has not kept up with the changing disease burden. Dogged by several controversies in the past 15 years, the internal regulator of the medical profession, the Medical Council of India (MCI), has failed its mandate of "ensuring excellence in medical education". The National Medical Commission (NMC) Bill — passed by the Rajya Sabha last week — that envisages an overhaul of the country's medical education system, therefore, promises to address a critical challenge. However, the 25-member NMC, that will take over the regulation of medical education from the MCI, will need to connect several dots to fulfil its promise.

The government will appoint 20 members of the new regulatory body. This has not gone down well with the Indian Medical Association (IMA). Controversies over the MCI elections and the agency's tarnished record have, no doubt, exposed the frailties of self-governance. But the IMA's fears of further compromise in standards are not unfounded, given that past experience shows that the party in office often rewards its loyalists whenever the government arrogates to itself the task of constituting a body of professionals. The search committee mandated by the Bill to recommend the names of the NMC's non-elected members must, therefore, go strictly by the new agency's credo: "Enforcing high ethical standards in medical services". Clause 32 of the Bill provides for granting "limited licenses" to 3.5 lakh community health providers (CHPs), who can then operate at the primary healthcare level and prescribe preventive medicines. Given the dearth of MBBS doctors in rural and far-flung areas, this measure could fill a major void in the country's healthcare system. The IMA, however, apprehends that the move would "result in quackery", especially because the Bill does not delineate the qualifications of the CHPs. Past initiatives to integrate CHPs in the healthcare systems of states have produced mixed results, at best. For instance, the Chhattisgarh government's scheme — launched in 2001 — to place such medical practitioners in the state's healthcare system lasted only four years. Courses introduced for CHPs did not get the required traction because the students were reportedly not sure of their career path. Assam has had similar experiences with CHPs. The process of framing rules of the new legislation should, therefore, be attentive to such experiences.

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