

NO QUICK FIX: THE HINDU EDITORIAL ON THE STATE OF MEDICAL EDUCATION IN INDIA

Relevant for: Developmental Issues | Topic: Education and related issues

The war in Ukraine has brought to the fore the plight of Indian students, many of them pursuing medicine. Amidst the turmoil, Prime Minister Narendra Modi, at a webinar on the Union Budget announcements on the health sector, stated that many young Indians were going to “small countries of the world for medical education” and, therefore, [the private sector should be encouraged, along with cooperation from States, to set up more medical colleges](#) and hospitals locally so that such aspirants remain in India. His remarks are well-meaning, but the dynamics of India’s medical education system are complex. The most sought-after international destinations — traditionally, for medical education the U.S., the U.K. and a few west European countries — are, however, too expensive for most Indians. In the last few decades, Russia, China (countries larger than India) and Ukraine (one of Europe’s largest countries), with their historical commitment to public health care have been able to offer more affordable, yet quality, education. India’s huge population still continues to be predominantly rural, but most of the trained medical doctors, paramedics and nurses gravitate towards cities for well-known reasons. The very nature of medical education, an empirical field, requires significant infrastructure — land, equipment, and trained faculty at the post graduate level — all of which are in short supply and uneven in their spread. Without correcting these deficiencies, India cannot expect to dramatically increase the availability of medical personnel. The Government needs to make health care the centrepiece of its economic rebuilding.

The anaemic spending on health is not unique to this government; for several years, India’s spend on health care has consistently trailed several countries comparable to its size which is why there is barely one doctor for every 1,000 Indians and specialists often a tenth of what is required. These shortcomings have lubricated the phenomenon of young Indians seeking affordable, quality, health-care education in other countries. But merely having private establishments start medical schools, without a long-term commitment to offer necessary training and post-graduate education, could lead to a repeat of the engineering fiasco after the dotcom boom: a surfeit of engineering colleges without adequately trained faculty or infrastructure that churn out students who need a further skills upgrade to be employable. The Government must instead ease procedures for establishing medical colleges, spend more on infrastructure, and provide incentives for a health-care ecosystem to develop in rural areas. While not a quick-fix, over time this could facilitate the growth of private and public medical colleges that could stem the outflow of students aspiring to be doctors. Private investment in medical education by itself will nowhere be enough.

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