

A poor prognosis: the National Medical Commission Bill

There is no doubt that the Medical Council of India (MCI) has outlived its utility and should be reformed or replaced. The remit for the proposed new body, the National Medical Commission, should be clear, direct and workable. A regulatory body should be expected only to regulate and not to formulate policy, which is the function of Parliament and requires inputs from a number of sources, preferably with different points of view.

The fundamental flaw in the proposed Medical Commission is the lack of clarity on its function. Unfortunately, in the National Medical Commission Bill, 2017 in the chapter titled “powers and functions of the commission”, the phrase “lay down policy” occurs repeatedly. The Commission is also expected to “assess the requirements in healthcare, including human resources...” Such complex tasks, which require inputs from multiple agencies, will be done poorly, if at all, by the commission. The Commission should only be expected to monitor and regulate the training of health-care personnel and maintain professional standards.

Point of integration

What type of medical practitioners should the country train? This is a matter that the government should decide. It is poor policymaking to smuggle in clauses about interdisciplinary meetings between different medical systems and bridge courses into this Bill, under the omnibus “miscellaneous” section (item number 49). The failure of successive governments to promote scientific medicine and integrate the best of indigenous systems into one unified system has led to unhealthy competition among the various streams of medicine in India. It must be emphasised that modern medicine is wrongly labelled “Western” or “Allopathy”. Modern medicine takes all that is useful in therapy regardless of its source. It subjects every treatment protocol to the impartial tests of science. “Allopathy” is a term coined by Hahnemann, the founder of homoeopathy, and is seldom used in countries other than India. It would be great statesmanship to move to just one scientific system of medicine in India, combining all that is proven from different streams.

Who should the members of the Commission be? The present system of appointing members to the MCI has failed, resulting in rent-seekers repeatedly entering the Council. The present method of election, where potential candidates have to spend quite a large amount of money and time to get elected, has the unfortunate outcome of ensuring that mostly rent-seekers seek election. The election process should be reformed, not replaced. The proposal to have sections of society other than medical professionals in the commission is laudable. Having an almost entirely nominated commission, as the present Bill provides, is unhealthy. It will lead to a collection of ‘yes men and women’ whose chief qualification will be proximity to the existing government.

Medical education

Should private initiative be allowed in medical education? If the government is sincere in its objective of providing universal medical care, it is clear that high-cost private education will further exacerbate the problem of too many specialists in metropolitan areas chasing too few patients. Many ethical problems in India arise from this basic situation of too many doctors chasing too few paying patients. Issues such as unnecessary investigations and procedures, and too little time spent with each patient arise from the need to earn a reasonable amount and the need to do it from the small pool of paying patients. More importantly, such policy decisions should not be left to the Commission.

To start a medical college, State governments first issue a certificate of essentiality. The MCI then decides whether the proposed college has enough facilities to start the first year. Subsequently,

inspections are done every year till the first batch of students has completed the final year. This has led to problems, as somewhere along the way, the Council finds that some colleges are unable to meet the requirements and withdraws recognition. This leaves students in a lurch and they then approach the judiciary to solve their unhappy situation. The proposed Commission has no mechanism to prevent this from happening. Merely shifting this responsibility to a medical assessment and rating board is no solution.

The present Bill is unlikely to provide a dynamic new thrust to medical care in India. It falls between the stools of excessively ambitious objectives and micro-management. On the one hand the Commission is expected to formulate policy, but on the other it is to decide fee structure. The government should exhibit statesmanship and form a parliamentary committee to draft a new Bill altogether with clear and workable objectives. In the end, policy decisions should be decided by policymakers, and not bureaucrats.

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