

LOK SABHA DEBATES

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LOK SABHA

Thursday, March 13, 1986
Phalguna 22, 1907 (Saka)

The Lok Sabha met at Eleven of the
Clock.

[MR. SPEAKER in the Chair]

ORAL ANSWERS TO QUESTIONS

[English]

Working of A.I.I.M.S.

*264. SHRI C.P. THAKUR : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state the steps she is taking to improve the working of the All India Institute of Medical Sciences, New Delhi ?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR) : A statement is given below.

Statement

The working of the AIIMS, a statutory, Autonomous Body, is constantly reviewed by its Governing/Institute Bodies. All necessary steps are taken from time to time to improve its functioning with a view to ensuring that it fulfils the objective for which it was established.

Some of the specific steps taken in the recent past to improve the working of the Institute, *inter alia* include :

(a) With a view to removing congestion and reducing the waiting period of patients suffering from cardiological and Neurological disorders, additional funds to the tune of Rs. 300 lakhs were provided during the current financial year for making the Cardiothoracic & Neurosciences Centres functional; with the completion of the Centres, 180 beds alongwith intensive care facilities would become available in each of these Centres.

(b) With the completion of additional wings of Dr. R.P. Centre for Ophthalmic Sciences during the current financial year, the total bed strength of the Centre will increase from 227 to 300.

(c) A total body CT Scanner is being installed and likely to be commissioned shortly. This will further facilitate diagnostic services.

(d) A Centralised Accident and Trauma Services Centre is being set up under the aegis of AIIMS to attend to accident cases and provide service to the injured starting at the site of the accident.

(e) Hospital Laboratory Services have been re-organised and a Professor of Clinical Pathology has made Incharge of these services. Besides enhancing the reliability of tests, it will also cut delays in investigations.

(f) As against an outlay of Rs. 16 crores during the Sixth Plan, the Institute has been provided a Plan outlay of Rs. 27 crores in the 7th Plan and an additional Rs. 5 crores for the establishment of a Centralised Accident and Trauma Centre.

(g) The pay scales of the faculty were revised upwards and an Assessment Promotion Scheme for Lecturers and Assistant Professors was introduced with a view to providing incentive to the faculty.

(h) The Government approved a scheme in 1984 for cadre review of Group B, C & D cadres to provide relief to the employees stagnating for long periods in the absence of promotional avenue and more than 1800 employees were benefited under the scheme.

SHRI C.P. THAKUR : This Institute was established as an apex organisation with a view to teaching doing research and giving training but it has not served that purpose. There is a complaint by different groups of people including MPs on this. Does the Government think that either it should be strictly a referral hospital or establish some satellite hospital in those specialities in which there is a great rush in Delhi or round about ?

SHRI S. KRISHNA KUMAR : The question of treating the All India Institute of Medical Sciences as a purely referral hospital has been examined by the Ministry from time to time, though the AIIMS Act does not stipulate that it has to be a referral hospital. One of the Review Committees engaged by the Government had recommended in 1981 that it be treated as a referral hospital. But the Estimates Committee of the 7th Lok Sabha in its 53rd Report pointed out the serious difficulties that will be faced by the citizens of Delhi if AIIMS is made a referral hospital without building first the peripheral zonal facilities in the city. It is, therefore, the considered opinion of this Ministry that this is not an opportune time for treating this Institute as a strictly referral hospital.

SHRI C.P. THAKUR : The Hon. Minister did not reply whether there should be some satellite hospital established in those specialities where there is a great rush.

MR. SPEAKER : That is what he has said.

SHRI C.P. THAKUR : No Sir, what he said was about referral hospital. I want to know whether there will be some satellite hospitals in those specialities where there is a great rush.

SHRI S. KRISHNA KUMAR : The Delhi Administration is in the process of setting up nine peripheral hospitals in different specialities, upgrading seven polyclinics and giving speciality facilities to 27 dispensaries in the periphery of Delhi. This process is expected to be completed at the end of 1987, and probably at that time it will be opportune to think of converting AIIMS into a referral hospital.

SHRI C.P. THAKUR : Regarding the mode of admission in this Hospital—it is a unique thing which is nowhere in the world—the patients needing surgery are told that unless they bring four or six units of blood they will not be admitted. This is done nowhere in the world. There must be some change in the mode of admission in this Hospital because this is causing a great hardship there is a great racket—and the patients have to pay three to four thousand rupees to procure the blood.

SHRI S. KRISHNA KUMAR : We will look into this matter.

MR. SPEAKER : There seems to be some anomaly in this question. It has been stated "Will the Minister of Health and Family Welfare be pleased to state the steps "she" is taking to improve the working of the AIIMS". Why is "he" replying ?

(Interruptions)

PROF. K.K. TEWARY : I have great admiration for the Minister Madam Kidwai and her deputy Shri Krishna Kumar who have tried their best to improve the conditions of hospitals in Delhi. I must say frankly that the question of Institute of Medical Sciences is not whether it is a satellite hospital or a referral hospital. The real question is the stupendous wantonness, indifference of doctors, sheer mismanagement and in the name that it is a prestigious institution, all kinds of irregularities are being permitted.

I will give an example which I have also brought to the notice of the Minister. There was a patient who was utterly precarious. I took her to the hospital. The condition of the doctor was that unless I come with blood she will not be admitted. Commonsense says that after admission of patient the tests are carried out and then operation decided. She was not admitted for five-six days. I brought it to the notice of the Minister. She intervened and after that only she was admitted. I would suggest a high level probe into the utter inefficiency wantonness and callousness of doctors in the AIIMS. I would urge the Minister—this is the mood of the House also—that the Institute must be subjected to an inquiry.

[Translation]

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI MOHSINA KIDWAI) : Mr. Speaker, Sir, I agree there might have been lapses in one or two cases, but I do not agree that all kinds of irregularities are being committed there; everything is going wrong over there. This is a prestigious Institute...

PROF. K.K. TEWARY : You get an inquiry conducted into its working.

MR. SPEAKER : I think, a lot of overcrowding is there.

SHRIMATI MOHSINA KIDWAI : With a view to reducing the overcrowding, we have recently allocated Rs. 3 crores more for Neuro-Science and Cardiology Department in which new operation theatres are being built. It is also clear from all these complaints that this is a prestigious institution. The people from all over the country come here. It is our endeavour to see that overcrowding is reduced. This Institute was started as a referral hospital, but it could not confine its working to that. 30 per cent of Delhi patients visit this hospital for treatment and, therefore, some lapses are bound to be there.

Tewaryji has just now mentioned about blood. In this connection I can say one

thing that blood is not a commodity that can be produced in a factory. Blood forms in a human body. It is taken from the human beings and is transfused in the human bodies. Blood is not purchased from the market by the Medical Institute. It comes through donation. That is why the relatives of the patients are advised to make their own arrangement for blood. If a case is very serious, the patient is admitted and given blood transfusion. Later on, they replace it through blood donation. Thus, these difficulties are faced in such cases, but it would not be proper to say outrightly that no good work is being done there. The good work being done there should be appreciated.

[English]

MR. SPEAKER : I would like to bring to your notice one personal experience. Once I went to the O.P.D.

[Translation]

It was during summer. You get the conditions improved a little. Even a healthy person can fall sick there. Even exhaust fans were not working and it was difficult to stand there. Such was the suffocating atmosphere there.

[English]

I have tried to take up that matter but for future it must be corrected.

[Translation]

At least exhaust fans should work properly.

[English]

PROF. MADHU DANDEVATE : Sir, the other complaint of Prof. Tewary is that victims of terrorism do not get proper treatment in the hospital.

MR. SPEAKER : Terrorised by whom!

SHRI D.N. REDDY : Sir, in view of the extreme dilution by the admission of all sorts of cases in AIIMS, specialists are not able to concentrate on the really

complicated special cases admitted in the hospital. If so, will the Government take immediate measures to divert ordinary cases to other hospitals and also advise the State Government to have at least one super speciality wing in each city so that complicated cases requiring immediate attention are looked after well as dilution of the super hospitals will seriously affect all such serious diseases?

SHRI S. KRISHNA KUMAR : Sir, the difficulties of making this Institute a strictly referral hospital were earlier stated by me. About 30 per cent of the people came from outside Delhi and even within Delhi the people have the habit of visiting one hospital after the other. Almost 33 per cent of patients come to AIIMS after visiting at least two hospitals. This is the finding of a study. This is public issue. The public will be put to inconvenience. However, the suggestions of the hon. Member will be considered.

Supply of medicines for C.G.H.S. dispensaries

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*265. **SHRI BANWARI LAL BAIKWA :**

SHRI VIJAY N. PATIL :

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state :

(a) the budget provision for purchase of medicines for all systems of medicines for C.G.H.S. during 1985-86;

(b) how much actual expenditure has been incurred during the first nine months of 1985-86;

(c) the reasons for short supply of medicines in the C.G.H.S. dispensaries; and

(d) what remedial steps Government propose to take to meet such shortages of medicines?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE

(SHRI S. KRISHNA KUMAR) : (a) and (b) The budget provision for purchase of medicines of all systems for CGHS and actual expenditure incurred during the first nine months of 1985-86 is as under :—

Budget prov. 1985-86	Expenditure upto Dec., 1985
13,49,27,000/-	6,05,18,900/-

(c) and (d) CGHS is procuring all its medicines included in the CGHS Formulary from the Medical Store Organisation. By and large, the drugs and medicine listed in the CGHS Formulary are available in the dispensaries. In the event of non-availability of any specific medicine the same is procured from authorised Local Chemists M/s. Super Bazar and supplied to the Beneficiaries.

[Translation]

SHRI BANWARI LAL BAIKWA : The hon. Minister has replied to the question in a strange manner. He has not stated as to how many systems of medicine are being practised and how many medicines they are purchasing under different systems separately. The budget provision for purchase of medicines of all systems was rupees thirteen crores forty nine lakhs and twenty seven thousands and during the period of nine months they have purchased medicines worth rupees six crores five lakhs eighteen thousand and nine hundred only and thus an amount of Rs. 7.5 crores has been left for the remaining three months. I would like to know whether during this period the incidence of diseases has fallen leading to a lower demand for medicines or the medicines have become cheaper? They do have the medicines, but the funds have not been spent?

One thing I want to know, especially, is that the cases of reaction of allopathic medicines have become very common nowadays. The nature of these complaints is that the reaction takes place abruptly leaving no time for providing alternative medical facility.