

Clause 1, the Enacting Formula and the Title were added to the Bill.

Shri Humayun Kabir: I move:

"That the Bill be passed."

Mr. Deputy-Speaker: The question is:

"That the Bill be passed."

The motion was adopted.

INDIAN MEDICAL COUNCIL (AMENDMENT) BILL

The Deputy Minister in the Ministry of Health (Dr. D. S. Raju): Sir, I beg to move:*

"That the Bill further to amend the Indian Medical Council Act, 1956, be taken into consideration."

The Indian Medical Council Act has been in force for the last few years. At the time of its coming into force, Jammu and Kashmir was not included in that, because there was no medical college then. Subsequently a medical college was started there and now the final year students are appearing for the examination in May this year. So, with the intention of bringing those medical graduates under the purview of this Act, this Bill has been brought forward.

Actually the State Government of Jammu and Kashmir have been requesting us for sometime and the university also are anxious that this Act should be amended, because that will give the facility to doctors of Jammu and Kashmir to seek service anywhere in India. They can come and practice here and there will be emotional integration also. From that point of view, this is a very good feature.

In our experience of the working of the Act, we have found some lacunae in it and in order to plug them, we have brought forward a few more amendments also. One of the important things is now we are providing for compulsory registration of all medical graduates. Whether they are M.B.B.S. degree-holders or licentiates they must be registered before they can practice or seek Government employment or give any certificate or give medical evidence in a court of law. They must be registered either in the National Register or in the State Register. If they do not do it and if they contravene the provisions of this section, they are liable to punishment, which may extend to Rs. 1,000 fine or imprisonment of one year or both. Of course, the courts have the power to reduce it.

Secondly, the Indian Medical Council is authorised to prescribe ethics and code of conduct for the medical practitioners. It is also an important provision.

As hon. Members know, there is very rapid expansion of medical colleges in India. Now there are about 80 medical colleges. Whenever there is such a rapid expansion of medical education, there is bound to be some lowering of standards in any country. It has happened in Russia, China and other countries. So, we are afraid that this dilution or lowering of standards may occur in India also. To safeguard against this contingency, we are investing the Indian Medical Council with certain powers. Before, also, the Indian Medical Council has been sending medical inspectors to the universities and various medical colleges at the time of the examination. We have found that this is not adequate. So, the Council is now authorised to go into the question a little deeper and to study the question of standard, syllabus, the curricula that are prescribed, the equipment provided, the qualifications of teachers, etc.

*Moved with the recommendation of the President.

[Dr. D. S. Raju]

All these things will have to be considered before they finally give recognition to the medical colleges.

The idea underlying this provision is this. We would like to have uniform standard for the whole country. As it is, there are 80 colleges and the standards vary slightly from State to State. This is not a welcome feature, because the All-India Medical Service is likely to be set up in the near future. So, we want to have uniform standard for the whole country as far as possible. The army also is recruiting medical officers in large numbers. So, we feel that there should be a common standard at the under graduate level also. Thirdly, the Central Government is giving a number of scholarships to the medical graduates for post-graduate study, the only criterion being merit. When there is some difference in standards from State to State, it would be rather difficult for us to award scholarships. In view of all these things, we have found it very necessary that the standards at the under-graduate level should be as uniform as possible.

Actually there is some shortage also in the number of teachers in the medical college. According to the mid-term appraisal, there is a shortage of about 2500 teachers. So, we are concentrating more on the post-graduate education. We have got to see that the standard of teachers is adequately high. So, the Indian Medical Council is already in possession of certain regulations and provisions for regulating the standards of post graduate education.

The contents of the Bill have been circulated to various State Governments and universities and generally we have their approval. Except one or two universities, the universities have given their consent and the Government also are anxious that this should be expedited. I am glad to inform hon. Members that there is not

much of controversy in bringing forward this amending Bill. If any more points are raised by hon. Members during the debate, I shall answer them later.

Mr. Deputy-Speaker: Motion moved:

"That the Bill further to amend the Indian Medical Council Act, 1956, be taken into consideration."

Dr. Rane Sen (Calcutta East): Sir I welcome this Bill. The hon. Deputy Minister has indicated some of the important points which have been sought to be strengthened in this amending Bill. I want to say a few words about this.

Firstly, inspection of the standard of medical education in the various medical institutions in India as become very essential. Dr. Raju has said that the standard varies from State to State. I beg to submit that even in one State, in one city, the standard varies. The scope for training and teaching of students varies. In Calcutta from where I come, there are three or four medical colleges. If proper inspection is made, it will be found out that the education given to the students in different colleges is different. The scope is different. In certain Government colleges, the students get good clinical training and there are good laboratories also. But in private institutions the scope for training and education of students is lacking. In Calcutta itself, there are three Government medical colleges: Calcutta Medical College, N.R.S. Medical College and R. G. Kar Medical College. On all accounts, the facilities and scope which the Kar Medical College gives are surely less than the facilities or the scope of education given to the students in the other two medical colleges. Therefore, it is high time that the Government and the Indian Medical Council should see that a proper, uniform standard of medical education is imparted throughout India

They should also see that the standard is raised.

There is another point, in this connection, and that is with regard to the other facilities like laboratory training etc. They also differ from college to college and from State to State. Therefore, proper help from the Indian Medical Council and the Government is required to make it uniform throughout the country.

The hon. Deputy Minister himself said that in order to standardise these things we have to see that the Government goes more and more into this field. I have no wide knowledge about other States, but I am told that there are private institutions even today and more are coming in this medical sector. It is high time that the Government should see that all these medical institutions are controlled and guided by the Government itself or by the Indian Medical Council. Along with it, it should be the task of the Government to see that more medical colleges, more institutions, for imparting medical education to the young men and women of our country are started.

Sir, it is well known that in India there is a shortage of properly qualified doctors. It is also well known that this shortage of qualified medical personnel is most felt in the rural side. Therefore, it should be the endeavour of the Government to see that there are more qualified doctors and Government should expedite all the programmes to create a solid cadre of medical practitioners who should be able to go anywhere and everywhere in the country including the country-side also.

In this connection, it is a very pertinent point to raise about the difficulties that the medical practitioners in the rural areas have to face. It is known that in the rural areas the people are poorer as compared to the people in cities. Any medical practitioner who is posted there

wants to be properly compensated for the money spent by him on his education. Nowadays the prices are rising. There is shortage of essential commodities. The medical practitioners also want to see—it is nothing unnatural that they also want it—that their requirements are fulfilled. In view of the fact that the villagers are poor people and they cannot pay there is reluctance on the part of the medical practitioners to go to the villages.

Sir, this is a thing which is connected with the socio-economic conditions of our country. It is not a matter for the Indian Medical Council or the Health Department only. It is a matter to which the Government of India should pay attention. Doctors are also human beings. They cannot live on air. Even water is sometimes very difficult to get in the villages. Pure water is sometimes not available there. Therefore, it is very difficult for them to go there. At the same time, there is a necessity for more and more medical practitioners in the rural side. I know even in the cities and towns in West Bengal there are starving well-qualified doctors. But somehow they are not willing to go to the villages because of the difficulties that I have mentioned. Therefore, more and more doctors should be properly trained and made available to the villages in this country. It should be the endeavour of the Council to see that this is done.

I must admit that the Indian Medical Council is doing a very good service, and we hope that today when the Health Ministry is under the leadership of two efficient doctors of our country things will improve more and more. I come from the State of West Bengal where the Chief Minister was one of the best physicians in India. He used to take particular interest in the health and medical education of the country. Since, as I said, our health Ministry is run

[Dr. Ranen Sen]

by two eminent doctors, we can expect that health and medical education in India will improve more and more, will develop more and more, so that the real interests of our people in the villages are met and our country prospers in the best way possible.

Shri Chandrabhan Singh (Bilaspur): Mr. Deputy Speaker, Sir, I congratulate the Health Ministry on bringing out these amendments. To understand these amendments, it is worth-while going into the history of medical education and medical health in this country.

It is worthwhile remembering, Sir, that it was in the year 1822 that the first medical school was started in this country. After sometime, in the year 1833, a commission was set up by Lord William Bentinck, and that commission decided that in future in this country medical colleges should be started. As a result of that, the first medical college was started in the year 1835 in Calcutta. The second one was started in Madras also in 1835 and the third one was started in Bombay in 1845. When these medical colleges were started, it was their idea that it was necessary to have some sort of a body which would ultimately decide the standard of medical education in the country. This work of deciding the standard of medical education in this country was being done by the General Medical Council of Great Britain before we got our own Council. In the year near about, 1930, the General Medical Council laid the responsibility of deciding the standard of medical education in this country on the Indian Government itself. It took the Indian Government nearly three years before the first Indian Medical Act was brought into the statute-book in the year 1933 exactly 100 years after the first commission. Round about eight months thereafter, in the year 1934, the Indian Medical Council was formed. In the beginning, as you know, the President

of this Council was more or less nominated by the Indian Government. Soon after, after the reforms were introduced, the first elected President was the late lamented Dr. B. C. Roy. He was the first Indian President of the Medical Council of India elected by the Medical Council of India. That is a very important point when the process of democratisation started.

Immediately after that, what actually happened is this. The number of medical colleges started increasing. It is worthwhile remembering that till the year 1910 or 1911 the number of medical colleges was only 5 and as we come to 1925 we see that this number went up to 10 and by 1949 the number went upto 28—by 1958—49 medical colleges and now in the year of grace 1963 we have got 79 medical colleges.

The primary purpose of the Medical Council is to lay down the minimum standard for the whole country. Secondly it has to see that whatever standard is laid down by the Council, is implemented by the various medical colleges, universities and governments. To do this work efficiently, the Medical Council has been always sending inspectors and visitors to various universities. It is well known that there was a time when there was difference of opinion between the Medical Council of India and the Health Department in the Government of India. Without going into the details about these things, I may say that contradictory notes were circulated to the Universities Deans and Provincial Governments by the two bodies and as a result of that, some universities and some officers of the Government of India, especially the Director General, ultimately disputed the right of the Medical Council of India to inspect the facilities given and the education imparted in the various institutions in the country in detail according to old practice. There was almost a deadlock, but it did happen and that happened because of difference of opinion almost going to personal level between two important bodies.

Ultimately, to be frank enough, the Indian Government also started one post-graduate Medical Council by an executive order unlike any other country in the world. It is a historical fact. This Post-graduate Medical Council was opposed by the Indian Medical Council and as a result of intervention by the late Dr. B. C. Roy, and the Prime Minister and Dr. C. S. Patel it was given up. In the new Act that was brought in force in 1956, this Post-graduate Council was given a Post-graduate Committee name under the Medical Council.

What I am coming to is this that during the course of these few years it has been realised that there were certain lacunae in the Medical Council Act which was passed in 1956 and the lacunae more or less were these, namely, that it was not completely laid down that the inspectors of the Medical Council would go and visit and see the facilities provided by the various medical colleges and the State Governments. This was disputed by certain universities even. Not only that, certain Governments disputed the right of the inspectors of the Council to go and see all these things.

I must congratulate the Health Ministry, specially Dr. Nayar, the Health Minister, who has brought this necessary reform in time. These reforms which have been brought out are nothing new; they are just implementing the remedies for some of the very important lacunae in the original Act. The second thing that is being done is that those qualified people who were able to practise without registration will not be able to do so. It is rather sad that the Health Minister cannot bring forward a scheme whereby all quacks will be stopped from practising. The reason is quite evident. Quack practice can only be stopped if there are enough qualified medical men and there are not enough medical men due to the tremendous shortage of medical graduates in the country and rising population. You probably know, Sir, that in a province like Madhya Pradesh there is only one

medically qualified man to every 10,000 of population; in a good province like Bengal there is one medical man to a population of 6,000 and in certain rural areas there is one medical man to 40,000 of population.

This brings me to a very important point. The shortage of medical men is tremendous and we do want to increase the number of medical colleges. At the moment we are sending 10,279 students for graduation and I think, the time has come when this number has got to be increased. As I said the other day, our population is increasing at the rate of 90 lakhs to one crore of people a year and our aim is to produce one medical man to every 2,000 of population. If we are to come to this level, we need 5,000 graduates every year for the new people that are born. For that we have got to increase the number of medical colleges and the number of medical students.

What happens quite often is that there is a tremendous loss of medical students as they come up for the final examination. You probably know that the course now has been shortened to 4½ years; formerly, it was five years and now it has been brought down to 4½ years just to help in increasing the number of graduates and to bring some improvement in their clinical teaching. Formerly, they used to have two years for pre-clinical; now we are giving them 1½ years for pre-clinical and 3½ years for clinical and post-examination internship work; thereby the lacunae which were found in inspections and other matters have been completely removed.

The hon. Minister while introducing the Bill mentioned that there is a great shortage of teachers. The shortage is to the tune of more than 2,000 teachers in the country at the moment and, I am afraid, the method adopted for increasing the number is insufficient. The other day I mentioned a plan that Rs. 250 must be given to more or less 500 students after graduation every year and in ten years'

[Shri Chandrabhan Singh]

time probably the Health Minister will be able to get a good number of medical teachers who will be suitably qualified by obtaining post-graduate degrees and who will have experience of teaching also. Anyway, I think, the Minister has been very very busy and she has not been able to devote her time to this important aspect. But I feel that this is a very important point and teachers have got to be brought about. And teachers will be there only if you pay them well and if you look after them well.

There is a great loss during this Training due to many causes. Most important of this is failure in one of the three university examinations. We find that at the end of five years only 50 per cent of the students reach the final year. That is very disappointing. My practice and advice has always been that the loss in transit should not be more than 5 per cent. This has been realised by the Medical Council itself and other university bodies and we are going to have a conference of teachers where this subject will be brought forward and discussed in November 1964.

Coming again to post-graduate medical education which is also very important, I suggest a crucial point. The Health Ministry's plan is to have centres in the country where post-graduate medical education may be imparted. I believe that this is not a correct principle. If you want an adequate number of teachers to be brought about each medical college of longer standing which holds post-graduate course must get a chance to train post-graduates and help in training teachers. Then can be done. If you do that, probably the shortage will be quickly made up. These are some important points. With these few words I entirely support this Bill which has been brought forward by the Health Ministry.

Dr. P. Srinivasan (Madras North):
Mr. Deputy-Speaker, Sir, I must congratulate the Health Ministry for hav-

ing brought forward this Amendment Bill of 1964 because there are so many good points embodied in this.

First of all, as usual in almost all Bills Jammu and Kashmir used to be excluded, but the good point in this is that Jammu and Kashmir is covered for reasons explained by the Deputy Health Minister. There is a medical college and the college produces graduates. They also will have membership on an all-India basis. That is a very good move and I welcome that. Politically also there is a sort of integration when people are speaking of so many things on the Kashmir issue. Of course, on the Indian side we say that Kashmir is part and parcel of India; but there are other views expressed by other parties saying that there must be a plebiscite and all that. But the amendment incorporated in this Bill probably strengthens the view that we have been expressing consistently and consecutively that Jammu and Kashmir is part and parcel of India.

Coming to the next point, I welcome the move of the Health Ministry to appoint a committee. That provision reads as follows:—

"The Committee shall appoint such number of medical inspectors as it may deem requisite to inspect any medical institution, college, hospital or other institution where medical education is given" etc.

Of course, I quite welcome that suggestion, but I have one personal objection. I do not know how the Health Minister or the Deputy will react to it. I have my doubt that medical inspectors can do something which I cannot appreciate. May I suggest in all humility that instead of "medical inspectors" the term "medical experts" may better be embodied. Of course, I leave it to the Health Minister and the Health Ministry to go into the

question but the word seems to be so cheap as "health inspector", "police inspector" and other such things. Therefore, I submit in all earnestness that when medical experts are going to be members of that committee, they can very well be called medical experts of that committee who can give suggestions and ideas about additions and alterations. I think, the Health Minister and the Deputy Health Minister will consider that point.

I am also happy to note that the medical education curriculum has been reduced to cover 4½ years. Days were in the Madras Medical College when we used to work for 5½ years and still we were not perfect in those days; but with other things coming in, 4½ years on the basis of an all-India curriculum is quite welcome. Even today, I think, in Madras State the curriculum covers five years—I speak, subject to correction by the Health Minister—instead of 4½ years and I think, even Madras State may fall in line with 4½ years. As regards the standard of education, as it happens to be today, I can say without fear of contradiction on the basis of 34 years of my practice as a medical man and after seeing some of the medical men all over India after becoming a Member of Parliament, considering some foreign qualified medical men, we are nonetheless worse. We think, we are better than, if not superior, to some of the medical men all over the world; We are conscientiously working for the benefit of humanity. When I was a student my friends used to ask: "What are you?" I used to say: "I belong to humanity". Today, probably, I may belong to some political party. That is a different matter.

When I was speaking on the demands of the Health Ministry, I suggested that there should be an All India Medical Service, like the Indian Administrative Service and other All India services. When the Deputy Minister was introducing this Amendment Bill, I was glad to note that the view of the Government is also

in favour of an All India medical cadre so that people from the North can go to the South and the people from the South can go to the North. Thereby, the integration may be complete and medical men may be profitably utilised for this noble cause.

The Minister of Health (Dr. Sushila Nayyar): Parliament has passed that. Both the Houses of Parliament have already accepted that All India Service.

Mr. Deputy-Speaker: That has been passed.

Dr. P. Srinivasan: Thank you. There is one emphasis I have to make and that is to include teachers also in that All India cadre so that where there is some deficiency of teaching in the medical profession, they could be profitably utilised. With these remarks, Mr. Deputy Speaker, I have great pleasure in supporting the Indian Medical Council (Amendment) Bill.

श्री यशपाल सिंह (कैराना) : इस सुन्दर बिल को लाने के लिये मैं स्वास्थ्य मंत्री जी को बधाई देता हूँ। यह बहुत ही अच्छा बिल आया है। जिस तरह से इस बिल को काश्मीर में लागू किया जा रहा है, इसी तरह अगर तमाम बिलों को लागू किया जाता तो जो दफा ३७० है वह कभी की उड़ गई होती। इस नए कदम को उठाने के लिये मैं उनको बधाई देता हूँ और अगर इस तरह से कदम पहले उठाये गए होते तो अब तक और भी ज्यादा हमारे देश की अखंडता कायम हो गई होती।

इस बिल में जो खास बात है वह रजिस्ट्रेशन की है। जो ग्रेजुएट मेडिकल कालेज में से निकलता है, एम० बी० बी० एस० निकलता है, ऊंची से ऊंची एजुकेशन हासिल करके निकलता है और अगर वह आरमी में जाता है तो बीच में रजिस्ट्रेशन के क्या मानी हैं, यह मेरी समझ में नहीं आया है। जब हाइएस्ट एजुकेशन उसकी है और हाइएस्ट सविस्

[श्री यशपाल सिंह]

में बहू जा रहा है तो बीच में रजिस्ट्रेशन के कोई मानी नहीं होते हैं । इसको हटा दिया जाना चाहिये ।

यूनिवर्सिटीज में जो कोर्स पढ़ाये जाते हैं, उनकी जिम्मेवारी यूनिवर्सिटीज की है । मैडीकल काउंसिल को यूनिवर्सिटीज के पाठ्य-क्रमों में दखल देने का कोई अधिकार नहीं होना चाहिये । सरकार पहले से निदेश दे सकती है कि इस तरह से इतना कोर्स होगा या यह यह पढ़ाना होगा लेकिन बीच में कोई काउंसिल में बैठ कर यूनिवर्सिटीज के काम में दखल देगा तो हमारी ये एजुकेशन की संस्थाएँ नहीं चल सकेंगी ।

इस में एक अग्ररापन रह गया है । आयु-वैद विचारद लोग जो हैं, आयुर्वेद के जो प्रैक्टिशनर हैं उनको बराबर का दर्जा नहीं दिया गया है । उनको भी बराबर का दर्जा मिलना चाहिये । आयुर्वेद में जो लोग मेहनत कर रहे हैं, जो इस विद्या को पढ़ रहे हैं वे बड़े भारी देशभक्त हैं । उनका भी इसी तरह से रजिस्ट्रेशन होना चाहिये, यही उनकी भी तनख्वाह होनी चाहिये और यही उनका भी रैंक होना चाहिये ।

जो आपके मैडीकल ग्रेजुएट्स निकलें उनको इस तरह की ट्रेनिंग दी जाय कि वे देहात में जाकर पहले प्रैक्टिस करें । आजकल ऐसा होता है कि देहातों में जितने भी अस्पताल होते हैं वे खाली पड़े रह जाते हैं क्योंकि कालेज का जो रहन-सहन है, जो वहाँ का स्टैंडर्ड है वह देहात में नहीं मिलता है और इस कारण से देहात में जाना वे लोग पसन्द नहीं करते हैं । इस बिल में इस प्रकार की कोई व्यवस्था होनी चाहिये कि देहात की सर्विस से जो लोग वचना चाहें उनका रजिस्ट्रेशन न किया जाय और हर एक के लिये आप यह लाजिमी करें कि पहले देहात में जा कर वह दो साल सर्विस करें फिर उसका रजिस्ट्रेशन होगा ।

अगर आपने ऐसा किया तो गांधी जी के स्वप्नों का जो भारत है, वह बन सकेगा ।

मैडीकल लाइन में जाने वाले स्टूडेंट्स से यह जरूर लिखवा लिया जाना चाहिये और इस तरह से ट्रेनिंग उनको जरूर दी जानी चाहिये कि वे अपने देश को सर्वोपरि समझें । चाहे कोई ट्रेनिंग पा रहा हो, चाहे कोई मिलिट्री में हो, चाहे फारेन सर्विस में हो, हर एक को इस बात का खयाल जरूर रखना चाहिये कि अपने देश की रक्षा के बाद ही कोई दूसरा सबाल उठता है । अगर उनको मिलिट्री में कम तनख्वाह मिलती है तो भी उनको समझना चाहिये कि डिफेंस देश की सर्वोपरि है । उनको मिलिट्री में जाने के लिये ज्यादा से ज्यादा ट्रेनिंग दी जाए और उन लोगों का इस में उत्साहवर्द्धन किया जाय ।

काश्मीर का जो मैडीकल कालेज है, उस में सारे देश के विद्यार्थियों को एडमिशन मिलना चाहिये । जितनी भी हमारी स्टेट्स हैं, उन में भी सीट्स देश के सब विद्यार्थियों को मिलनी चाहिए । हर एक स्टेट के लिये इन कालेजों में सीट्स रिजर्व कर दी जानी चाहिये और इनके वास्ते बाकायदा कम्पीटीशन होना चाहिये और जो विद्यार्थी उस में पास हो, उसको ले लिया जाना चाहिये । किसी भी एक स्टेट के लिये अगर आपने कह दिया कि वहाँ के विद्यार्थी ही उस में दाखिल हो सकेंगे तो देश की इंटेग्रेटी इस तरह से कायम नहीं हो सकेगी । बहुत जरूरी है कि काश्मीर के मैडीकल कालेज में भी हर एक स्टेट के लिये सीट्स रिजर्व कर दी जाय और दाखिला कम्पीटीशन हो ।

मैडीकल काउंसिल को यह भी अधिकार हो कि यह बैठकर देखें कि देश में कहीं कोई अनरजिस्टर्ड प्रैक्टिशनर तो प्रैक्टिस नहीं कर रहे हैं ? चूँकि नीम हकीम जो होता है वह कमी भी मानव जाति की सेवा नहीं कर

सकता है, वह कभी भी नुकसान ही पहुंचा सकता है ।

देश के इंटिग्रेशन के लिये जो बिल भ्राप लाये हैं, उसका मैं समर्थन करता हूँ और भ्रापको मुबारिकबाद पेश करता हूँ ।

Shri Sham Lal Saraf (Nominated)—
Jammu and Kashmir) I heartily welcome this Bill, but before dealing with some of its provisions I want to clear one misunderstanding that may have crept in the minds of some hon. Members because of a reference to Jammu and Kashmir by my Friends Dr. Srinivasan and Shri Yaspal Singh.

Actually, at the present moment, the Constitutional arrangement is that there are three kinds of subjects to be legislated upon. As regards Central subjects, this Parliament can legislate. Then there are State subjects and concurrent subjects. As far as State subjects are concerned, the State legislatures legislate upon those subjects. Parliament can legislate both on the Central as well as concurrent subjects. So far as Jammu and Kashmir is concerned, this Parliament cannot, therefore, directly legislate, at the present moment, on a concurrent subject unless and until the State Government ask the Parliament to extend the scope of a particular law or a particular Bill with regard to that State. So far as this subject is concerned, 'health' is a State subject. Since the present effect that will be given to this Bill will come under the concurrent list, it can be extended to Jammu and Kashmir when there is agreement, and I understand that that agreement is there. Therefore, the Bill is extended to that State and I heartily welcome this Bill.

My friends should not carry the impression that abrogation of Art. 370 of the Constitution can be possible only by making the laws and Bills passed in this Parliament *ipso facto* applicable to that State. It is not possible unless and until the basic change in the Constitution is effected as has been voiced not only once, but a number of times in this Parliament.

506 (A) LSD—7.

I quite agree with my friend Dr. Ranen Sen who pointed out two or three points with regard to the running of medical institutions. Today a number of medical institutions have been set up and have sprung up all over the country. What is lacking is teaching quality. With due deference to some of the eminent teachers in the profession and eminent doctors, when we look at this subject as a whole, we find that the teaching quality in our medical institutions is not upto standard. I will very respectfully submit that much has to be done with regard to that. I would rather prefer that our Government restricts the spread of these medical institutions for some time and concentrate their mind in giving better teachers, qualified teachers, and teachers of quality to the country. That will enable to us produce medical graduates of quality and of requisite qualifications. That is the need of the day, that is the cry of the day, as far as our country is concerned. Now-a-days, in spite of the fact that medical graduates are turned out year after year in our country, as far as the quality is concerned, as far as the knowledge that doctors today have is concerned, I am afraid, I must say that they are not everywhere found upto the standard. Therefore, some immediate attention has to be paid to this so that the quality is improved and it should be improved as early as possible.

I would say one thing more and that is that the laboratory facilities, research facilities and other equipment for our students are absolutely necessary in the medical colleges. In my State I have held the health charge for a number of years and I know how our Central Government and the then Ministers of Health from time to time have been helpful in creating an atmosphere in the country for men and women to go in for medical education and how wonderfully well that has given us results so far. But I must say, even to this day, maybe with a few exceptions, our medical colleges and medical institutions are not adequately manned and

[Shri Sham Lal Saraf]

the laboratory facilities, so also the reasearch facilities, are not available to the extent they ought to be. So, that aspect also needs a concerted action on the part of our Government.

Then, there is another thing about the availability of medical books. I would respectfully submit to the Minister that I have the information that very often students have suffered on account of non-availability of medical books. I submit that attention should be given to that aspect also, that medical books are made available in all the States and the medical colleges are made responsible and put in a position that they are able to supply the books to the students and also to the teachers in time so that students do not suffer nor does the medical education suffer.

There is one more thing about indiscipline in our students. In these medical colleges, there are under-graduates and graduates and sometimes post-graduate students who study there. In some of the colleges, there is indiscipline amongst the students. Something has to be done in regard to that also. Though this is a complaint with regard to most of our Universities in our country it should not have spread to medical institutions or engineering institutions. But unfortunately I find that this is spreading there also. Only the other day, there was some sort of a commotion in my State, especially in Kashmir province, and I would submit that medical students were foremost in creating trouble in a number of ways. I do not know how it happened. Therefore, it is necessary that some attention is paid to that aspect also. I have heard about some other places in the past but recently I was a witness to this event that they behaved in a very bad manner. It should not at all be permissible particularly in the medical colleges where men and women have to be trained as doctors who have to heal people tomorrow and in the words of my learned friend, Dr. Shri Srinivasan, have to serve the humanity at large.

Sir, it has been very correctly explained by the hon. Deputy Minister of Health how all these provisions under the Indian Medical Council (Amendment) Bill are being projected to Jammu and Kashmir State. May I submit and bring a few more things to the notice of the hon. Minister? There is the medical college there. I would very humbly say that in getting this college established there, I too had played a little part in it. But I am sorry to say that for some time past the admissions there have not been done in a desirable manner. The reservation is there for scheduled castes and tribes and backward classes. But in the garb of that, nothing should happen that may create parochialism, communalism, favouritism and so on and so forth. May I submit in all humility to the Minister of Health that she will very kindly take particular interest in this matter and see that nothing of that sort happens. Certainly, I am for reservations made in favour of backward classes and scheduled castes and tribes and others who need to be given some reservation. But that should be done in open day light and not in a surreptitious manner and not through back-door methods.

Another thing is about promotions. The information that I have got—and that cannot be challenged—is that students have been promoted to higher classes who did not at all deserve being promoted. One can very easily realise what will be the result of this later. Therefore, it is very important that some attention is paid to that also.

Sir, as we understand, the college in my State is a regional college and naturally, therefore, the States in that region have to be given representation there. Even today when I have nothing to do with the Government of Kashmir, a number of friends would write to me saying that they want a seat or so, there. As far as that college is concerned, certainly reservation should be there. But I do not agree with Mr. Yashpal Singh that all the seats should be reserved for all the people from other States in the

country. That is not possible. I would certainly welcome that some seats are reserved for the region—whatever be your policy—but those reserved seats must go to deserving students. That is very important. It should not happen that I recommend somebody or others functioning in the Government recommend 'A' or 'B' or 'C' and they get the admissions and not the poor deserving qualified ones. Here is one hon. lady Member from Assam. Shrimati Barkataki who recommended one boy to me last time saying that that boy was not getting a seat there. She knows I personally intervened in the matter and that boy who had secured high marks in Second Division got the admission. Otherwise, he would not have got a seat there. I welcome whatever seats are reserved on a regional basis but it should be seen that the boys and girls of required merit join the college.

As far as the staff is concerned, I hope now that she is extending these provisions to that college, she will be sending the expert inspectors there and may I ask her that the inspectors, certainly medical experts, will find out, as they find elsewhere, what the quality of teaching is and what the quality of teachers is. Are they practitioners or are they merely doctors serving in hospitals and working part-time as teachers or are they really teachers worth being called so? This is very important point.

In the end, I would respectfully submit that these points may be gone into and I whole-heartedly welcome this Bill which will certainly create integration on a very important subject in which everybody is interested. I welcome this Bill particularly when it is projected to the State from where I come. I hope the hon. Minister will go into the matters that I have placed before her.

Shri S. M. Banerjee (Kanpur): Mr. Deputy-Speaker, Sir, I rise to support the Bill and I must congratulate hon. the Health Minister and the Deputy Health Minister for improving certain clauses of the Act. It is really very

heartening to learn that this is being extended to the State of Jammu and Kashmir and the hon. Deputy Minister said, while initiating the debate, that it was necessary to see that the various clauses of this are extended to the State of Jammu and Kashmir. This clearly proves the intention of the Government to see that all legislations are extended gradually to Jammu and Kashmir and ultimately it will result in complete integration of Jammu and Kashmir with India. That is the desire of the nation.

Then, Sir, coming to various clauses, it is wellknown that there are 80 medical colleges in our country. I am happy that, to-day, in this House my hon. friend, Shri Chandrabhan Singh, who spoke from the Congress Benches is one of the those who worked so vigorously in U.P. to establish some of the medical colleges in Kanpur and other places. This is the solitary effort of my hon. friend Dr. C. B. Singh who was himself the Principal of Kanpur Medical College that three or four medical colleges were established in U.P. We were promised by the then Health Minister, Mr. Karmarkar that there will be provision for two or three more medical colleges in U.P. It is not because I come from U.P. that I want more colleges there; but really this is necessary. This is one of the biggest States. I am told that according to statistics there is only one qualified doctor for every 20,000 men in U.P. If this is the state of affairs in U.P. I hope and trust that the hon. Health Minister will kindly consider and see that some more medical colleges come up in U.P.

There is a clause given here. It is a very welcome clause about professional conduct. It is true that in this country some doctors are just like Jesus Christ to patients while some are like Yam Raj. The contrast is so much that we have seen in the Medical Colleges that some doctors are really, when they come to the patients, spending a good amount of

[Shri S. M. Banerjee]

their energy; they go on spending their own money even just to cure the very poor patients, if he has to purchase those medicines which are not in the prescribed lists. There are only very few doctors who are interested in admitting the patients on whom they can attend very minutely.

Private practice is still going on in medical colleges. I do not impute any motives to the doctors who are specialists. I welcome their presence in the Medical Colleges. Some of them are only interested in admitting only those patients who show their cases at their residence and pay Rs. 32 or 64 and Rs. 16 to their assistants. This is a very sad commentary on the growth of medical conscience in our country. With a proper education and with a constant propaganda about health, people are becoming hospital-conscious. They like hospitalisation. Previously I remember that even in my days when I was five or six years old, whenever we were sent to hospitals, we were weeping. With the introduction of C.H.S. Scheme, employees' state insurance scheme and other things, people are becoming hospital-conscious and they want to go to the hospitals. But the treatment meted out to the patients in hospitals excite horror rather than pity. I know that this will improve radically after some time in the sense that we believe that medical science should be socialised. I do not want socialisation of the entire medical system in this country but there should be socialisation. If we socialise the system, I am sure that many things will come to limelight. Then the difficulties will be eliminated. We will have the real moral system which will work very well and benefit the people. I shall read the Professional conduct clause which reads as follows—

"20A (1) The Council may prescribe standards of professional conduct and etiquette and a code

of ethics for medical practitioners."

This is absolutely necessary. You know the doctors here in this country charge Rs. 64 from some patients and more than Rs. 100 from some patients. I remember that thirty years before, at least we used to consult only one doctor. I do not know whether we had any statistics about this at that time. Now there are statistics available about them. We see that the rate is more. During those days a patient used to consult only one doctor who was a physician as also a surgeon. Nowadays, if I have to go to a hospital, I have to consult six doctors—a pathologist, radiologist, dentist, eye-specialist and so on. It is impossible to consult all of them unless I spend the entire pocket money when I come out of the hospital. We the Members of Parliament are the privileged people covered by the C.H.S. Scheme and we do not find it difficult. But an ordinary man has to wait in the queue in a hospital attached to a medical college or anywhere else. You will realise that even to-day this sort of discrimination is going on between person and person in the matter of granting proper treatment to be given to patients. They are really on the verge of collapse. Sometimes we find the doctors to be busy with their work. But when we go inside, we find the doctors taking a cup of tea even within the busy hours.

I only request that these things should be implemented in the letter and spirit. I am extremely happy that the hon. Health Minister being a good doctor as also a humanist who knows her social responsibility has based this entire clause on moral ethics. I am also happy to find that this human approach is necessary to cure a patient.

Then, about the medical institutions, the Medical Council has been helping many such institutions. I am extremely happy to find that the Medical

(Amendment) Bill

Council is functioning very efficiently in this country. A question was posed by my hon. friend Dr. Kanen Sen during the discussion on the Grants of the Health Ministry. That was regarding the School of Tropical Medicines in Calcutta. Recently I met Dr. K. N. Chaudhury, the Director of that institution. I also wrote a letter to my respected sister, the hon. Minister of Health (Dr. Sushila Nayar) as to whether some aid can be given to this great institution. The School of Tropical Medicines has been admitting patients whom every doctor in this country practically considered to be suffering from incurable diseases. Though this is one of the greatest institutions, a huge amount has been given only to the Tata Institute, Patel Clinic and others and not to this institution. It was promised by the Centre to pay the salary of two professors of this institution. My information is that this has been discontinued. The hon. Health Minister wrote to me a letter—this was a good letter—rather, she promised to do something because this was sponsored by the State Government. I have sent a letter to the Director concerned. I would only request the Health Minister to find out some way to help this great institution—the School of Tropical Medicine. I am told that they want to expand their research section; they want to conduct research in many other ways. If at all we have to do any research in this country, they have got extremely efficient and good professors. I hope that the hon. Minister would find some way to see that some financial help is given to this institution. I am sure she will do that.

16 hrs.

My third point is about the expenses borne by the Centre on a medical college. We were assured in this House before Kanpur Medical College was established that 50 per cent of the recurring expenses and 75 per cent of the non-recurring expenses will be borne by the Centre. I speak subject to correction. My hon. friend Dr. C.

B. Singh who is at its head, I am sure, will agree that I am correct. Between the period of 1958-59 till the time Dr. C. B. Singh became the Principal of this College, he was constantly trying to find out as to what has happened to the amount which was paid upto 1958-59. I want to know from the hon. Minister why the solemn promise made by the Centre has not been kept up. We want to have some more institutions there, such as the cancer institute and other such institutes. I am extremely happy that when the Health Minister visited Kanpur and attended some of the functions of the Medical College there, she spoke very well of this organisation. I would request her to find out what is wrong with the matter and when the amount which is legitimately due to the Kanpur Medical College is likely to be paid, and if it is not to be paid, the reasons for the same.

With these words, I support this measure. I hope that the two or three points which I have referred to in the course of my speech will be answered by the hon. Minister, and I hope that she will be able to give me a satisfactory reply, especially in regard to the improvement of the financial condition of the School of Tropical Medicine at Calcutta, and she will find out some way to help this great institution and those pioneers of research in our country.

Dr. Sarojini Mahishi (Dharwar North): The Bill to amend the Indian Medical Council Act of 1956 is now before the House. This Bill seeks to widen the ambit of the powers of delegated legislation given to the Medical Council. I welcome this Bill because it seeks to extend this Act and through it the jurisdiction of the Medical Council to the State of Jammu and Kashmir also which had been excluded from its purview all this time. I am very happy that Jammu and Kashmir has also got medical colleges, and the jurisdiction

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of the Medical Council and the delegated legislation will be extended to that State also.

This Bills seeks to amend a few sections of the original Act. First of all, clause 7 makes registration on a State medical register compulsory before a person could engage himself in private practice or hold appointment under Government or in any institution, or sign or authenticate a medical or fitness certificate or appear as an expert to give evidence at any inquest or in any court of law. The original section 15 makes provision for registration of a medical practitioner with some exceptions which are being indicated in section 25 which again is going to be substituted by a new section under this Bill. Section 25 makes provision for the provisional registration of the medical practitioner even though certain conditions are not fulfilled, under certain circumstances which have been explained in that particular section. We are very happy that the Medical Council is taking into consideration the details regarding the registration of all such medical practitioners who after appearing for the qualifying examination may not have got the other necessary qualifications to get themselves registered on the list of medical practitioners in the State.

The main function of the Medical Council is to regulate the matters relating to the courses and period of study the practical training to be undergone, the subjects of examination, and the standards of proficiency to be obtained therein in the universities or medical institutions for the grant of recognised medical qualifications. This being the main function of the Medical Council, I wish to bring one thing to the notice of the hon. Minister. Why should there not be some uniformity as regards the course of study, and also the period of interneeship to be undertaken by a medical student, in all the medical institutions in the whole of the country? Even

within one State we find that at one place, a period of twelve months is prescribed wherein rural service is also included; at another place, it is eighteen months including the period for rural service. During this period of interneeship, there is one institution which pays only Rs. 60 by way of stipend to the students. When compared with the remuneration paid to the nurses also, it is much too low. If a medical graduate who has to put in 24 hours' duty could get only Rs. 60 as stipend, and he is also required to spend at least one year in this interneeship, you can realise how extremely difficult it will be for the medical students to carry on. On account of these difficulties, we find that many strikes have also taken place in the medical colleges and institutions.

To cite an example, in my own constituency, the students of the Hubli Medical College, and also the students of the Bangalore Medical College went on strike. This was never taken into consideration at all by the medical authorities, and the students went on a strike. There was, so to say, a running race between the Dean of the college and the students. The students ultimately went to the residence of the Dean also, and I had unofficially come to know that at one stage, it went to such an extent that the students threatened also the Dean.

Why should there not be some uniformity as regards the stipends to be given to the students during their period of interneeship? Similarly, during the period of senior house surgeonship, after the completion of interneeship also, we find the same difficulty. Some institutions make a payment of Rs. 100 while some others make a payment of Rs. 150. For instance, the All India Medical Institute gives a remuneration of Rs. 150 but in some other institutions in the country, they go without remuneration. Unless there is some uniformity of remuneration to the students during the period of junior housemanship or senior

housemanship, it will be practically difficult for the students to carry on their work also.

Secondly, with regard to the period of post-graduate medical course also, there must be some uniformity. Some of the institutions make it compulsory that the students should have in his post-graduate course a diploma in some of the subjects before he takes up the post-graduate course, whereas in certain parts of the country this diploma is not essential. I can cite the cases of Vellore and Bombay and other places. Unless there is a uniform period and course for the post-graduate study, students from one part of the country will not be able to find it convenient to go into other institutions in other parts of the country and study.

Thirdly, I wish to bring to the notice of the hon. Minister also that uniform names should be used as far as the different courses of post-graduate and under-graduate studies are concerned. One institution has what is called junior houseman and senior houseman, another institution calls it house officer, another calls it senior house surgeon etc. So there should be a common nomenclature used in denoting these different courses of study so as to lead to common understanding of these things.

The Council also wants to refer to a particular code of ethics, professional code of conduct for medical practitioners. This is a very vast subject. If at all, we see the absence of this in the whole country. Now we are extending the service in rural areas. In every medical pilot project, we find there is a health centre. We find here that the ignorance of the people is being exploited. I do not wish to describe in what way it is being exploited. The Indian villager is fascinated no doubt by the word 'injection', and many of the medical practitioners immediately jump to this thing and by giving a glucose injection, of course, they mint money also. I do not wish to go into details but this is what is happening. How the code of ethics is going to be

translated into action and how it is going to be made applicable, is a very difficult thing. I hope that morale will be kept up and that the country will have the benefit of good doctors.

I know our Health Minister is trying her level best to increase the number of colleges also. I do not know whether I am right in saying this, because in many cases permission is held up also.

Dr. L. M. Singhvi (Jodhpur): She is opposed to increasing the number of colleges.

Dr. Sarojini Mahishi: Increase in the number of seats also in medical colleges is quite essential. We should in this matter, they should look to quality and not only to quantity. There is a very big shortage of doctors; all the same, emphasis on the aspect of quality is very important.

Allopathy is one of the systems of medicine in use in India. There are other indigenous systems of medicine also practised here. But the Medical Council mainly relates only to the allopathic system and institutions teaching allopathy. The Medical Council can hold up the recognition of certain institutions if there are not adequate numbers of staff members and good apparatus required in the institutions. But on account of this tussle between the Medical Council and the State Government, recognition to the particular college is held up and students coming out of that college are not recognised for post-graduate study in other colleges. That is also a difficulty. Inside the State they get employment, but outside they find it difficult. I once brought it to the notice of the Minister, but I got the answer that there was no such situation existing in the country. Anyway, such a situation should not exist in the country, because the number of medical graduates is very small, and immediately on passing the examination they should have a better avenue for

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appointment and an opportunity of service also.

Therefore, I request the hon. Minister to see that this particular Council works in a very efficient way. It has got visitors and Inspectors also. Not only should the Council be interested in holding up the recognition of institutions, but it should be interested also in getting adequate staff and the necessary apparatus for the institutions, so that the students coming out of them would not be put to any handicap.

Shri Gauri Shankar Kakkar (Fatehpur): I welcome this measure to amend the Indian Medical Council Act, and I have to make certain observations.

In this country there is an acute dearth of medical practitioners. The other day I was reading a booklet where it was stated that in the USA there is a medical practitioner for every 5,00 people to look after their health, but I am sorry to say that in this country there is hardly a medical practitioner for every 30,000 or 40,000 of the population to look after their health. According to our Plan for every block there was to be a medical officer but if a survey is made, we will find that out of 100 blocks there are hardly five medical officers at the block level.

16.12 hrs.

[MR. SPEAKER in the Chair]

In my own district in U.P. with a population of about 12 lakhs, there are three medical officers looking after the health of 12 lakhs of population in the district.

There is one reason I find, that medical education in the country is very expensive, with the result that poor students are not in a position to join the medical colleges and become doctors. The very idea of securing admission in any medical college means

a huge amount of expenses. Not only for admission, but for continuance of study in medical colleges, there is a huge monthly recurring expenditure, with the result that there are certain good students, intelligent students, who only on account of financial difficulties, are not able to secure admission in medical colleges.

I cannot agree with the hon. Members who argue that there should be concentration of high standard in medical colleges, and the number of medical colleges need not be increased. When there is such a shortage of medical practitioners, it is very essential that medical colleges should be increased.

Then, I submit there should be an appraisal to see the reasons why medical education is expensive and why this allopathic treatment is expensive, as a result of which the overwhelming majority of the people living in the country do not find it convenient and cannot afford to resort to this medical treatment. I submit there should be some provision to make the medical educational and the present medical system cheaper so that the poor may also be attracted towards it, and there may be occasion for the weaker section to participate in medical education.

I welcome the inclusion of Jammu and Kashmir in this amending Bill. This is a very good step, am I welcome it as a step towards national integration, because there are so many Bills coming to this House where Jammu and Kashmir is especially excluded. I am glad that in the present amending Bill Jammu and Kashmir has been included. This is a good attempt, which is to get universal standard course in various medical colleges. At present, Sir, it so happens that there are certain medical colleges which have a repute in equipment, in laboratories and in students but there are certain medical colleges which have no such repute and the

students are not attracted towards them. This is a good attempt that the Indian Medical Council is going to see that universal course is taught in almost all the medical colleges and that will go a great extent in establishing good standards and high standards. It is high time for the Health Ministry to make a survey and appraisal for making medical practitioners available at least to a minimum strength of 5000-10,000 population in the rural areas. I find that the medical practitioners who actually pass their examinations are quite insufficient in number. The overwhelming majority actually reside in the rural area and there should be an attempt to popularise medical education in the rural area; there should be an attempt to start medical colleges in the rural areas so that people living in that area may also be attracted towards it. I quite agree that the present medical system has been successful in the surgical line. There have been cases where they are quite helpful in bringing those patients to easy recovery, but the question of expenses once for all should be taken into consideration. I say that ayurvedic system is a cheaper system and the majority of population living in the country actually resort to that system because they could not afford to spend more. This is the proper time for the Health Ministry to think of popularising this system and then bring it down to lesser expenses and to get chances for the rural people, those who are very much hard-hit and those who cannot afford to spend and still they are suffering and their suffering can end only if there is a cheap system of medical treatment. In the end I may submit that this is a very good attempt; there should be a universal course so that there will not be any sort of discrimination from one medical college to another medical college; they should have all one course and that will be a good attempt to bring about national integration.

Shri D. C. Sharma (Gurdaspur): Mr. Speaker, I join my feeble voice with the strong voices of those who have

preceded me in congratulating the Health Minister for taking a further step in terms of the integration of Jammu and Kashmir with our country. I think that this step will go some way in easing the position of the spokesman of India at the UN Security Council. I hope this will also make the people of the Jammu and Kashmir State conscious of the fact that our hands of friendship are stretched towards them and their hands of friendship are stretched in our direction.

Now, I come to the Indian Medical Council. I think there are no two opinions about the important part that the Indian Medical Council has played all these years in keeping up the standards of medical education in this country. Many eminent doctors have been associated with it. All credit goes to them for keeping this Medical Council in a state of efficiency. At this time, I can think of one man—the name of Dr. Bidhan Chandra Roy—a doyen amongst the medical practitioners, who always tried to keep this Medical Council at the highest possible pitch of working with efficiency. But, unfortunately, nowadays the Medical Council of India is riddled with politics. There is regional politics involved; there are personal politics involved. There are all kinds of considerations which prevail so far as the formation of this Council is concerned and so far as the functioning of this council is concerned. One could have thought that this should be the last place where politics—I use the word 'politics' not in its wholesome sense—should not have invaded, but unfortunately, this Medical Council is a body of doctor-politicians, of medical practitioners who play politics of a kind. I hope that it will be seen to it that this kind of play at politics which is indulged in by the members of the Medical Council is brought to the lowest possible limit. I do not think you can keep politics out. There is politics in the Ministry of Health and there is politics everywhere. But I would request the hon. Minister to minimise it as much as possible.

[Shri D. C. Sharma]

I say this because the Indian Medical Council is responsible for keeping up the standards of medical education in this country. We have many types of education in this country. For our physical well-being and even for our psychological well-being, this Medical Council is a must. We have now given up the old idea that disease springs only from the body. We are having a psycho-somatic conception of the disease, and therefore I feel that for the treatment of ailments from which human beings suffer, this Medical Council can play a very important part because it can keep up the flag of the highest standard of medical education flying in this country. But can it do so? Will it succeed in doing so?

Sometime back, I read about a State in India—I do not want to mention its name—where in a medical college some professorships have been vacant for a number of years. Why? It is because persons belonging to a particular caste or a particular group were not available at that time....

Dr. D. S. Raju: It is a very serious allegation.

Shri D. C. Sharma: Some persons had been sent abroad, and those vacancies were kept lying for them so that they can make use of them when they return. If such is the state of medical education in this country where professors are appointed on letters of recommendation from the high-ups and on regional or caste considerations, I do not know what will happen. But all the same, I hope that this Council will see to it that the staff that is appointed has the highest possible qualifications required and that the education that is given is of a very good quality and that there are well-stocked libraries in the medical colleges. Unfortunately, I find that the persons in charge of medical education do not think that medical libraries are an integral part of the medical educa-

tion. They think in terms of libraries and other equipment, but they believe that libraries play a very scanty role in medical education. I think this should be put and end to. Medical books are not only very very expensive, but they are also rare. So, sometimes students have to make use of the libraries even for the sake of their text-books.

I am very happy to find that the Medical Council will have the power to withdraw the recognition, and to send inspectors. Inspection is a wholesome thing, because that is the only thing which can work for the maintenance of standards. But what kind of inspection is there? One person helps the other and the other person helps some man. I hope the inspectors who are selected will be of such a calibre that they will care more for standards than for friendship or other things. I want to know in how many cases the recognition was withdrawn. What is the good of having such salutary provisions and not acting upon them? I know of a college in a State where the equipment was not of the proper standard. I do not want to mention its name; if the Minister wants the name, I will give him, but not here. No teachers were available for teaching certain subjects. Students have been asked to pay exorbitant fees. There have been strikes. Professors have been appointed not on the strength of their qualifications, but on other extra-academic qualifications. What have the authorities done in regard to that? Nothing. To say that you can withdraw the recognition is good. Of course, we should show our teeth. Every human being should be able to show his teeth. But I think wisdom also consists in this that you should be able to use your teeth. Has the Medical Council ever used its teeth?

The fact of the matter is that the standard of equipment is suffering in these colleges. I went to a place for my X-ray examination. If you had

looked at the x-ray machine, you would have found that the machine was not second-rate, but it was fifth, sixth or seventh rate. I do not want to mention the name, but I told the Chief Minister about it and asked him to do something about it. I do not know whether he has done something. Very few Ministers take note of what Members of Parliament write. I think our ministers at the Centre are the worst sinners in that respect.

Sir, I was submitting very respectfully, it is a good thing that more powers are given to the Council. I hope the power which we are giving to the Medical Council will be used and the Minister will be able to tell us, after a year or so, which colleges they inspected, what were the deficiencies that they were able to point out, what were the defects that they made good and whether there were any cases where recognition had to be withdrawn. If the Minister will not tell us these things, I think the Medical Council is going to be a giant—of course, it is a giant—which will be asked not to use its strength even for good purposes.

Now, the basic clause in this Bill appears to be clause 12. It prescribes standards of professional conduct and etiquette and code of ethics. What is this? Why are you doing this. There is only one code of ethics today for the majority of doctors. I do not want to tar everybody with the same brush, but there is only one article in the code of conduct of medical practitioners today and it is to make hay while the sun shines, to make money as long as you live, to make as much money as you can. I know a friend of mine who was ill; when he called a doctor he was told that the doctor charges Rs. 64 as his fees.

Dr. D. S. Raju: Doctors come only out of the society and the quality of the society determines the quality of doctors.

Shri D. C. Sharma: It is not the quality of the society, it is the quality of the Ministry of Health which determines the quality of doctors. If the Health Ministry is more vigilant in discharging the duties entrusted to it, I think the quality of doctors will improve.

I was submitting, Sir, that this thing is going on. Our is a poor nation. What is our *per capita* income? The *per capita* income of an Indian is very low and it is out of all proportion to the fees which he has to pay to the doctors in big cities like Delhi and even in small cities. It not that an organised loot? Is not that something anti-social? Is not that something which makes a mockery of all codes of conduct? I do not say that all doctors are like that. There are some good doctors. Dr. Bidhan Chandra Roy when he was the Chief Minister of Bengal used to set apart two hours every day for treating persons free of charge. Such doctors are not to be seen now. I wish there should be more Bidhan Chandra Roys in our country to do that kind of service.

Unfortunately, Sir, the code of conduct that is given here will be observed more in the breach than in performance. I find that it has become a fashion to charge more. I do not talk about specialists. I do not go into that question. But the fact of the matter is that the fees that the doctors charge are going up out of all proportion to our gross national income, to our *per capita* income and even to the income which some of us possess.

I thank the Health Ministry for giving the Contributory Health Scheme, and also the Employees' State Insurance. But everybody is not covered by these schemes. I therefore, feel, when we are going to draw up a code of conduct for the medical practitioners, we should see to it that some ceiling is put upon the fees which the doctors can charge.

[Shri D. C. Sharma]

I would also say that something should be done to see that they do not give medical certificates or considerations which are not medical. It will be seen that they do not give certificates for consideration which are not very social. Of course, I am very much interested to see that the Code of conduct is drawn up for these doctors and I am sure, it will be placed on the Table of the House. I have no doubt about it that we will be allowed to look at it and see how far it has met our desires.

16.36 hrs.

[MR. DEPUTY-SPEAKER in the Chair]

I want to know one thing. Is allopathy known only to the United Kingdom? Why do we have this hangover from the days of British control of our country? Is allopathy to be found only in the United Kingdom? Is there no other country of the world where allopathy is practised and where you find people proficient in allopathy? I find a list of so many medical colleges from Britain. I think, there is some kind of a tacit understanding between somebody or other in India and those persons there that Indians should go to those colleges and those college people should come back to India. Of course, they may come or they may not come. I think, there are other countries of the world where certain items of medicine have been developed to a larger degree than in the United Kingdom. Why can you not take advantage of that?

There is a high degree of cancer research in the USA. Child medicine has developed much more in the Soviet Union than perhaps in other countries of the world. Perhaps, the Minister of Health who happens to be fortunately or unfortunately, a doctor may contradict me; but the fact of the matter is that this kind of worship at the shrine of the United Kingdom and at the shrine of medical colleges of the United Kingdom is, I should

say, something which makes me—to put it very mildly—very, very unhappy.

Medical education should be a broadbased thing and there should be coming and going between our doctors and doctors of the other countries of the world who have something to teach us. It is not that we should look upon the United Kingdom only as the preserve of all medical wisdom, as the centre of all medical knowledge and as the fountainhead of all medical proficiency. I think, this shows to me a hangover of our slave mentality against which we fought at one time. I hope that this thing will be done away with because it does not look nice that we should only worship the medical colleges of the United Kingdom and not look to other colleges of the world.

Mr. Deputy-Speaker: No hon. Member has taken more than 10 minutes.

Shri D. C. Sharma: I am going to stop. Whenever you ask me to stop, I stop. I am a very law-abiding Member of this House.

I was submitting very respectfully that this thing has got to be seen that medical education does not remain polarised only in one direction but that it has also got to find its roots elsewhere.

The last point that I want to make is this—I am talking about clause 7. I am glad that penalty for an infringement of this requirement has been provided. I think, the penalty for this should be as high as possible so that nobody can equate medical education with quackism or with anything else.

With these remarks, I welcome this Bill. I am sure, this will go a long way in making our Medical Council very efficient in its operation.

Dr. L. M. Singhvi: Mr. Deputy-Speaker, Sir, I rather hesitate to speak

on this Bill lest the hon. Minister should think that I am making a fetish of a point that I have been raising in this House. First of all, I should like to welcome the Bill and would like to congratulate the Minister for blazing a trail of extending the scope of legislation passed by this Parliament to that State, the State of Jammu and Kashmir which seems to occupy a pre-eminent place in our thinking today. It is, therefore, a move very much to be welcomed that the Indian Medical Council Act would now also extend to the State of Jammu and Kashmir.

Sir, it is a measure of uncertainty which characterises our administration that the Financial Memorandum appended to this Bill discloses to the Members of the House that:

"It is expected that three members from this State will be elected or nominated on the Medical Council of India. In case the Government of Jammu and Kashmir do not agree to meet the expenditure on the travelling and daily allowances of these members, this expenditure will have to be borne by the Medical Council of India which body is paid grants-in-aid by the Central Government to meet its expenses."

It is not only descending into triviality of an extreme character but it is also the inability of the Government to find out as to what the Government of Jammu and Kashmir wishes to do in this matter and whether it is conceivable that a State Government to which an Act is being extended would just refuse to collaborate in a national project. It appears quite strange and one is distressed to find in this legislation this unseemly uncertainty.

While this Bill is intended mainly to extend the scope of the Indian Medical Council Act to the State of Jammu and Kashmir, opportunity has also been taken to remove certain

lacunae in this piece of legislation. We are told that clause 6(b) in the Bill, as it is before us, purports to permit registration of foreign medical practitioners only if they are enrolled on the medical registers of the respective countries. I do not think that this is at all necessary. I wonder what has persuaded the Union Government to enact this limitation on the registration of any foreign medical practitioner in this country, namely, that he should be registered also in his own country. Take, for instance, the case of a missionary doctor who comes to India. He may not have been registered in his own country. But there is no reason why this should be found to be necessary. There may be some special professional or technical reason. I would be glad to hear from the Minister the explanation for this.

Then, Clause 12 authorises the Medical Council of India to prescribe standards of professional conduct and etiquette and a code of ethics for medical practitioners and to specify which violations shall constitute infamous conduct in any professional respect. I should like to know whether this clause has been necessitated only now after the Indian Medical Council Act was brought into existence in 1956. Is it that the Government finds that cases of professional breaches of conduct have become larger in number or is it that the Government realise only now that unless stricter measures are enacted and unless the Medical Council is authorised to enact such stricter measures, it is not possible to deal with the many anti-social breaches of conduct which appear to have developed in the medical profession and to which a reference was made by many of my hon. colleagues on the floor of the House today. I would like to know why sufficient effort was not made until now, and whether it is because the Medical Council felt constrained or restricted on account of the lack of authorisation and lack of competence and jurisdiction. I do not

[Dr. L. M. Singhvi]

I think that this was the reason. I think that this has been a case of omission on their part to act in a very vigilant manner to safeguard the high standards of conduct that we are entitled to expect from the members of this noble profession.

Before I part with this Bill, I would like to refer to the fact that the Second Schedule appended to the Act does not appear to recognise any degrees obtained in the USA. I may be wrong, and I would be glad to be told that I am wrong, but it does appear to be so; even a careful and repeated perusal of this Schedule appended to the Act does not show me any degree or any institution in the USA to be recognised. Similar is the case with other countries and other institutions which are recognised as great portals of medical education in the world. I would like to know whether it is because those countries and those institutions have not reciprocated any move or initiative on our part or whether it is because of any other reason. If it is a fact that they have not reciprocated any initiative on our part in this matter, as appears to be the case because I find the hon. Minister nodding assent to this suggestion, then I would like to know why it is that we have not been able to persuade them that there should be a mutual recognition in this matter, because the world is very small today and medical research is progressing apace in the countries of the West in a very large and substantial measure. I would like that a special effort is made to see that mutual recognition of degrees and studies abroad and in this country is achieved.

I would like to say here that it is true that we have been finding the functioning of Government hospitals to be relatively inefficient. This was admitted by the hon. Minister on 2nd October last, when she said that she had visited a private hospital and

also Government hospitals, and she went on to say that:

"The contrast was an eye-opener. The Missionary Hospital was rendering greater, better and more efficient service at low cost."

I would like to know what is being done to ensure that Government hospitals are brought on a par with other institutions of service in the medical profession.

I would also like to draw the attention of the House and of the hon. Minister to a news item appearing in *The Hindustan Times* on the 16th April, 1964. This says:

"Three babies who had developed cataracts have waited for over five months for the Willingdon Hospital to acquire a Bowman's needle to operate on their eyes."

It goes on further to narrate the dismal and distressing story of how considerable time was taken, how red tape went on becoming longer and longer and how these children were really in danger of going blind just because these needles could not be acquired in time; and when they were acquired, lo and behold, they were old and discarded needles! Is this the manner that we are going to permit a premier hospital in this country to deal with the health of the nation? Is it not a matter of abiding shame for this administration to have these instances flung in their face? This makes a dismal and distressing readings, and I would like the hon. Minister to take this opportunity to tell us what the facts of the act were and what was done to rectify it.

I would like to express once again my deep concern about the policy which out of intransigence and obstinacy the Government of India appear to be following in the matter of expanding medical education in this

country. I feel that this is prompted more by supercilious refusal to take a broad view of things in regard to this matter. I feel that the exigencies of health in our nation require that a broader perspective be acquired and that an effort really be made to expand medical education in this country. For all this effort to discipline the medical profession, for all this effort to authorise the Medical Council and to arm it with larger powers is of no avail unless you can give to the common man in this country at least a modicum of medical relief and assistance. This is not being done.

There is no denying the fact that the ratio of doctors to the population remains stagnated and stalemated unless a programme of breaking through it is attempted, we would have no satisfaction from this Ministry's performance; I hope the Ministry is able to take us into confidence in respect of the plan it has to expand medical education and to see that a fetish is not made of certain qualifications which are said to be necessary for the teaching medical personnel before a medical college could be started. I hope that a proper appraisal would be made by the Medical Council and the Minister would be able to take us into confidence about this matter. I am deeply concerned about this matter; the Minister remarked the other day that I was bitter because she did not do anything for establishing a medical college in a particular place. This is a matter of deep national concern and I hope the Minister would be able to approach it in the earnestness with which I have raised it.

Shri Oza (Surendranagar): I welcome the Bill so far as it goes and support it.

Taking up the threads from the last speaker and speaker previous to him about professional etiquette, it is true that so far as medical practitioners are concerned, the standards have fallen in this country, particularly during the last so many years. But

is it true only of this profession? I would say this country is facing a crisis of character. It has affected so many professions, not only the medical profession. I do not want to justify the fall in standards in the medical profession for a moment. It is a very noble profession, but if we look round, we find that so many professions have degenerated into business. Take, for example, teaching, to which profession Shri D. C. Sharma belongs. Has it not degenerated into business? Do we not hear about the way tuitions are done? Are teachers minding the boys entrusted to them properly? Are they not running about here and there giving tuitions and minting money? Is this not true of the legal profession? Has it not degenerated into business? In so many professions, we see this sad spectacle. This is a fact which we cannot escape from.

Talking about doctors, I know of one who is a friend of mine who is practising. He is a very renowned physician in Surat. He has refused to step up his fees. He has got a very large practice and he says, 'I am not going to enhance my fees'. So many friends have urged him to do so. He is a consulting physician. They ask him, 'Why are you not stepping up your fees?' He says, 'There are so many people who cannot pay this fee and therefore I am not going to raise my fees'. That man is drudging from morning till night making his services available to the poor and middle class people.

I was talking about this professional etiquette. But I wanted to refer to clause 11 which says:

"The Council may prescribe the minimum standards of medical education required for granting recognised medical qualifications (other than post-graduate medical qualifications) . . .".

Then sub-clause (2):

"Copies of the draft regulations and of all subsequent amendments

[Shri Oza]

thereof shall be furnished by the Council to all State Governments and the Council shall, before submitting the regulations or any amendment thereof, as the case may be, to the Central Government for sanction, take into consideration the comments of any State Government . . ."

The universities prescribe and regulate courses. There are various faculties. I think the Medical Council should take into confidence the various medical colleges and faculties so that there may be some standard regulation. They may be properly examined by the bodies which are going to be affected by them. I do not think only the State Governments should be consulted. Universities and their appropriate faculties should also be taken into confidence.

The previous speaker referred to the expansion of medical education. It is true that in this country we have a very sad and sorry spectacle to see. What is it? On the one hand we find that there is a dearth of physicians and surgeons in the rural areas, so many posts lying unfilled, absolutely lying vacant for a number of months. People come to us and say that in the block areas and in other health centres no physicians are available, what to do? They cannot run the centres properly. We also see that in the army, if I am right, 40 to 60 per cent of the posts are not filled up. Our fresh medical graduates are not joining the Army Medical Corps, and so many posts are lying vacant.

On the other hand, we see a very sad thing. I hear that at present there is a great dearth of doctors and physicians even in the United States. So, students, after they pass their medical examination, are tempted to go to America. They give them very nice terms. They stay there for three years, bring some apologia of a diploma or degree, I do not know what

but I am also told that they are used more or less like ward boys, but after their return, they have the pleasure of having passed three years in America, getting some diploma and bringing some money here. I think it is a very shameful aspect that our medical graduates, instead of joining the army or servicing the poor people of this country are attracted by such lures and go to foreign countries, miles away, and serve people who have nice medical standards compared to us. I think the Ministry should do something in the matter. They should make the internship for not only one year, but three years compulsory. They should be asked to serve with the army or go to the rural areas and serve for three years, and only after that period they should be conferred the degree. Otherwise, the degree should not be conferred on them at all.

I also welcome clause 16, because it seeks to add the sub-clause (j), reading:

"the courses and period of study and of practical training to be undertaken, the subjects of examination and the standards of proficiency therein to be obtained, in universities or medical institutions for grant of recognised medical qualifications;"

It is very necessary that uniform courses are prescribed in all our universities. I know of a case in which a student was studying in the first year of MBBS in the Patna University, and he is sure to get through. But his father died, and he wants to migrate to the Gujarat University. But it cannot be done because the two universities have no equivalence between them. They have not been able to come to an agreement. Though the Indian Medical Council and the Central Health Ministry insist that all the Indian Medical Council and the hence among them, still, so many universities, for one reason or other, do

not have agreements in force, with the result that this student will have to leave his career because he cannot be admitted to the Gujarat University, because they have no treaty between them. I think that in these hard cases the Indian Medical Council and the Central Health Ministry should intervene and see that the studies of young and aspiring young men are not spoilt because of extraneous reasons, for no fault of theirs, because institutions cannot come to terms or appropriate agreements. I am sure that under this clause (j), if it becomes part of the Act, the Indian Medical Council will take appropriate steps to see that students who have got to migrate from one university to another can do so without experiencing much difficulty.

As I said in the beginning, by and large I support the Bill so far as it goes. I am also very happy about clause 12. We know this is an age of specialisation, and I am reminded of a book which I read many years ago. It was written by Dr. Jerger, and is called *Doctor, here is your hat*. Doctor means the general practitioner; he has been given his hat, there is no place for him now in the household, because even for small ailments, people are asked to go to the specialist. Formerly, the doctor who visits the family used to take care of the child, some bruises and other minor troubles, but now for everything the poor middle class family has to go to the specialist. I am speaking from memory. That book by Dr. Jerger is called: *Doctor, here is your hat*. The general physician is now given a go-by. The general practitioner, if rehabilitated, can take care of these poor middle-classes and their small ailments for which they need not have to spend a lot on specialists.

17 hrs.

Mr. Deputy-Speaker: The hon. Minister.

Dr. Sushila Nayar: Mr. Deputy-Speaker, I am most grateful to this House..... (Interruptions.)

Mr. Deputy-Speaker: Mr. Bhattacharyya wants to speak? Let him speak tomorrow.

[MR. SPEAKER in the Chair]

Shri C. K. Bhattacharyya rose—

Mr. Speaker: He can speak tomorrow. We will now take up the other notice.

17.01 hrs.

CALLING ATTENTION NOTICE OF
 14TH APRIL, 1964 RE: THREATENED
 CLOSURE OF BUSINESS
 BY FOODGRAINS DEALERS—
contd.

Mr. Speaker: Dr. Singhvi.

Dr. L. M. Singhvi (Jodhpur): Perhaps the hon. Minister would have done well to give a supplementary statement in respect of what has happened since he made his first statement in response to the calling attention motion. I suppose he is not prepared to make a supplementary statement. I would like to know from the hon. Minister for food whether and in what manner the model licensing order which was devised and circulated by the Union Government to the State Governments has been uniformly followed in different States, whether the changes in it were made with the consent or in consultation with the Union Government and in what way the Union Government thinks that it is necessary to achieve the purpose underlying the model licensing order circulated by them, or the orders adopted by the State Governments that there should be a ban on inter-district movement of grain, that there should be a security deposit to be deposited by grain dealers and that there should be clause 9 as it is in the Rajasthan licensing order.

Mr. Speaker: Is it one question or many questions?

Dr. L. M. Singhvi: These are questions relating to the licensing orders, Sir.