

TAXATION LAWS (CONTINUATION AND VALIDATION OF RECOVERY PROCEEDINGS) BILL*

Shri B. R. Bhagat: On behalf of Shri T. T. Krishnamachari, I beg to move for leave to introduce a Bill to provide for the continuation and validation of proceedings in relation to Government dues and for matters connected therewith.

Mr. Speaker: The question is:

"That leave be granted to introduce a Bill to provide for the continuation and validation of proceedings in relation to Government dues and for matters connected therewith."

The motion was adopted.

Shri B. R. Bhagat: I introduce the Bill.

12.05 hrs.

EAST PUNJAB AYURVEDIC AND UNANI PRACTITIONERS (DELHI AMENDMENT) BILL*

The Deputy Minister in the Ministry of Health (Dr. D. S. Raju): On behalf of Dr. Sushila Nayar, I beg to move for leave to introduce a Bill further to amend the East Punjab Ayurvedic and Unani Practitioners' Act, 1949 as in force in the Union Territory of Delhi.

Mr. Speaker: The question is:

"That leave be granted to introduce a Bill further to amend the East Punjab Ayurvedic and Unani Practitioners' Act, 1949 as in force in the Union territory of Delhi."

The motion was adopted.

Dr. D. S. Raju: I introduce the Bill.

12.06 hrs.

INDIAN MEDICAL COUNCIL (AMENDMENT) BILL—contd.

Mr. Speaker: Further consideration of the following motion moved by Dr. D. S. Raju on the 28th April, 1964, namely:—

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

Shri C. K. Bhattacharyya.

Shri Tridib Kumar Chaudhuri (Berpampur): What is the time left?

Mr. Speaker: Time was not allotted in the first instance. The time taken is two hours. Another one hour we might require..

Shri Tridib Kumar Chaudhuri: There is clause by clause consideration.

Mr. Speaker: For that I am reserving that one hour. Otherwise, discussion has taken place now. Almost all persons have spoken.

Shri C. K. Bhattacharyya (Raiganj): I want to speak on medical education, but before I take it up, I want to make some observations on the way in which this amending Bill has been prepared.

[Shri C. K. Bhattacharyya]

Clause 17 of the Bill amends the Second Schedule of the principal Act by substituting in the place of United Kingdom, the names of the universities of the United Kingdom, but there is another amendment to the Second Schedule of the Act which should have been brought, but which has been omitted in the present amending Bill. I suggest that even at this late stage, that amendment might be moved by the hon. Minister, and you might permit the amendment to be put before the House.

The Act as it was originally passed in the House, did not contain the name of Pondicherry in the Second Schedule. Under the Second Schedule, the Act gave a list of foreign universities which were recognised on a reciprocal basis under the Indian Medical Council Act. In that list, the name of Pondicherry did not occur, but the Government, by a notification in 1959,—the Act was passed in 1956—introduced Pondicherry in the Second Schedule, and Pondicherry in that Schedule is ranked with New Zealand, Pakistan, Union of South Africa, the Straits Settlements and the Federation of Malay States. The copy of the Act which I have taken from the Library is corrected up to July, 1960. So, Pondicherry is there.

But Pondicherry is not foreign to India at present. If we pass the amending Bill as it is today, it will go out of the House and be put before the world declaring that we consider Pondicherry as a foreign university. Should that go? Since we are amending the Act, that amendment should also have been made, and Pondicherry should have been removed from the Second Schedule and put in the First Schedule, that is in the list of Indian universities. I do not know how this has escaped the notice of the person who drafted the Bill or the Minister. I suggest it might be put in even now, so that the Act may not go out with the defect that Pondicherry is in the list of foreign

universities. That is my suggestion.

I believe somebody must have drafted it hastily. When the Second Schedule itself is being amended, it is surprising that the draftsman did not notice that Pondicherry was in the Second Schedule and that it should be put in the First Schedule. Apparently it did not strike anybody, and Pondicherry is still there in the list of foreign universities.

That is my comment on the way the amending Bill has been brought in but my main point is about the medical education in India. The Indian Medical Council controls medical education in India and even in the present amending Bill there are certain clauses which seek to give the Council more power to bring about uniformity and to standardise medical education. I may mention that the Indian Medical Council is not the only body in this field. There are three All India bodies dealing with medical education in India and the Indian Medical Council is only one of them, the other two bodies being the All India Institute of Medical Sciences and the Indian Academy of Medical Sciences. The first two of these three are statutory bodies. The Indian Medical Council and the All India Institute of Medical Sciences have been set up by an Act of Parliament. The Indian Academy of Medical Sciences is a voluntary organisation with the President of India as its patron. When I go through their work and objectives, I find there is a good amount of overlapping. If sections 13 and 14, the objectives and functions of the All India Institute of Medical Sciences as well as sections 23 and 21 of the Act, are compared to clause 11 of the present Bill, it would be found that the two overlap. Both these bodies seek and try to control granting of diplomas and examinations for medical education and services, etc. I believe that this should have been done in a way that the Indian Medical Council should retain only the

powers for checking and controlling the professional standards and professional codes of ethics. So far as the supervisory powers over medical education in India is concerned, it might be given over to the other body, All India Institute of Medical Sciences. I do not know the present position but if the Indian Academy of Medical Sciences comes prominently into existence ultimately that will also have a very good voice in controlling medical education in India. The Ministry should take into consideration all these three institutions and their schemes and bring about uniformity in the work of all the three All India bodies so that they can successfully check and control and standardise medical education and bring about uniformity in education.

My second suggestion would be that medical education should go under the Ministry of Education itself, instead of being under the Health Ministry. At present medical education suffers from being under two masters. As part of the university education it is under the Education Ministry; as part of the All India Medical Council it is under the Health Ministry. This diarchy in medical education should go. Medical education and all other education of this type should come under the Education Ministry and be put under one control and one organisation. Somehow we have adopted a system whereby medical education comes under the Health Ministry and agricultural education comes under the Food and Agriculture Ministry. If education is vivisectioned in this way amongst the Ministries themselves, that is of no use. Instead, education itself ought to be integrated and put under one Ministry.

I shall now mention an example to show the defect of such a system. The University College of Medicine in Calcutta under the Calcutta University; sometime back, the Central Government here, either the Education Ministry or the Health Ministry, sent to

the West Bengal Government a large amount of money—perhaps it was Rs. 50 lakhs—for helping post-graduate education in West Bengal. What happened was, instead of that money going to the University College of Medicine, which deals with post-graduate education in medicine, the West Bengal Government set up another institution for giving post-graduate training in medical education and the money went to that purpose. Thus, in post-graduate education itself, bifurcation came; and there is this diarchy. This happens because the medical education is put under two or more Ministries. This thing should be abolished and it should be put under one single Ministry.

“There is one point more; with which I shall finish. Arrangements should be made under any of these three organisations for the highest degree of medical education being made available in India. It may be possible under the Indian Academy of Medical Sciences, or rather, the All-India Institute of Medical Sciences, to make available the highest degree in medical education in India, instead of our boys going out for FRCS, MRCS or MRCP. India itself should be able to give them the highest degrees, but before that is done, the degree in education and the system of education have got to be standardised amongst the different universities of India. An integration has to be brought about between the different parts of education, one controlled by the Education Ministry and the other controlled by the Health Ministry. I believe this will receive care and attention of the Minister of Health.

Shri Priya Gupta (Katihar): Sir, I rise to support the Bill to further amend the Indian Medical Council Act, 1956, with some observations, with the hope that the Ministry of Health will kindly take note of them and do the needful. Today, in India, whatever has been enshrined in the Constitution the general masses are deprived of them. Whether it is a question of food, shelter, clothing or edu-

[Shri Priya Gupta]

cation, the position is the same. Similar is the case with medical assistance and medical help. When we are not getting food and even when getting it, we are getting adulterated food, we should at least get better medical facilities to cope with the circumstances around us and to enable us to live comfortably and in peace.

Recently, the statistics published by the Government of India shows that the number of TB patients is far more than the TB patient seats available in the sanatoria. Admitting this, and instead of facing the fact as it is, as accommodation is not available, what the Ministry of Health in the Government of India has done is that it has introduced a new system of domiciliary treatment for the TB patients. You know domiciliary treatment means bringing the TB patients back to their homes, and normally in India we have got only one or two room tenements accommodation, with no separate accommodation for the TB patients who are to undergo the domiciliary treatment. Moreover, suppose the TB patient, for domiciliary treatment, belongs to a village and the BDO's office or the doctor's house and dispensary is four to five miles away, how can the streptomycin injection be taken over there and given to the patient? When I say this, I say this because under the BDOs there are doctors and there are jeeps also. But the standing order is that none of the doctors ought to go to the villager's house even when dire necessity arises. All the time, the villagers are to go to the dispensaries for the treatment. That being so, the Health Department should have faced the actual crisis by saying that we have no seats in sanatorium and that is why we cannot accommodate the TB patients. Instead of that, they have offered the other thing—domiciliary treatment—which will not only not give the treatment to the patients, but also affect the other inhabitants in the family including the children, amongst whom the domiciliary patients are to live.

A code of conduct for doctors is a very fine thing. Nowadays in Government service, I have found that code of conduct is buttering the officers and pleasing them, keeping the executive committee members satisfied by doing whatever they want. The code of conduct is not judged by the actual efficiency or misbehaviour according to the circumstances; it is judged by how far a doctor is prepared to please the boss. I do not mean thereby that there is no doctor with patriotism. I do admit there are. But here I want to assert that the relation between an Under Secretary and a clerk or between a District Magistrate and a clerk or between SP and an inspector should not obtain between a non-gazetted doctor and a Gazetted medical officer. After all, a doctor is a doctor and in some cases, an ordinary non-gazetted doctor is much more efficient and capable than the District Medical Officers who do file work and other work. While laying down the code of conduct, these aspects may be kept in mind.

For checking and controlling medical standards, I have got the same observations in respect of that. Here I want to quote the words of Emperor Aurangzeb which he uttered to his son Muazzam. Muazzam said, "You are the best administrator. Why is this country like this?" Aurangzeb replied:

“बेटे, हुकम तो हम से मिल ही जाता है,
लेकिन दरबारियों ने होशियार रहना वहां
लागू नहीं होता।”

I have to submit the same thing here. The orders may be clear and categorical, but they are not being implemented and they can not percolate down below because there are so much screening arrangements like red-tapism, nepotism, corruption in between.

There is dearth of doctors all over the country, no doubt. But how far is it correct to open a dispensary and run it with a compounder to attend to the patients, and having no doctor

at all? In the railways, most of the railway hospitals are short of doctors. The patient is not being attended properly. Similar is the case in the villages. In the British time—I am a lay man in respect of medical science since this long course of five or six years would take time to produce doctors, they had the shorter course for meeting the other normal requirements, other than diagnosis and treatment of a specialised character. The Ministry may kindly keep in view that this dearth of doctors cannot be remedied within the coming 10 or 20 years and they must find out some solution in this respect instead of allowing quacks.

Government have got equal opportunities for everybody regarding medical reimbursements and treatment. The open circular is that whosoever goes to the hospital, the required medicine should be prescribed by the doctor and administered to the patient. But internal confidential circulars are otherwise. There are internal confidential circulars saying that you must not prescribe such medicines even if required for the disease which are not obtaining in your dispensary.

It is not only that. I have seen personally that the wife of a class IV employee after delivery gets the ordinary iron tablets, the wife of a class III employee gets a better type of tablets and if it is a gazetted officer's wife she gets the best quality tonics. I can quote thousands of such instances in villages also. At least in this case there should be similarity and equal treatment. When I say this in this august House I say this with all responsibility. It is correct and I have seen it myself. That is why am bringing it to the kind notice of the Health Ministry.

Regarding appointment of teachers for the medical institutions, some hon. friends have suggested that they should be full-time teachers and they should have nothing to do with hospitals. There I beg to differ from them. Teaching staff for graduate and

post graduate courses in medical institutions should be in close touch with hospitals so that along with the theoretical side they can give the students an idea of the practical side of it like the history of diseases, how they are to be diagnosed, what is the treatment to be given etc. etc. Therefore, the teaching staff of the medical institutions should always be attached to the hospitals. But I want to impress that the system of personal examination of the patients in the private chamber and then giving admissions to hospitals should be stopped and it should be seen that they do not do it.

With these words, Sir, I would request the hon. Minister to consider the points that I have placed before her.

✓ **Shri Warrier (Trichur):** Sir, I have to make only one or two observations. The hands of the Medical Council of India are really being strengthened by this piece of legislation. But how they will tackle this problem, this malady that has entered into the education of medical science in India is the question. This is a deeper problem, a chronic problem. At one end there is the necessity for more graduates to be turned out of the colleges. There is dearth of medical personnel in the rural areas and also in the urban areas. But, at the same time, to meet such a situation, are we going to allow all sorts of institutions and all sorts of organisations to have their own medical colleges without proper equipment, with proper clinical and other facilities, without well qualified teaching staff and all that? If we do that, we cannot, with all our aspirations and all the legislative enactments, improve the standard of teaching in the medical colleges.

It has come to our notice that even after technical investigation as to where and how medical colleges should be started, on other considerations which are more political than otherwise institutions are given permission to start colleges. They do not have even a proper building to teach the

[Shri Warior]

students. By setting up a single office room they start colleges. Students are sent 80 to 100 miles away to take what-ever part-time courses they can in the established institutions here. Permits are given to such institutions against the technical advice rendered by the committees sent by the Central Government. Their advice is overlooked.

There are certain colleges started in places where there are absolutely no hospitals at all within a range of ten miles, no clinical services near about and where no clinical training could be imparted. I do know about the other regions of this country, but in my part of the country the private agencies have come in a big way to establish medical colleges as well as engineering and other colleges. There is one college there. There was some trouble in that. The main reason was that when the Government colleges do not impose upon the entrants any fee, the private institutions charge such fees to the tune of Rs. 10,000. At times they are recorded as donations or not at all recorded and no receipts given. Even before the pre-professional course is completed, the names of the students are registered for admission into the medical colleges by paying Rs. 10,000; the only consideration is whether the parents or the guardians of the students have got sufficient funds raised and, this must be paid in cash and not by cheque.

Shri Shinkre (Marmagoa): They are built by those funds.

Shri Warior: Might be so, but they can straightforwardly say that they collect this money for the building of their institution.

That will be a great help to the public. They can say that, but for that the normal practice of issuing a receipt must be observed; even that is discarded.

Whereas the annual fees charged by Government colleges is only Rs 800/-,

some of these private colleges are said to be imposing a fee of Rs. 3,600 and odd per annum. There was so much trouble on the part of the students and their parents that the college authorities were finally forced to close it down for a period of time.

An Hon Member: Where are such colleges?

Shri Warior: There are; the Department knows that. It has come in the press.

An Hon Member: Name the place.

Shri Warior: It is in Alleppey. The trouble started in Alleppey, but almost all other private colleges, except some of the well established and well recognised high standard colleges like the Vellore Medical College and Hospital, are of this type. I do not name them particularly because they are almost of the same pattern.

This *pagri* money of Rs. 10,000 has increased from this year onwards to Rs. 13,000 or Rs 15,000. Some of my very close friends have told me that they have actually paid it. They do not accept it by cheque or in any other form of money except as round cash, in currency notes of denomination not above Rs. 100/- because they do not want to be caught redhanded or that some evidence should be brought against them. Then, how can we expect that better education will be available in medical colleges run by these private agencies? Hence, I will suggest to the Government that colleges should not be permitted to be run by private agencies unless certain conditions are satisfied, for example, sufficient number of clinics with the various clinical services being available for the training of the students. Unless the private agencies themselves run those clinics, it will be very difficult for the students of the private colleges to attend the clinical services and training in Government colleges.

When this question was raised one civil surgeon asked me whether he could allow these students to tamper with the lives of the patients under him. The students are there for training only. The patients are under the care and treatment of the civil surgeon. Who will take the responsibility of the mishandling by the students? Will the civil surgeon and the surgeons employed in Government hospitals take the responsibility when they rely upon them? So, these private institutions are devoid of any such facility and still they want to maintain these colleges. How do you expect that students will come of these colleges well-equipped for treating the patients?

So, these difficulties are there. Without considering all these aspects of the question if Government are also going to continue to allow these private agencies, from whichever motive good or bad, I do not know—

An Hon. Member: Good motive.

Shri Warior: God, apparently; but not very good otherwise. So, the Government must look to this aspect of the question also and see that Government it self takes this responsibility in this primary need in life. To keep the health of the nation the Government itself should come forward to establish as many colleges under it as possible wherever facilities, equipment and teaching staff are available. This is my suggestion and this is the only cure we can have for the falling standard in medical education and treatment of the patients. I hope, the Government will look at this aspect in its own way and then evolve a method and a scheme for higher and widespread education in the medical field.

Shri Ranga (Chittoor): We must have more and more of these private colleges.

Shri Himatsingka (Godda): Sir, I was provoked to speak after hearing

the hon. Member, Shri Priya Gupta, who criticized domiciliary treatment of TB. I feel from personal experience that the only method that can solve the problem of treatment of people suffering from TB is the domiciliary treatment. What happens is that there is a hospital for TB patients but the number of beds, is generally limited and if these hospitals arrange treatment at the residence of the patients suffering from TB the cost is very little compared to what it would have been if they had all been hospitalised. Also, it would have been impossible to take so many patients in the hospital. Therefore these hospitals arrange to go to the houses of the patients periodically, weekly or every 10 or 15 days—give them medicines for a number of days and the patients get treatment. In almost all cases the benefit is almost the same. when any operation or any other act is to be done in the hospital, such patients are brought to the hospital. Therefore, I feel that this kind of treatment should be encouraged as far as possible and to a larger extent it should be extended to almost all the districts.

Another thing to which I would invite the attention of the hon. Minister is the spread of what is known as nature cure. There again I speak from my personal experience. If a patient is allowed not to be given any medicine for two or three days, most of the diseases are cured. Diseases which are now being treated almost as incurable, like asthma and diabetes, are being cured completely. Patients suffering for a large number of years, for 15, 20 or 25 years, had been cured by some regulation of diet and certain other clinical processes which remove the foreign matters, as they are called, in their bodies.

I am glad that the Health Ministry has taken up that system of treatment also and a college is going to be started in Calcutta very soon—I think, this year from July. I feel that that kind of treatment should be arranged. I speak from personal experience. Hundreds of such patients are being

[Shri Himatsingka]

treated with very good results at Jasidih in the Santhal Parganas which is very near my constituency. I shall be glad if the hon. Health Minister takes steps to have that place visited by herself and by her Deputy and other officers of the department, find out the results and evaluate the work that is being done.

With these remarks I support the Bill.

Shri P. Venkatasubbaiah (Adoni): While supporting this Amendment Bill I would like to offer a few suggestions. This Bill is intended to extend the jurisdiction of the Act to Jammu and Kashmir which will go a long way in bringing that part of the country closer to our country.

I do not want to waste the time of the House and I shall only highlight certain important points regarding the duties that this Medical Council is to perform. First is regarding empowering inspectors and visitors of the Medical Council of India to inspect medical institutions as regards staff, equipment and other requirements necessary for maintaining the prescribed standards of medical education in addition to inspection of examinations. The previous speaker, Shri Warior, was speaking about some of these medical colleges that have been set up by the private agencies in this country. It is a fact that the Government was not able to cope with the growing demands of the people so far as health facilities are concerned; so, some of the private agencies have come forward and on a voluntary basis they have been starting medical institutions in this country to give the best medical education to students in our country.

In this regard I may point out that with very few exceptions the performance of some of these medical institutions that are being run by private agencies is satisfactory. I could quote an instance. The hon. Deputy Minister of Health has himself started a private medical college in his own place and it has gained very good reputation and it can compare very well with

any other governmental institution. So, the empowering of these powers to the Medical Council will go a long way to have a comprehensive view of the medical system and to see how the institutions are working. In some of the cases, it is also a fact that because of various other reasons, these institutions are not able to come upto the standard and it is very necessary and incumbent upon the Government to come to their aid. Once they have been started, there is no going back and the institutions cannot be closed and it will be the duty of the Government also to come to the help of such of these institutions. I would remind the hon. Minister for Health that Mr. Karmarkar, when he was the Health Minister, made the announcement on the floor of the House that he will be able to give substantial financial assistance to some of the medical colleges in this country and he will see that they also come upto the standard. I hope this Minister also will follow the example set by her predecessor.

About admissions in these medical colleges, really it is agonising to see that to get an admission, people have to pay thousands of rupees and even then they have to stand in queue for many years to get an admission. It only goes to show to what extent medical education in our country is inadequate to meet the demands of the people. Also, the impression that has been gained amongst the people and the parents is that a medical profession is a coveted profession as compared with other professions or other jobs in the country. In my part of the country, it is no exaggeration to say that a medical graduate could easily get a lakh of rupees as a dowry. So, unfortunately, the tendency in this country is growing towards that and more and more people are coming into the medical profession.

12.43 hrs.

[MR. DEPUTY SPEAKER in the Chair]

But at the same time the motto of service, the spirit of service is deteri-

orating even amongst the young medical graduates that are coming out in our country. Unless that aspect of the matter is properly tackled, we will not be able to meet the demands of the people and also to protect the health of the nation. Thousands of medical graduates are being turned out from these colleges every year but we still see the sad spectacle in the rural areas where many hospitals are without doctors. It is the same position today as was existing some 50 or 60 years back. I am reminded of the speech made by the Prime Minister the other day that whatever be our advancement in the medical education in this country, it is yet to see that the modern system of medical science reaches the village. As it is, the various experiments or the medical advance in every branch of medical education, are only confined to the cities. Even today there is no proper facility so far as the rural population is concerned. The illiterate and poor farmer or a peasant or a labourer has to suffer a lot before he gets a proper medical education and it is no exaggeration to say that all the medical graduates that have come out from the colleges are concentrating their energy more in the cities and towns rather than going to the rural areas. So, it would be in the fitness of things that this Government should fix a certain period of probation for medical graduates to serve in the rural areas and then only they should be entitled to a higher promotion or for better emoluments.

With these few remarks, I support the Bill.

Shri P. B. Chakraverti (Dhanbad): Mr. Deputy-Speaker, Sir, I congratulate the Ministry for bringing in the State of Jammu and Kashmir under the purview of this Act which was long overdue and which forms an integral part of India. About the standards of medical education, I am prompted to endorse the suggestion of my hon. friend Shri C. K. Bhattacharyya. The original concept, so far as Indians are concerned, was somehow to get a medical degree, if possible,

within India or outside India preferably to get some foreign degree and come here as a full-fledged foreign-returned person. But today it is a question of raising the standards of the medical graduates who have ultimately to serve India. The Medical Council today is taking under its own supervision the question of appointing inspectors and observers to go round and see how far the laboratories and other accessories are fully equipped and how far the education standard has improved. That is a salient feature of the Bill which brings before the Council the lapses, the deficiencies which the present form of educational institutions have been suffering from. If a uniform standard is maintained or is sought to be introduced in the entire medical system of India, it is essential that the question of education must be taken up seriously. Of course, how far the Education Ministry or the Health Ministry will come into the picture will have to be decided at a very high level. What we are concerned with today is that medical graduates coming out of medical institutions should have all the attainments which can compare favourably to other graduates coming from foreign countries.

As you know, Sir, there has been a flow of our students outside India, going to Great Britain or other countries and staying there because of the income or some other facilities that may be made available to them. In U.K. itself, I found hundreds of Indian graduates staying there and trying to get themselves appointed in the national security health scheme and other organisations. I had an occasion to take it up with them and in reply they said that our emoluments and research and laboratory facilities in India are such that they are not prompted to come back to our country. As a result of that, about 10,000 medical people are outside India especially in U. K. and U. S. A. We have to give them an assurance that here in India they will get all the facilities, research and laboratory work to improve their knowledge and at the same time ask

[Shri P. R. Chakraverti]

them to do useful service to the country which is needed so urgently today. This amendment has been brought forward to remove the deficiencies which had been experienced earlier and to improve the tone of the entire medical system itself. It is a healthy attempt and it will be really encouraging to the people.

So far as the private institutions are concerned, in one State I found that a medical college had been set up with public charity. What is the condition? Any student who seeks an admission has to pay a few thousands of rupees. That is what is going on. I asked them, "How are you maintaining the standard?". They said, "We prescribe certain standards and we try to conform to them to the extent the scanty resources of the private charity permit." That aspect of the matter has to be pursued seriously whether we can allow these educational shops to run in the medical sector. It is only a sort of business of taking money from the people and giving them some education which is not so perfect as that. So, those factors have to be considered seriously. We hope that the Indian Medical Council today will examine all those factors and see that an improved pattern of medical system is allowed to operate in this country.

Shri Ranga: I wish to say a few words only on one or two points. First of all, I am afraid that I cannot agree to the idea that has been put forward by one of the speakers namely the need to discourage the private medical colleges. In view of the inability of Government to start as many medical colleges as are needed, it is most essential that public institutions and philanthropic leaders should be encouraged and should be allowed to organise these private medical colleges by collecting charities and donations from various people to organise and run these colleges, and since they would only be making a very good contribution to medical education and to the general progress of our people, their efforts ought not to be discouraged.

Also, just because students who are capable of making some contribution

towards their own studies contribute Rs. 5000 or Rs. 6000 towards these colleges, it ought not be thought that there is something wrong with the college authorities or anything wrong with the students and their parents. In our days, parents used to incur heavy expenditure in order to send their boys and girls to England, America and other countries and get them educated in the technical colleges there so that they were very well equipped in the various sciences. Similarly, why should we not be prepared today to appreciate the sacrifices that the parents of these young boys and girls are prepared to make, by making these donations to these medical colleges and sending their children there to get properly equipped and qualified?

Indeed, some of our friends have made very great contributions in this direction. In fact, one of our hon. friends, Shri Rāmpure an honoured Member of this House has built quite a number of highly developed technical institutions in a place called Gulbarga in Mysore. I think that it is nearly half of university which he has built there through his own spirit of enterprise. I am glad that the former Health Minister Shri Karmarkar heeded our advice and gave him every possible advice, and the local Government also had given him assistance, and thus he has made, according to me, a notable contribution to the educational development of Mysore State. There are several other friends also like him. There is one such, I know, somewhere near that famous shrine of Udupi, near Manipal, I think, and also in Bangalore and one or two other places. Our own friend, the present Deputy Minister of Health was himself responsible for taking the initiative and taking the courage in his hands and approaching rich people in Andhra Pradesh and getting from them huge munificent donations, and then with the help of so many of us, he was able to convince the then Minister of Health, and was able to develop that college which has come to be one of our first rate colleges in Kakinada in Andhra Pradesh. I am sure that the Andhra Pradesh Gov-

ernment were not in a position then, and even today, are not in a position, to develop such colleges to meet the demands for medical education which are there in Andhra Pradesh today. So, I consider my hon. friend's contribution to have been a great contribution indeed to our national development.

Therefore, I submit that all such institutions ought to be helped in every possible manner. I hope that my hon. friend, the Minister incharge of this Ministry, would not in any way resile from the present policy of Government of giving encouragement to these institutions.

I would also like to express my satisfaction over the present trend in this Ministry. Whereas in the past there appeared to have been some kind of a stepmotherly treatment shown towards naturopathy, homeopathy, Ayurveda and various other systems of medicine as compared to that shown towards the Western system of medicine, today, there seems to be an effort being made to look at all these systems as contributory systems for providing help and assistance and ministration to the people who need such medical assistance. I hope that this tendency will come to be further strengthened by the hon. Minister of Health as well as by her Deputy.

Mr. Deputy-Speaker: Now, the hon. Minister.

Shrimati Yashoda Reddy (Kurnool): May I have just five minutes to speak?

Mr. Deputy-Speaker: I am sorry. There is no time now. We have to finish this Bill by 1.15 P.M.

The Minister of Health (Dr. Sushila Nayar): I am most grateful to all sections of the House for the support that they have given to this Bill. I have very carefully listened to the speeches both yesterday and today, and I would endeavour to answer some of the points that have been raised.

First of all, taking the point raised by the last speaker, I would submit that the question of private medical colleges has to be divided into two parts. There are private medical colleges that are being run by philanthropic organisations and charitable organisations that collect money and are trying to give very good education, keeping high standards as well as principles of service in front of them. Nobody has at any time criticised these missionary institutions be they of any religious denomination.

Then, there are some other institutions which have been referred to by my hon. friend Shri P. R. Chakraverti as teaching shops. It is these institutions which take quite substantial sums of money from the students and then admit them to these medical institutions for training, which have come in for criticism. It is very difficult for us to come to a clear decision as to what the wishes of the House are. On the one hand, Shri Ranga has advocated their cause. On the other, they have been unequivocally condemned by several hon. Members inside and outside the House.....

Shri Ranga: The hon. Minister may go by experience.

Shrimati Yashoda Reddy: Nobody has condemned them.

Dr. Sushila Nayar: It has been agreed that all of them are not above criticism. There are certain practices to be followed in these institutions which are undesirable, as for instance, the practice of their registering a medical student ten or fifteen years ahead of the time when he will be ready to enter the medical college. They cannot know beforehand whether that student will secure the necessary grades in the high school. There are some other things also which are not very credit-worthy. On the other hand it is stated that there are parents who can contribute towards

[Dr. Sushila Nayar]

their children's education, and I do not see why we should say 'No' to them. They can pay just as in the case of public schools that are run in this country where parents pay big sums to give good education to their children. Therefore the crux of the matter is some of these undesirable practices that have crept in should be removed and the question is whether they can be removed or whether they cannot be removed. It is, therefore, necessary that we should examine this matter very carefully. Are the organisers of these colleges willing to have State Governments representatives and completely independent agencies on their governing councils so that they can have a voice not nominal but an effective voice—therein and they can see the way the selections are made, the amount of money that is collected, how it is spent and so on and so forth. If the abuses cannot be removed, I have no doubt in my mind that these teaching shops should be closed.

13.00 hrs.

Shri Ranga: There are abuses in government colleges also.

Dr. Sushila Nayar: The abuses in the government colleges, I am afraid, are not of that nature. They are not run on a commercial basis, as some of these institutions are. The institution started by my hon. colleague, Shri Raju, the Deputy Minister, may not necessarily be of the same nature as some of the others that are being run, on commercial basis about some of which we have received some very serious complaints. It was in view of these factors that at the last meeting of the Central Council of Health at Madras we appointed a high power committee to study the question of all these private medical colleges and to advise the Government as to what we should do about them. We are still awaiting the report of that committee.

It was stated that some of these institutions take students with very low marks etc. etc. It is true money is their prime consideration. So long as students are above a basic minimum, and can pay the capitation fee they generally take them. Their argument is that 'when the State Governments take students not on the basis of merit but on the basis of castes, communities, regions, certain districts and so on, how are we any different from them?' I would go all along with my friends here if they would all strongly support the view that admissions to medical colleges should be only on the basis of merit, because doctors are to be entrusted with life and death, and it is very necessary that they should be the most competent people.

Shri N. C. Chatterjee (Burdwan): Certainly.

Dr. Sushila Nayar: When my friends say here yes, I am happy, but I am afraid in other places, the representatives of the people come forward and put pressure and say, 'in these districts, only two boys came up for training as doctors; in those districts, three became doctors. Therefore, you must keep a certain number of seats in the medical colleges for these districts'. Now that makes it very difficult. If you are to give seats on the basis of districts, you cannot select on the basis of merit. You have to make up your mind. Do you want reservation for regions, for castes and communities or do you want admissions on the basis of merit? I wholeheartedly support the principle that admissions to medical colleges should be on the basis of merit. If not hon. friends will stick to that and support that ideology in their own States, things will be easy. But if they are going to support one ideology in their own States and a different one here, then it makes things very different.

Now I come to the other points. Dr. Singhvi asked why we give recognition to some foreign degrees and not

to others. Somebody was angry saying that we are still carrying on with the hangover of the days gone by; we recognise UK degrees and do not recognise US degrees. The plain fact of the matter is that the Medical Council of India works on the basis of reciprocity. Those who recognise our degrees we recognise theirs. It is in the interest of national prestige and honour that we adopt this policy. We asked the USA to have reciprocity with us. They said they are not able to do so, because even among their own states, there is no reciprocity. So how can they have reciprocity with another country? If that be the case, we are helpless. So all that we can do is to recognise the degrees of those who recognise our degrees, and there the matter stands.

Shri Sham Lal Saraf: (Nominated Jammu and Kashmir) : How is that Indian doctors are able to get jobs in America?

Dr. Sushila Nayar: They have some kind of easy arrangement, a very simple yes and no type of questionnaire which they give to these students, and those who pass that test became eligible for employment.

Dr. Singhvi asked: Why are we having a code of ethics in the Medical Council Act now? Why have we not had it so far? The truth of the matter is that there has been a code of ethics. But it was administered by the State Medical Councils and not by the Central Council. Here and there cases occurred where we have come across defects and difficulties and so we have come to the conclusion that let there be a uniform code of ethics and let the Central Council come into the field in this respect. That is why this change is being brought about.

A very strange point was raised by Dr. Singhvi again. He asked: why do you make a fetish of registration? Missionaries and others come. Foreign

doctors should be allowed to practice here without insisting on registration in their own countries or here. I would say that foreigners coming into India are not necessarily all missionaries or service-motivated. I know of some doctors who have been minting money in this country and some of them are not terribly well qualified also. Some of them have been here for many years. Somehow in our country, some of the richer classes particularly, think that if a doctor has white skin he must be a very competent doctor, irrespective of his merits.

An Hon. Member: That is so in all professions, not only the medical profession.

Dr. Sushila Nayar: It is necessary for us to protect people against such practitioners who may not be properly qualified, and therefore, we have said that if a foreigner wants to practise in India he must be registered so that we know what his qualifications and background are. Then we have said that we shall register them for registration if they are registered in their own country, because we cannot go back those countries and check the bona fides of every one and everything that might have happened in those people's background. So we go by the registration in their own country. If he or she has been considered fit for registration in their own country we shall consider them fit for registration here, provided the condition of reciprocity is fulfilled. That is how we are regulating foreigners practice in this country.

Then a very strange statement has been made by another hon. Member who said that in the British times there were shorter courses for doctors and we are not doing the right thing in having a uniform type of medical education all over. In the British times, they were the bare shahis. They wanted Indians to be more or less their juniors and inferiors, some kind of subordinates, and did not

[Dr. Sushila Nayar]

want Indian doctors to have the same high qualifications as they themselves had. Many of them came with MBBS. So they wanted our people to be nothing more than licentiates. A class of licentiates grew up. In free India, it was decided by the whole of the medical profession, including licentiates, that there should be one course of medical education and that should be the degree course.

Shri Priya Gupta: The suggestion for a shorter course was made in the context of the requirements of the emergency and dearth of doctors and to save patients from quacks.

Dr. Sushila Nayar: I wish to submit to my hon. friend that a 4 year course against a 4½ year course does not give us very much of a shorter period for training doctors so as to solve that problem.

The problem of the shortage of medical doctors, particularly in the rural areas, is a very real problem, but the solution, as the Prime Minister also stated in his speech at the All India Institute of Medical Sciences, does not lie in merely training more doctors, but in the more equitable distribution of the doctors. For that a good deal can be done if in the States the State Governments enforce certain rules fairly and uniformly. We have suggested to them that within the first five years of a man's service when he is usually confirmed, he or she should serve for two years in the rural areas. Similarly, in the first 15 years, when they are due for crossing the efficiency bar, let them serve rural areas for five years. But what happens is that anybody who is posted to a hilly area or rural area or a difficult area, goes to some of us, whether Members of Parliament or Members of the legislature or other influential people,....

Shri Priya Gupta: Also to the Minister.

Dr. Sushila Nayar:...and pressure

and the State officers to change them. I have had very painful representations made to me by some of the officers as to how they pass an order today, and they are made to eat their words and withdraw that order tomorrow, which is a very undesirable thing. If Members of Parliament support us in this view, that everybody should have a turn in the rural areas and the difficult areas, irrespective of who he or she may be, I am sure this problem can be very largely mitigated, if not hundred per cent solved.

We have admitted 10,200 medical students last year. It is a very good number. The growth of medical education in India has been phenomenal. People are amazed at the growth of medical education in India. What is necessary is to give the students good teaching, so that many of them pass, and there is not a very high casualty rate. Secondly, we have to see that after graduation they are distributed properly. The Medical Council has already taken powers in this Bill for giving provisional registration for a specified period. Already this period is one year, out of which three months are to be spent in the rural areas. We are thinking of increasing this period of service in the rural areas. We will not post completely raw graduates to the rural areas, but after the first year of housemanship, it may be possible to post them for a year or so to the rural areas before they are allowed to set up practice or go for higher studies. Most of the State Governments are now taking a bond from the medical students to serve the Government for three years before they are allowed to set themselves up in private practice.

Somebody said that medical education should be run by the Education Ministry. This question was very carefully considered by the Government of India after independence, and we came to the conclusion, or our predecessors came to the conclusion, that medical education is essentially an education where the hospital tra-

that if the hospitals and the colleges are run by different authorities, there would be difficulties and complications. Several Members quoted the USSR as having very good doctors and specialist. There, the medical education is with the Health Ministry and not with the Education Ministry. Some people seem to think that the moment the word "education" comes in, it is a matter for the Education Ministry. Some have even said that health education should be with the Education Ministry. Health education is something that has to be carried out day and night, from morning till night; every doctor, every nurse everybody in the medical field will have to carry it out.

Shri Hari Vishnu Kamath: (Hoshangabad): There should be better co-ordination.

Shri Priya Gupta: What about engineering education?

Dr. Sushila Nayar: I do not know about engineering education, but it is not carried out in the factories. For engineering education, some workshops are set up, but it is not that regular factories are used as the training field for the engineers.

Shri Priya Gupta: They are.

Dr. Sushila Nayar: I am afraid that is not correct.

But for medical education regular hospitals are the training field, and what is more, we are working out a way to make the medical college the pivot of medical service the centre, linked up with the district hospital, with the primary health centres, the whole flow of technical know-how going from the centre to the periphery, and similarly the requirements and need flowing in from the periphery into the medical colleges, so that they can prepare the young doctors to meet the needs of the people at the periphery.

Much was said about the quality of teachers, and I am in entire agreement

with my friends that it will be useful to have full-time non-practising teachers. We have conveyed this opinion of ours to the State Governments, and in fact, the Government of India had offered to meet the extra expenditure involved on a fifty-fifty basis in the Second Plan. Very few States, Maharashtra and one or two others, made use of that offer. So, provision was not made in the Third Plan. If the State Governments are willing, we would be prepared to make provision to help them with the extra expenditure involved, because full-time teachers will have to be paid more than they are paid at present in the fourth plan.

Shri Priya Gupta: Causing proportionate reduction in the cadre of doctors.

Dr. Sushila Nayar: I do not know what is meant by reduction in the cadre of doctors. The point is that medical teachers are working as doctors in the hospitals in every place. If they do not go and see people by accepting fees, they do not cease to be doctors. They continue to serve the community all the same.

I was very sorry to hear some very unwarranted attacks against the doctors calling them exploiters, minters of money, and all kinds of things, particularly from a venerable old member like Shri D. C. Sharma, from whom one would have expected more wisdom in the light of all the experience that he has had in life.

Shri D. C. Sharma (Gurdaspur): When there is a conflict in my mind between truth and wisdom, I always tell the truth.

Shri Hari Vishnu Kamath: He meant only some, not all.

Dr. Sushila Nayar: I wish to ask one question. Why is there not a hue and cry against the fees charged by the lawyers? The doctor, at any rate is somebody who is at your beck and call day and night.

Shri D. C. Sharma: Certainly not.

Dr. Sushila Nayar: May I tell my hon. friend, that the statistics belie his prejudiced views? There are so many doctors who die young of coronary disease because they have to work so hard. Further, doctors who are having practice rights have told me in a number of States that they would be very happy to have better salaries and non-practicing allowance, that they have no desire for these practice rights for the simple reason that they have always treated the poor patients free and they cannot charge them as they are not in a position to pay, while those whom they used to charge and who can pay, now very often bring some leader with them so that they cannot charge them. So, they say they would be very happy to have better salaries and not charge fees to the people.

May I say that I am in agreement with this hon. House in the desire that it has expressed that, as we have the health insurance scheme for Members of Parliament, Government servants and industrial labour, it will be a very good thing to have some kind of health insurance for the population at large. We are thinking along these lines and trying to make experiments. We are not in a position to say today that we can cover the whole country, but we are certainly working towards that end, for the day when we can have a national health scheme in India, so that people do not have to spend money when they are ill. It will be our job to look after them when they are ill, and to give them such advice as may be necessary, to keep them fit and prevent illness.

Dr. Mahishi said something about the need for uniformity of nomenclature and internship period and various things. The Bill that is before the House seeks to bring about uniformity in various matters. That is why we have brought this Bill before the House. There were one or two other remarks that needed some answer

given the answer and so I will not take the time of the House. For instance, there is the domiciliary treatment for TB which is one of the notable developments of modern times. It has given us the hope that we can deal with the problem of TB in our lifetime, which we did not think possible ten years ago.

Shri Priya Gupta: Where will he live? With children in the house?

Dr. Sushila Nayar: He will certainly stay in the House. (*Interruptions.*) I would like the hon. Member to try to understand the problem. Before a patient is diagnosed as a case of TB he has lived with his wife and children in the family; for many months he has had enough chances of infecting them.

Shri Priya Gupta: It is a very good plea by the Health Minister!

Dr. Sushila Nayar: If he does not want to understand what can I do? If he does not want information, I am helpless. I shall repeat. Once a patient is diagnosed and is put on the modern drugs that we have, he becomes non-infective within a few weeks. He has been infecting the family for months.... (*Interruptions.*)

Mr. Deputy-Speaker: Order order. Hon. Member cannot go on commenting like this.

Dr. Sushila Nayar: There is no more danger of infection in that family after the patient is put on treatment than there had been earlier. We are not going on theory. We have actually experimented. We have followed 1000 families in Madras. The Madras Chemo-therapy Centre has looked after them under very careful research conditions. It is amazing how well they did. There is no increased danger to the family....

Shri Priya Gupta: Come and see in the villages of Bihar.

Dr. Sushila Nayar: Whatever his

Member to know that there are only 34,000 TB beds in this country and with the best will in the world we cannot provide five million beds for TB patients or even 1.5 million beds for patients who are open cases, infectious cases. All the Plan provision will have to go to TB beds. Even then the money may not be enough. We are very happy and very grateful to our doctors and research workers who have given us a tool with which we can fight TB today and we can hope to clear it in the time. With these few words, I once again thank this House for the support it has given to this Bill and request that the Bill be taken into consideration.

Shri P. N. Kayal (Joynagar): What is your programme for increasing the number of medical colleges?

Dr. Sushila Nayar: The number of medical colleges has risen to 80. It is possible that it may increase by one or two or three more during the Third Plan. Hon. Member talked about the need for a medical college in U.P. U.P. has provision for those colleges that are within their Plan; they are free to start those colleges. I do not know why their medical college at Meerut is being held up. But generally it is our policy for the remaining part of the Third Plan to emphasise the post graduate teaching so that we can have more teachers and better teachers and better results in the existing medical colleges than go on increasing the number of colleges, half backed medical colleges without adequate facilities, where the pass rate is in some cases 40 per cent or 50 per cent. It is unfair to the medical students and it is undesirable. We must have better teaching and better results.

Mr. Deputy-Speaker: The question is:

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

Mr. Deputy-Speaker: There are no amendments to clauses 2 to 16. The question is:

"That clauses 2 to 16 stand part of the Bill."

The motion was adopted.

Clauses 2 to 16 were added to the Bill.

Mr. Deputy-Speaker: There are two Government amendments to clause 17.

(Amendment made)

(i) On page 7,—

(a) in line 41. for "University of Glasgo", substitute "University of Glasgow".

(b) in line 44, in column 1. for "University of Andrews", substitute "University of St. Andrews".

(ii) On page 8,—

(a) in lines 4 and 5, in column 3, against the entry "University of Dublin", for Bachelor of Medicine and Bachelor of Surgery", substitute "Bachelor in Medicine and Bachelor in Surgery";

(b) in line 11, in column 1, for "National University Ireland", substitute "National University of Ireland";

(c) in line 19, in column 2, for "M.R.C.P.", substitute "M.R.C.S";

(d) in line 27,—

(i) in column 2, for "M.R.C.S." substitute "L.R.C.S.";

(ii) in column 3, for "Member". substitute "Licentiate".

(Dr. D. S. Raju).

Shri C. K. Bhattacharyya: Sir, I want to speak on clause 17. In my ~~speech~~ I drew the attention of the

[Shri C. K. Bhattacharyya]

Ministry that the word 'pondicherry' occurs in the Second Schedule, in the list of foreign universities and while amending this Bill that should have been amended. The hon. Minister dealt with various points but on this point I would like to know from her as to why this schedule is allowed to be passed in this form. Will she kindly enlighten us?

Dr. Sushila Nayar: I am sorry; I forgot to mention this has already been done. The Schedule has been corrected.

Mr. Deputy-Speaker: The question is:

"That clause 17, as amended, stand part of the Bill."

The motion was adopted.

Clause 17, as amended, was added to the Bill.

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

Dr. Sushila Nayar: Sir, I move:

"That the Bill, as amended, be passed."

Mr. Deputy-Speaker: The question is:

"That the Bill, as amended, be passed."

The motion was adopted.

13.28 hrs.

DAKSHINA BHARAT HINDI PRACHAR SABHA BILL

The Minister of Education (Shri M. C. Chagla): Sir, I move:

"That the Bill to declare the institution known as Dakshina Bharat Hindi Prachar Sabha, having at present its registered office

at Madras, to be an institution of national importance and to provide for certain matters connected therewith, as passed by Rajya Sabha, be taken into consideration."

I hope this is not a controversial Bill. This Sabha has been doing excellent national work. It was established in 1918 under the inspired guidance of Mahatma Gandhi and its main purpose is to spread the knowledge of Hindi in the South. May I remind this House that unless we carry the South with us, we will never succeed in making Hindi the official language as declared by the Constitution. Therefore, all the work that is done to propagate a knowledge of Hindi in the South is a work of the greatest possible national importance. The Sabha has covered about 6000 centres so far and has on its role nearly 7000 trained workers and more than seven million people have learnt Hindi during the last 45 years due to its untiring efforts. It has got its headquarters at Madras; it has four affiliated branches in the four Southern States: at Trichinopoly in Madras, Hyderabad in Andhra Pradesh, Ernakulam in Kerala and Dharwar in Karnataka. At present this society is a registered society and the intention is to make it an institute of national importance. This provision is under entry no. 63 of the Union List. I think the Society has done such important and national work that it deserves to be considered an institution of national importance. I do not think a longer speech from me is necessary and with these remarks I request the House to take the Bill into consideration.

Mr. Deputy-Speaker: Motion moved:

"That the Bill to declare the institution known as the Dakshina Bharat Hindi Prachar Sabha, having at present its registered office at Madras, to be an institution of national importance and to provide for certain matters connected