

लाइन है—इसको भी शीघ्र ब्राड गेज में बदला जाना चाहिए। क्या आपके पास इन लाइनों को ब्राड-गेज में बदलने की कोई योजना है ?

**SHRI C. K. JAFFER SHARIEF:** There are following proposals for railway lines in Gujarat State in the next five years: Nadiad-Kapadvanj-Modasa BG line under construction; Modasa-Shamlaji Road BG line under survey and Gandhidham-Bhuj-Lakhpat BG line under survey. The first two fall in the tribal area of Gujarat and, as regards the third one, it is in Kutch area which is also a backward area. Survey for item No. 2 is in progress and the report is expected to be received shortly. As regards item No. 3, it has been approved in the Railway Budget for 1980-81, and the survey work will be taken up soon.

**श्री अमर सिंह जी० राठवा :** मैंने जो प्रश्न पूछा था, उसका जवाब नहीं आया। मैंने पूछा था कि बड़ोदा से छोटा उदयपुर एक नैरो गेज लाइन है और उसको ब्राड गेज में बदलने की पांच साल से मांग है। वह पर नर्मदा योजना है। इसलिए वहां पर माल ठाड़वाने में तकलीफ होती है और दूसरे मैंने पूछा था कि भरीच से राजपीपला की जो नैरो-गेज लाइन है, उसको ब्राड गेज में बदलने की कोई योजना आपके पास है ?

**SHRI C. K. JAFFER SHARIEF:** The proposal is not before us. It all depends on the discussion, when we discuss with the State Government and the Planning Commission. As it stands today, the proposal is not before us.

**श्री हीरालाल आर० परमार :** मैं माननीय रेल मंत्री जी से जानना चाहता हूँ कि उत्तर गुजरात से राजस्थान रेल रास्ता बहुत छोटा बनाने के लिए पिछले 20 साल से इस सदन में सतत मांग चली हुई है लेकिन अभी तक उस पर कोई कार्य नहीं हुआ है। कांसा-से-भीलई का भाग 15 किलोमीटर का है। उसके लिए क्या सरकार ने कुछ सोचा है। इसी तरह से राधनपुर से हारीज तक लाइन बनाने के लिए क्या सरकार ने कुछ सोचा है। हमारी जो यह मांग है उसको ठुकराया जाता है और उसको स्वीकार नहीं किया जा रहा है। मैं मंत्री जी से जानना चाहता हूँ कि क्या इस बारे में हमें आन्दोलन करना पड़ेगा ?

**रेल मंत्री (श्री कमलापति त्रिपाठी) :** मान्यवर, जो ये चाहते हैं, उसको लिख कर भेज दें, मैं उस पर गम्भीरता से विचार करूंगा, कोई आन्दोलन करने की जरूरत नहीं है।

**SHRI RATANSINH RAJDA:** Government had already declared that the railway line from Viramgaon to Okha would be converted from metre gauge to broad gauge. How far has progress been made in that connection?

**SHRI KAMALAPATI TRIPATHI:** I think, the work between Viramgaon & Happa is complete and beyond that the work is in progress now. The opening will take place early at a convenient time.

#### Multinational Study about Indian Doctors



\*578. **SHRI S. M. KRISHNA:**  
**SHRI P. M. SAYEED:**

Will the Minister of HEALTH be pleased to state:

(a) whether according to a multinational study by the World Health Organisation, India is over-producing doctors and has 80,000 more physicians than it can sustain;

(b) if so, Government's reaction thereto;

(c) the average amount that the public exchequer has to bear in making in India; and

(d) what effective steps have been or are being taken to prevent emigration of medical manpower of the country?

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH (SHRI NIHAR RANJAN LASKAR):** (a) Yes, Sir, the said study has made this observation.

(b) The Report is yet to be fully examined by the Government.

(c) and (d). A statement is laid on the Table of the Sabha.

**Statement**

(c) A preliminary study was conducted by the Central Bureau of Health Intelligence in June, 1977 and March/April, 1978 in respect of the Medical College, Simla, and the Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry respectively. According to the study, the cost worked out to Rs. 92,155 and Rs. 1,35,159 at Simla and Pondicherry respectively, per medical graduate, based on the expenditures incurred by the said colleges.

(d) The following steps have been taken by the Government to discourage brain drain of medical man-power to foreign countries:—

(i) restrictions on medical graduates going abroad for higher education and training;

(ii) grant of advance increments to specially qualified candidates on the recommendations of the Public Service Commissions;

(iii) improvements in the service conditions of doctors, particularly in the rural areas;

(iv) community orientation of medical education with emphasis on the preventive, promotive, curative and rehabilitative aspects of health care services to attract larger number of doctors for employment in the rural areas; and

(v) holding of the prestigious membership examinations by the National Academy of Medical Sciences which correspond to the foreign qualifications such as FRCS, MRCP, etc.

**SHRI S. M. KRISHNA:** Is it not shocking and a sad irony that thousands of villages in this country are yet to be adequately covered by medical facilities and here comes a report wherein they have to say that there is a surplus of 80,000 doctors in our country which the present medical structure is unable to sustain? Every doctor costs the exchequer of this country to the tune of Rs. 1 to one and a half lakhs. Under the circum-

stances, I would like to know from the hon. Minister whether his Ministry is proposing to take certain emergent measures to see to it that the surplus doctors who are readily available in the country are made to go to the rural areas, so that the hopeless imbalance at present in the catering of medical facilities could be set right.

**SHRI NIHAR RANJAN LASKAR:** The concern caused in the world community by the complexity and magnitude of the international migration of health personnel was given material expression by the WHO's member-states some years ago in a Resolution to undertake a study and it was made. The report was published by the World Health Organization in 1979 and received by the Ministry in June 1980. I have already said that this is a voluminous report. We are going through it. It will take a little more time to examine fully what has been mentioned in the report.

**SHRI S. M. KRISHNA:** I thought a report which reveals such startling disclosures ought to be taken by the Government of India with a little more seriousness than that has been exhibited by the hon. Minister—no offence is meant to the hon. Minister, he is a good friend of mine. Nonetheless, the point cannot be missed by this House that the Government should take urgent measures to see that the doctors who are unemployed in this country, who are surplus and who are readily available should be enlisted to go to the villages so that the people who are not adequately taken care of for want of medical care. . .

**MR. SPEAKER:** Put it in the form of a question instead of making a suggestion.

**THE MINISTER OF EDUCATION AND HEALTH AND SOCIAL WELFARE (SHRI B. SHANKARANAND):** It is a fact that the rural people need more health care. But,

unfortunately, the House is aware and the members may be knowing that the doctors, after coming out of the Medical Colleges, are not prone to go to the rural areas. . . .

**SEVERAL HON. MEMBERS:** Why?

**SHRI B. SHANKARANAND:** For that the government is not responsible.

**SEVERAL HON. MEMBERS:** Then who is responsible?

*(Interruptions.)*

**MR. SPEAKER:** Order, please. Let him say.

**DR. SUBRAMANIAM SWAMY:** The Janata Party is responsible! . . .

*(Interruptions.)*

**SHRI B. SHANKARANAND:** I cannot suggest to the hon. Members that they may go and ask the doctors themselves. How can I suggest that? But I can say that the Government is very keen in providing health care to the rural areas. But I agree with the hon. Member's observation that we have to take steps to see that the doctors are sent to the rural areas for rural health care.

**SHRI S. M. KRISHNA:** My second supplementary. . .

The same report has to say that the values and norms imposed by the Indian Medical Council were mostly not adapted to the needs of our country. In the light of this observation, would the government seriously consider the possibility and the probability of having a second look at the curricula, the norms and various other things connected with our medical education?

**SHRI B. SHANKARANAND:** It is a suggestion for action.

**DR. SUBRAMANIAM SWAMY:** But will you act at all?

**SHRI P. M. SAYEED:** Sir, medical education seems to be a business in this country. To produce a doctor in this country Rs. 1.5 lakhs is the cost to the Exchequer. A medical graduate, when he is getting married, gets double the amount as dowry. Both the institution and the product are indulging in this kind of a transaction. Every year the government is giving permission for more and more Medical Colleges. In his own State of Karnataka, even the government has prescribed the limit for donations as Rs. 1.5 lakhs for private institutions to get admission for a seat.

Sir, the World Health Organisation has said in its report that the medical education imparted in this country is not suited to the needs of our rural areas. Therefore, may I know from the government whether this aspect is going to be taken before they come to any final conclusion?

**SHRI NIHAR RANJAN LASKAR:** One of the salient findings of this report is . . . I will read it for the benefit of the hon. Members:

"The migration has been facilitated by the fact that the medical education in India is urban and curative-oriented and modelled on developed countries' pattern thus producing physicians of the quality suited for the work in developed countries rather than to cater to the needs of the nation. . . ."

As a result, the Government feel that it has become necessary to undertake a fresh study of the entire problem and take such remedial measures as may be related to this emigration.

श्री बलिक एम० एम० ए० का : मंत्री महोदय ने डॉक्टरों के करत एरियाज़ में भेजे जाने के सम्बन्ध में जो केंजुअल तरीके से जवाब दिया है उसकी सुन कर मुझे कुछ दुःख है। 75 परसेंट आबादी गांवों में बसती है। क्या उसकी हेल्प की जिम्मेदारी सरकार पर नहीं है ?

क्या मंत्री महोदय एश्योर करेंगे कि गांवों में लोगों की पूरी हेल्थ फैसिलिटीज दी जायेगी ? मैडिकल कालेज में जब एडमिशन दिया जाता है तब क्या एक यह कन्डीशन भी लगाई जायेगी कि डाक्टर बनने के बाद उनको पहले पहल तीन चार साल के लिए गांवों में जाकर सर्व करना होगा और उसके बाद उन्हें शहरों में सर्व करने का मौका दिया जायेगा ?

SHRI NIHAR RANJAN LASKAR:

This is really a very very valuable suggestion. It is really a very good suggestion that has been made by the hon. Member.

श्री बोलत राम सारण : एक बहुत ही खतरनाक सुझाव दिया गया है। यह कहा गया है कि डाक्टर बनने के बाद वे लोग दो तीन साल गांवों में काम करें। उन अनुभवहीन होते हैं उस वक्त तो अनुभव प्राप्त करने के लिए उनको गांवों में भेज दिया जाये और जब उनको अनुभव प्राप्त हो जाये तो उनको शहरों में ले आया जाये तो यह एक बहुत खतरनाक बात होगी। क्या सरकार किसी भी डाक्टर को पहले तीन साल तक गांवों के अस्पतालों में नहीं भेजे जाने के बारे में निर्णय करेगी और केवल अनुभवी डाक्टरों को ही गांवों में भेजने की व्यवस्था करेगी ?

SHRI NIHAR RANJAN LASKAR:

As has been earlier stated, it is a good suggestion. We shall consider that.

SHRI NARAYAN CHOUBEY: First when one hon. Member said that the doctors should go to the villages first, the Minister said that it is a good suggestion. When the second hon. Member said that they should first get training in towns before being sent to the villages, the Minister said that is also a good suggestion. How can both be wise, good, suggestions? (Interruptions)

MR. SPEAKER: Shrimati Dandavate:

श्रीमती प्रमिला इंडवते : मैडिकल कालेजों में प्रवेश पाने के लिए कितनी कॅम्पिटेशन फी ली जाती है ? क्या यह भी एक कारण नहीं है कि उनको गांवों में जाने के लिए मजबूर नहीं किया जा सकता ? क्या यह भी सही नहीं है कि मंत्री महोदय के ही होम टाउन में एक बाख रुपया कॅम्पिटेशन फी दाखिला पाने के लिए ली जाती है ?

ऐसी अवस्था में कैसे वह आशा करते हैं कि डाक्टर गांवों में जाकर काम करेंगे।

प्राइमरी हेल्थ सेंटर जो हैं वहां पर न तो दवाएं रहती हैं और न कुछ और साधन। इंजक्शन, ए पी सी देने के लिए गांवों में डाक्टरों की जरूरत नहीं है। ऐसी अवस्था में वेक्टर फूट डाक्टरों की जो स्कीम थी, उसको सुधार करके उसको चालू करने पर आप विचार करेंगे ?

SHRI B. SHANKARANAND:

Though the question put by the hon. lady Member is not directly concerned with the main question, I should inform the House that I have already written to all the States that the capitation fees system should be stopped. Now, regarding certain colleges charging the capitation fees, it is not a secret thing. It has also appeared in the press. They have advertised it; it is not secret at all. That does not mean that we approve of it. (Interruptions)

SOME HON. MEMBERS rose...

MR. SPEAKER: This has already taken so much of time. Next Question—580. Shri Krishan Dutt.

केन्द्रीय अनुसंधान संस्थान, कसौली में  
आग लगना

\* 580. श्री छुष्ण इत्त : क्या स्वास्थ्य मंत्री यह बनाने की कृपा करेंगे कि :

(क) क्या केन्द्रीय अनुसंधान संस्थान, कसौली में आग लग गई थी ;

(ख) यदि हां, तो उसके परिणामस्वरूप कितनी क्षति हुई और आग से कितने मूल्य की औषधियां नष्ट हो गई ;

(ग) आग लगने के कारण क्या थे ; और

(घ) क्या देश में हाइड्रोफोबिया रोगियों के लिए टीकों की कमी है और यदि हां, तो कसौली का अनुसंधान संस्थान कब तक अधिक औषधियां बनाने लगेगा ?

THE MINISTER OF STATE IN THE  
MINISTRY OF HEALTH (SHRI  
NIHAR RANJAN LASKAR): (a)  
Yes, Sir. A fire had broken out in the