

Bill

6. Discussion on the interim report on the activities of the Life Insurance Corporation on a motion given notice of by Sarvashri S. C. Gupta and Radha Raman.

7. Discussion on the future of non-Government (Light) Railways on a motion given notice of by Shri Jhulan Sinha.

8. The Indian Telegraph (Amendment) Bill, as passed by Rajya Sabha.

9. The Coal Bearing Areas (Acquisition and Development) Amendment Bill.

10. The Indian Reserve Forces (Amendment) Bill, as passed by Rajya Sabha.

11. The Delhi Development Bill.

Shri T. B. Vittal Rao (Khammam): The Indian Railways (Amendment) Bill is in pursuance of the recommendations said to have been made by the Railway Freight Structure Enquiry Committee, but we do not have the report. How can we deal with that Bill? So, the Chair may instruct them to supply the report of the Railway Freight Structure Enquiry Committee.

Mr. Speaker: The hon. Minister will communicate it to the hon. Minister of Parliamentary Affairs and also to the Railway Minister.

INDIAN NURSING COUNCIL (AMENDMENT) BILL

The Speaker: The House will now take up the Indian Nursing Council (Amendment) Bill, 1957 as passed by the Rajya Sabha, for which three hours have been allotted.

I have to inform the House that the President having been informed about the subject-matter of the Indian Nursing Council (Amendment) Bill, 1957, has, under article 117(3) of the Constitution recommended to the Lok Sabha the consideration of this Bill.

The Minister of Health (Shri Kar-markar): I beg to move:

"That the Bill further to amend the Indian Nursing Council Act, 1947, as passed by Rajya Sabha, be taken into consideration".

I should like to begin by saying that this is a non-controversial measure and I propose to take a little longer time at the commencement than I normally might have done, because that might help to clarify the points that the Members would like to make later.

The Indian Nursing Council Act, 1947, came into force from the 31st December, 1947, in the then provinces of India. That was subsequently extended to the territories which were prior to the 1st November, 1956 known as Part B States. During the working of this Act, a number of suggestions were made by the Indian Nursing Council for amending some of the provisions of the Act. On the basis of the experience of the working of the Act, an amendment was made earlier, in 1950, to clause (ii) of the proviso to sub-section (3) of sub-section 10 of the original Act so as to provide that any qualification granted by an authority in the territories formerly known as Part B States and recognised by the State Nursing Council of a State to which the Act extended would continue to be recognised qualification for the purpose of registration in that State. Now, we come up with the proposal for some amendments to which I might briefly refer.

At the time the Indian Nursing Council Act, 1947, was passed by the Central Legislature, it had no powers to legislate on the subject of nursing for territories which were then known as Indian States. As a result of the Constitutional changes, Parliament is now competent that way and to extend the provisions of the Act to the whole of India except the State of Jammu and Kashmir. It is therefore proposed to extend the Act to the whole of India except the State of Jammu and Kashmir.

[Shri Karmarkar]

Then, the second significant amendment sought to be made is in respect of election of members from among the heads of nursing institutions. Clause (b) of sub-section (1) of section 3 of the Act provides for the election of one member from amongst themselves by the heads of institutions in which training is given in nursing administration to nurses enrolled in a State register. But, at that time, there was only one institution in India giving training in nursing administration, namely, the College of Nursing, New Delhi. So, the seat remained vacant. Now, two more institutions have come in the field and hence the amendment is proposed.

The third important amendment is about the election of midwives and auxiliary nurse-midwives as members of the Council. It is felt that it is necessary to give representation to auxiliary nurses and midwives and to the new States to which this Act is being extended. Hence a relevant amendment to amend clause (g) of section 3(1) of the principal Act is being sought to be made.

There is another amendment relating to the Chief Administrative Medical Officer of each State as *ex-officio* member of the Council. Clause (1) of sub-section (1) of section 3 of the Act provides for *ex-officio* membership of the Indian Nursing Council for the Chief Administrative Medical Officer of each former Part A State or if the State Government in any case so directs the Superintendent of Nursing in the office of the Chief Administrative Medical Officer of the State, while clause (m) of that section provides for *ex-officio* membership of State Directors of Public Health in rotation. It is considered desirable that Superintendents of Nursing who are responsible to the Chief Administrative Medical Officers of the States for nursing services and are concerned with the implementation of the recommendations of the Indian Nursing Council should also be members

of the Council in addition to the Administrative Medical Officers. Hence our proposal to have clause (1) and (m) of section 3(1) amended appropriately.

Then, about the representation of Parliament on the Council. Under the existing provisions, two Members of Parliament are elected as members of the Indian Nursing Council. The amendment will make it three, one from the Rajya Sabha and two from the Lok Sabha.

Then, I should not like to dilate on amendments relating to the deletion of sub-section (6) of section 6. That is a consequential amendment. Amendments to sub-sections (1), (2) and (3) of section 10 are sought to be made as amendments of a formal nature to provide for consultation of the State Nursing Councils and also to provide for the recognition of the qualifications granted in auxiliary-nursing-midwifery.

Then comes amendment to section 11. A large number of foreigners are working in India in teaching and administrative posts in mission institutions and they cannot be registered with any of the State Nursing Councils, as the Indian Nursing Council has no reciprocity for recognition of qualification of the nurses in foreign countries where the foreign nurses were trained and registered. The Indian Nursing Council has not been able to settle a scheme of reciprocity. But, as the House will know, there is a shortage of well-trained and experienced nurses and it is necessary to have those foreign nurses in the institutions in which they are serving and also to have them registered on the relevant register.

Then, a large number of Indian nurses are also trained in nursing in other countries.

Mr. Speaker: Are there no qualifications at all prescribed for them?

Shri Karmarkar: Qualifications are prescribed. They have to have a qualification in the foreign countries. They are to have qualifications which are considered adequate. The Indian Nursing Council will go through their qualifications and only when they are satisfied that they have a minimum qualification, they will propose them for registration.

As I said, there is a large number of Indian nurses trained in nursing in other countries such as Australia, New Zealand, Canada and the United States. They are entitled to registration with the Nursing Registration Councils in those countries but not in India. Hence, we propose to have them registered here, apart from the question of reciprocity.

Then there is the amendment to section 13(1). I should just say that under the existing provisions of the Act, the executive committee may appoint such number of inspectors as it deems necessary to inspect any institution. There is no specific provision that the executive committee can appoint inspectors from amongst the persons who are members of the Indian Nursing Council, and hence a specific provision is sought to be made to allow the appointment of members of the council as inspectors.

About the amendment to section 14 (1)(b), I would like to say that section 10(2) of the Act lays down the procedure for recognition of the qualifications in general nursing, etc., and declaration of such qualifications for the purposes of the Act. Under section 15 of the Act, such declaration is to be published in the official gazette. There is no specific provision in the Act to include such recognised qualifications in the Schedule to the Act except by having recourse to an amending legislation. It is, therefore, proposed to give power to the Central Government to amend the Schedule to the Indian Nursing Council Act.

Under article 73(1) of the Constitution, express provision is necessary to

confer executive powers on the Central Government.

Then, coming to the maintenance of the Indian Nurses Register, under the existing Act, there is no such provision for maintaining an Indian Nursing Register just as there is a provision under the Indian Medical Council Act, 1956, for the maintenance of an All-India Indian Medical Register. Such a register obviously would be a useful addition, and therefore a similar provision like that in the Indian Medical Council Act is made in this Act also.

Mr. Speaker: Are there to be grades of nurses and midwives? There is trouble constantly; so far as the medical practitioners are concerned, all of them want to come under the same register.

Shri Karmarkar: It is on account of the medical schools being there and what you call the college being there. That trouble has smoothed out by upgrading all the schools, excepting the one in Ludhiana. There are no such cases in the case of nurses.

Then about the amendment to sections 16 and 17—I should not like to take the time of the House. The old Schedule under the Indian Nursing Council Act, 1947, has become out-of-date. It is being substituted by an up-to-date Schedule, and provision is also being made by inserting a new section to provide for bringing into force the provisions of the amending Act and for the continuance of the existing council for each State.

I took the opportunity of speaking for a little more time than I might otherwise have taken, because these are all salutary amendments following very close investigation. I hope that this House will pass this Bill without much discussion, not because discussion is in any way sought to be evaded by Government, but because these are salutary amendments. If there are any points arising out of these observations, I shall be very happy to reply to them.

Mr. Speaker: Motion moved:

"That the Bill further to amend the Indian Nursing Council Act, 1947, as passed by Rajya Sabha, be taken into consideration".

Shri M. Elias: (Howrah) *rose—*

Mr. Speaker: If he wants to speak only on his amendments, he need not speak now. He can do so when we come to the clauses.

Shri M. Elias: I want to make some general observations also. Before coming to my amendments, I want to make some general observations on the work of the Indian Nursing Council. We should have got a detailed report of the working of the Indian Nursing Council since it came into existence in 1947. But we have not got such a report in our hands. But there is only the report which we have got from the review of the first Five Year Plan. On the basis of that and some other reports of the Government, I want to make some criticisms.

When the Indian Nursing Council came into existence in 1947, at that time we had only 7,000 nurses in our country. The Bhore Committee, on whose recommendation the Nursing Council came into existence, has recommended many things with regard to the nursing staff in our country. Among those, there are some main recommendations, firstly with regard to the number of nurses in our country, secondly on the working conditions of the nurses and thirdly on the improvement of training of nurses in our country.

Taking the first, namely the number of nurses, we find from the review of the Five Year Plan that very little progress has been made here. Only 10,000 nurses have been trained within these ten years whereas the Bhore Committee expected about 15,000 nurses to be trained within this period. The Committee also expected that at the end of the second Five Year Plan, we should have about 80,500 nurses in our country. But we are very sorry to find that the Indian Nursing Council as well as the Health Ministry could not make any progress with regard to

the number of nurses in our country. We find that only 2,000 nurses are being trained yearly in our country. If we progress at this rate, I do not understand when we shall reach the target of 80,000.

If one takes the number of nurses in certain States of our country, one will be horrified. I am very much closely connected with the movement of the nurses in West Bengal. I know the details about the condition of the hospitals and nurses in West Bengal. We have got only 15,000 beds in the different hospitals in West Bengal. According to the recommendation of the Bhore Committee, five beds need one nurse. According to that, we need right now about 3,000 nurses. But the Bhore Committee did not consider what would be the working hours of the nurses and how the 24 hours will be divided. The nurses cannot work for more than 8 hours. So, if we divide 24 hours into three shifts, then the number required will be about 9,000 for 15,000 beds. Everybody knows the fact that due to want of beds in hospitals, the patients are forced to remain on the floor and verandahs. Therefore, the number of patients is far more than the number of beds in the hospitals. I am leaving that point apart. Even for the 15,000 beds just now we require 9,000 nurses. But we have got only 1,058 nurses in West Bengal to attend to these 15,000 beds for 24 hours. When such is the case, one can imagine how the patients are being treated by the nurses. The nurses cannot attend to all the patients for whom they are responsible. One nurse has to attend to about 125 beds for 10 or 12 hours. Therefore, I want to know from the Indian Nursing Council what steps they are contemplating to increase the number of nurses in our country.

Then, one of the major recommendations of the Bhore Committee is about training. We find that nothing has been done to improve training on the basis of this recommendation. The Committee recommended that all the nurses must be treated as the medical students are treated in the

hospitals or colleges. But we find that nurses are being treated by the hospital authorities as cats and dogs. They are being forced to work in the hospitals for 9 or 10 hours. I have found that late at night the nurses have to prepare their lessons for their examinations. Since they are overworked, they do not find any time to devote towards their education. Therefore, this thing also, which has been strongly recommended by the Bhore Committee is not being done.

Another strange thing is happening in our country. The trained nurses who pass the examinations very successfully are not given any employment, though all the hospitals are understaffed. In West Bengal, only one-third of the trained nurses are given employment and the others who pass the examinations are not being given any employment. This is a strange thing.

With regard to the training of nurses, they should be made to specialise in different diseases such as cancer, T.B., etc., but that also has not yet been done. This recommendation has been made not only by the Bhore Committee but also by the Indian Medical Association. Recently the Indian Medical Association have enquired into this matter in detail and have said that the training of the nurses is very bad and it must be improved. I am not going into the details of their recommendations.

About the working conditions, one of the major findings of the Bhore Committee is that they are horrible. We should be ashamed of the conditions of the nurses in our country. They are the worst sufferers in the field of employment which we see now. One is horrified on considering their working hours and working conditions. Except in one or two major hospitals, like the Neelaratnam Sirkar Hospital and the Medical College Hospital, in all the other hospitals nurses have to work for more than 10 to 12 hours. Sometimes they have to work for 24 hours continuously

without any break. They have been forced to work in this way by the hospital authorities.

With regard to wages, there is no similarity about the wage system and the salary system and other amenities.

In our country there are three categories of hospitals—Government-controlled, semi-Government-controlled and private hospitals. In private hospitals the nurses are given only a salary of Rs. 40/- or Rs. 45/-. They do not get any allowance. If at all they get any allowance, they get only 10 annas or 12 annas. In some hospital they pay Re. 1/- per day.

Recently, the West Bengal Government has introduced a new scheme with regard to the salary and other amenities of nurses. In the name of improving the salary and working conditions of the nurses, they have actually decreased the salaries of nurses. The salaries of all categories of nurses have been decreased by 10 to 30 rupees for this reason. Therefore, there is very much discontent among the nurses. If the Government is not aware of the fact and if they do not pay any attention to mitigate their demand, I do not know where the situation will lead us to. The salaries and wages of nurses are very poor in our country.

With regard to housing, clothing and other amenities also, the system is very bad in our country. The nurses always work under the constant threat of dismissal. For minor matters and on false pretexs they are thrown out of employment. If they are not able to satisfy the hospital authorities, they are thrown out of employment. If they represent any grievance of theirs to the hospital authorities or the Government, they will immediately be discharged from their service.

They have no right to form an association or a trade union. Recently the West Bengal Government, in a secret circular to the Trade Union

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Registrar, has instructed the Registrar not to register any trade union of nurses. I am not able to understand how the West Bengal Government can issue such a circular. It is a fundamental right, which is given to us by the sacred Constitution of our country, and that is being violated by the West Bengal Government.

So, the nurses cannot form any organisation and they cannot represent their grievances or demands to the hospital authorities. If any nurse sends any petition, affixing her signature, to the hospital authorities, she will immediately be thrown out from the hospital. I, therefore, submit to the Government that minimum democratic rights should be given to the nurses, by which they can place their demands before the Government for mitigation.

I want to refer to some other matters in this respect. In hospitals so many wrongs are committed by the hospital authorities and the responsibility for that is being thrown upon the shoulders of the nurses and poor hospital employees. In West Bengal everyday we see corruption going on in the hospitals. Valuable medicines and equipments are being removed from the hospitals; hospitals which are supposed to work for serving the humanity are now engaged in competition for making more profits out of this hospital business. They make enormous profits out of this hospital business and the victims are the poor nurses and other hospital employees. The public are also not able to know the actual picture. They are in the dark as to what is happening there.

But one good thing is being done by the West Bengal Government. They are bringing all the nurses to a central pool. I want to suggest that the Government should also try to bring all the doctors under the central pool because most of the doctors are doing many misdeeds in the hospital. They pay little time to the hospital work. They are always busy making money. They do not want to leave the cities

because they know very well that if they go to the village hospital, they cannot earn more money. Therefore, for making more money, they remain in the city, and the village hospitals, consequently, do not get facility for good treatment. That is why I am suggesting that all the doctors should be brought under a central pool, by which we can distribute the doctors to all the village hospitals. I know that many NES block and Community Project hospitals could not be opened for want of nurses and doctors. Therefore, this should be done by the Government.

Now I do not want to refer to many other things. My amendment relates to the improvement of the condition of the nurses and other hospital employees. Their health has to be improved. The nurses are engaged in a great job. They have to save the humanity in our country. Therefore, they should be treated properly. Their demands and grievances should be mitigated. They should be treated as human beings. When the nurses go to the authorities for mitigation of their demands, immediately the hospital authorities say: you are the disciples of Florence Nightingale, you should not think of yourself; you should not think of your family; you have to sacrifice yourself for the hospital. That is what the hospital authorities say. But those hospital authorities are not able to show how to sacrifice. They are making good money, earning large profits.

About West Bengal I can say that there nurses do not take that profession to make money. They take it as the last resort. They cannot get employment anywhere.

Mr. Speaker: This is only an amending Bill. The scope of discussion on an amendment Bill is limited to the points which have been touched, or which are amended; not a general discussion of the whole Act.

Shri M. Elias: I have an amendment in regard to the improvement

of the working conditions of the nurses.

Mr. Speaker: Let me see whether that will be relevant and in order. I think the hon. Member has said enough.

Shri M. Elias: I will finish in a minute or two. By my amendment I am suggesting that all parts of India should be represented in the Indian Nursing Council. Now the Union territories have been left out. I request that my amendment may be accepted and that all Union Territories should be included in the Indian Nursing Council as they should also be represented.

Shri K. U. Parmar (Ahmedabad—Reserved—Sch. Castes): Mr. Speaker, I welcome this Nursing Council Amendment Bill.

I would like to suggest something in connection with this Bill. In India nursing facility is quite inadequate. The reason is that we have not followed the policy of recruiting persons and giving training in nursing so that they should be useful in the rural areas. Now there is about one qualified or unqualified doctor for 60,000 persons, which is quite inadequate. We have not given proper training to those persons who go to the villages to serve the rural people. I can say that 90 per cent. of the population in rural areas are not given proper facilities. That is why child mortality is increasing day by day. In different villages, increased child mortality is there. So also, the hygienic conditions of the people are going down day by day.

In the big towns also, the number of doctors is not sufficient, with the result that in big hospitals also, we have seen that they are not treating the patients well. The result is, some persons are dying in spite of their getting treatment. In hospitals like that in Calcutta, I have come across some incidents. One child of an M.P. died without any treatment.

Shri Karmarkar: I don't mind if you don't mind. He has come from nurses to doctors. I will not be able to reply to the points that he is making because they are not wholly relevant.

Shri K. U. Parmar: I am pointing out this inefficiency which has resulted without the attention of the doctors over the nurses.

Mr. Speaker: Both have to attend upon the patients.

Shri Karmarkar: He says that doctors have not attended on the nurses. I am not able to follow.

Shri K. U. Parmar: This is due to the inefficiency of the staff.

Mr. Speaker: They are not to attend on each other.

Shri K. U. Parmar: I blame the nurses for this reason.

I should say that they live in miserable conditions. Their pay and allowances are so low that we are not in a position to attract a number of nurses. Only when they are so miserable and they are not finding any other job, they turn to this side. That is the reason why we have not attracted a number of nurses. Educated women and educated girls are not entering this profession because we have not given more facilities for them to join this course. So also, our minds are very rigid and our treatment of nurses has not changed. Because, nowadays we have seen that people are not praising this nursing work. We shall have to do something in that field also.

Our training scheme is not uniform throughout India. As such, a uniform curricula should also be enforced. Then, I have seen in an industrial city like Ahmedabad, the doctors are not treating the nurses well. There is the Matron in the Ahmedabad hospital which is a well known hospital. There, the attitude of the doctors is such that they are suppressed and not allowed to work as they liked. Due to these interferences also, the nurses are so much disheartened to work satisfac-

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torily. As such, I suggest that nurses should be given full opportunity to work.

So also, the working hours of the nurses should be reduced. Nowadays, there is not a sufficient number of nurses with the result that they have to work for more than 12 hours a day. When they are working under such conditions, they are tired and the result is, the patients have to suffer a lot. Nowadays, the number of patients has increased ten times within the last ten years, because more men want hospitalisation. But, the number of nurses has not even been doubled. In the result, we have to suffer a lot. I am pointing out these things to the hon. Minister so that he may take these things into consideration. If more facilities are given to nurses, if their pay and allowances are raised and the number of working hours reduced through the work of these Councils, it would be better and that would be an advantage to the people.

Dr. Sushila Nayar (Jhansi): Sir, this Bill that has been introduced with regard to the amendment of the Indian Nursing Council Act, really does not call for much comment. It merely seeks to have some Members of the two Houses associated with the Nursing Council and I think this is very proper. It seeks to group the States so that people from the different regions will be associated with the Nursing Council and no region will be continuously neglected. There is a little difference of opinion whether the States that have been grouped together are the proper States to be grouped together. However, the matter, I think, is not of very vital importance. But, the Health Minister might just look into it whether some flexibility would not be desirable regarding the grouping of the States. The regions may be defined. But, the point is whether it is necessary to define in the Act which States are to be grouped together. That perhaps may be left a little lax so that, in the light of any comments that might be made in the two Houses during the debate,

the groupings may be changed if it is considered necessary and desirable.

However, taking this opportunity to say a few words regarding the nursing problem in general, I would like to make one or two observations. There is not the shadow of a doubt that the conditions of nurses in India today are not what they should be. As a matter of fact, a Committee was appointed by the Government of India. I had the honour of serving on that Committee as the Health Minister of Delhi State and recommendations of far-reaching importance were made in the report of that Committee which, if fully implemented, would ameliorate the conditions of nurses to a large extent. However, the States do not seem to have taken any action so far as I know, or perhaps I will be safe in saying that most of States have taken no action on the report of that Committee. I would plead with the Health Minister, that he may come to this House, if he need to do that, to have powers so that recommendations of this nature can be enforced and the States do not put on the shelf reports of committees of this nature for any length of time.

As matters stand at present, there is an acute shortage of nurses in India. We have very few nurses compared with our needs. Why is it? We have to look into it. The conditions of service, living conditions and salaries and allowances are very inadequate and different in different parts of India. In some of the States, they are very very inadequate.

The second point that discourages many of our girls from taking up nursing is the fact that in society, we are not giving that status to the nurses which should be reasonably theirs. Most people would like their daughters to become doctors rather than nurses. Most of the students would like to be doctors rather than nurses. Compare this with the position in other countries. People choose the vocation that they have a liking for, because so far as status is concerned, so far as remuneration is concerned, so far as

neration is concerned, they are very adequate and it is simply your wish, whether you wish to be a doctor or whether you find self-expression in the profession of nursing which determines your choice of your profession. I was agreeably surprised when I found that our ex-Ambassador from the United States Mr. Chester Bowles' daughter Cynthia Bowles insisted on taking training to be a nurse. Her father wanted her to be a doctor. The girl was adamant. She said, no, I want to be a nurse, a public health nurse. She told him, I want to go back to work in India as a Public Health Nurse. Why should not we create conditions for nurses in India so that the daughters of some of our Ministers, some of our Secretaries and some of our high placed business and public men would desire and wish to become nurses in this country? That is what we ought to do and what we need today. I was much distressed when I heard—I was not present—from some of the hon. Members that when this Bill was being discussed in the Rajya Sabha, some of the hon. Members were rather flippant. They made some remarks with regard to nurses which were not very dignified. I would discourage such a thing, and I would plead with my hon. friends that this is not the right attitude to take. The nurse is the rock bottom, the foundation on which adequate medical care can be built. I am a doctor, and I know that I will become completely useless if I do not have good nurses to carry out my instructions. That is in the field of curative medicine. Similarly, in the field of preventive medicine, it is the public health nurse who has to go to the people, to the homes, and carry the message which can make your public health measures effective in this country or in any other country. In view of this fact, it is very necessary that the recommendations that have been made by the committee I mentioned should be accepted and implemented. I make bold to say that those recommendations are rather modest. Some of us who wanted to go further were unable to do so because we had to

have a consensus of opinion from all the States. Even those modest recommendations have not been implemented. They should be implemented, ways should be found to implement them as early as possible.

While there is such a shortage of nurses, it seems to be the attitude of the authorities in most places that married nurses should not be employed. I think it is not right, it is undesirable. We must find ways of employment by which the married nurses can be made use of. You might even introduce a part-time employment system for the married nurses by which they can have regular hours of work. They can work in the hospitals or laboratories or any other place. Ways and means should be found to make use of these married nurses. It should not be necessary that a girl who takes to the nursing profession should remain unmarried in order to be effective in that field.

If some of these married nurses have to work in hospitals, quarters will have to be found where they can live with their families. Today they are non-existent. Nurses' hostels are necessary, and even the hostels for single nurses are most inadequate at present. We expect these girls after qualifying to share rooms. It is all right to expect people to undergo hardship for a short time, in an emergency, for six months or a year, but from year to year to expect these nurses to live under inadequate conditions, I do not think, is fair. We must have better accommodation for the nurses that are single, and we must have a certain amount of provision for nurses who are married, quarters where they can live with their families.

While on the one hand we deplore the fact that there are too few nurses, on the other hand I find there are a number of qualified nurses who are unemployed. I get sometimes letters from them stating that they do not find employment. There is something wrong somewhere, and as I pleaded

[Dr. Sushila Nayar]

in the debate on the Second Five Year Plan, there is urgent need for what I would call personnel planning. While personnel planning is needed in every field, it is particularly urgently needed in the field of medicine and in the field of public health because we have a shortage of doctors, nurses, mid-wives and trained pharmacists, and therefore, whoever is adequately trained should be employed and made use of in an adequate manner. That can only be done if there is proper personnel planning. I plead with the Health Minister to devote attention to this subject and do something effective about it as early as possible.

Mr. Speaker: The hon. Minister..

Shri Harish Chandra Mathur (Pali): May I speak?

Shri Karmarkar: I am very grateful to the House.....

Mr. Speaker: Shri Mathur wants to speak.

Shri Karmarkar: Shri Mathur. I shall be very glad if he speaks because he has always some useful points to make.

Mr. Speaker: I did not notice his getting up earlier.

Dr. Sushila Nayar: May I make one more point which I missed?

Mr. Speaker: The hon. Member will resume his seat. Dr. Nayar wants to say something more.

Dr. Sushila Nayar: In some of the States girls that are trained in English are paid twice the amount that is paid to girls that are, for instance, trained in Bengali. If it is a difference of educational qualifications and a difference in training, I can understand the difference in emoluments, but in India today I do not see any reason why so much store should be laid by the English language which we are trying to put in its proper place as an international language and not the language of our country. Of course, while I am speaking in English and sounds a little incongruous.....

Mr. Speaker: The hon. Member does not want to get twice the salary of other Members here if she speaks in English.

Dr. Sushila Nayar: Therefore, it seems to me that this disparity between the emoluments of the girls trained in English and those trained in the national or one of our regional languages must be removed without delay.

Shri Harish Chandra Mathur: The Indian Nursing Council (Amendment) Bill which is before obviously intended to widen the scope of the Indian Nursing Council and to strengthen the Council because of certain altered circumstances in which we find ourselves today, and also because of the experience gained by the Council during these ten years, as has been pointed out by the hon. Minister. A pertinent question to ask is: what is the experience which the Council has gained during these ten years, what are the difficulties which they feel they have faced during these ten years, and how do they propose to deal with those difficulties?

The hon. Minister while giving an elaborate elucidation of the various amendments did not say a single word to throw light on the experience that the Nursing Council has gained during these ten years. He has not told us a single word about the difficulties that this Council has faced. He has not told us a single word as to how these difficulties are to be resolved by these amendments.

These amendments as we all know are of an unexceptionable nature, and I doubt if there is any Member in this House..

Mr. Speaker: Have they any reference to further improving the conditions of service, or the service by these nurses? Everything cannot be brought under an amending Bill that relates only to representation of Members of Parliament on the Council. Possibly, reference to general administration

may not be appropriate or relevant. That is why he has not said anything

Shri Karmarkar: That is so, Sir.

Shri Harish Chandra Mathur: I respectfully submit that the hon. Minister while speaking both in the Rajya Sabha as well as on the floor of this House laid particular stress on the fact that this Bill has come after ten years of the working of the Indian Nursing Act because of certain improvements which they want to effect, because of the experience which they have gained during these ten years. At least, we are entitled to know what that experience is and in the light of that experience how they propose to improve the conditions which the Indian Nursing Council is meant to deal with.

13 hrs.

Mr. Speaker: I would ask the hon. Member to confine himself to the scope of the Bill. Whatever might have been done during these ten years, or whatever might not have been done during this period, if after looking into the Bill, the hon. Member has any amendments to suggest, that is one matter and a relevant one. To suggest that all these amendments are out of order and that they are not necessary is another matter.

At any rate going into the general matter as to what ought to be done in regard to nurses and their conditions of service does not seem to be relevant. Therefore, the hon. Member may address himself to the scope of the Bill, what is contained in the Bill, and suggest any improvements that strike him.

Shri Harish Chandra Mathur: Mr. Speaker, the Bill, as I submitted at the very outset, is intended to strengthen the Indian Nursing Council. As a matter of fact, this Indian Nursing Council was set up as an outcome of the recommendations of the Bhore Committee and the main purpose for which the Indian Nursing Council was set up, and the main purpose for

which this enactment was brought into force was to raise the standard of training and to improve the conditions of the nurses.

Whether during these ten years we have been able to achieve any of the objectives for which the Indian Nursing Council was set up, whether the experience that we have gained during these ten years has led us to any conclusion, I would particularly confine my observations to two points.

The first point which I wish to stress is about the training of nurses. Anybody who knows a little about the training conditions, will be able to bear me out that hardly any improvements have been effected. What happens at the present moment, as was pointed out in a very passing manner by the first speaker, is that the student nurses are, as a matter of fact, employed wholtime in these training centres and do the whole time work of the nurses and are left much lesser time to devote to their studies.

Sir, I might submit for the information of the hon. Minister that I know of training centres in hospitals where the strength of a particular hospital was say 108 or 110 nurses. Out of these 110 or 112 nurses, as many as 60 to 62 are only nursing students. Now it is the worst type of exploitation which is being perpetrated not only on the nurses who are under training, but it also reflects very adversely on the administration of the hospital itself. What I wish to submit is that the Indian Nursing Council which is now being strengthened should be given adequate powers to prescribe certain rules and regulations for these training centres and they should be able to disqualify these training centres which instead of giving necessary training to the nursing students are only exploiting the presence of the Centre by utilising them for hospital services. I quite understand that the nurses should be called upon to do practical work in the wards. That is entirely necessary; that should be part of their training. But it is one thing to give them prac-

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tical training and it is entirely different to engage them on the actual job of a wholtime nurse. Until and unless that is stopped and until and unless the Indian Nursing Council is armed with certain powers to regulate the training centres, I think we will not be able to do much to raise the standard of training of nurses.

Another most important basic factor is this. We have not been able to do anything during these ten years to give respectability to the nursing profession. It was very rightly pointed out by the previous speakers that the Nursing Council would have discharged its responsibilities and fulfilled its aims and objects if only it is able to change the climate and bring about a certain amount of respectability and status for the nursing profession.

So, the two most important factors to be done is to give a sort of respectability and status to the profession and to bring about a sort of uniformity in the nursing training centres and to stop the exploitation of the nursing students who are placed in the care of these centres.

Shri Karmarkar: Mr. Speaker, Sir, I crave your indulgence to speak on a few points which have arisen out of observations made by hon. Members who have spoken on this measure, not because they are relevant for the purpose of this Bill, but because....

Mr. Speaker: Having looked into the Bill, hon. Members want to expand the scope of the original Act. Is it not open to them to say that it has not worked properly. They can say that it has not worked properly. Or they may ask, this Act as such is useless, why do you extend it?

Shri Karmarkar: I am not at all offended by the observations made, but I gave my reasons for not dealing with those factors. Now I crave your indulgence to deal with these points, since they have arisen.

One of the points which hon. Members missed was that this enactment

itself relates to the proper training to be given for nurses as such. I will not dilate on the various points made regarding the work of the council, but I must say in fairness to the work that has been done, that hon. Members, especially opposite who said many things about the working of the nursing system, were not correctly informed regarding what has been done.

Taking merely the number of nurses that have been in the field, for instance, the number of nursing students, apart from the midwives, health officers and auxiliary nurse midwives,—I shall limit myself for shortening the time to the only case of nursing—the number of nursing students in 1949 was 2,500, as against 7,400 in 1956. Actually the number of nurses that has been registered up to 31st December 1956 was 24,724, as against 7,000 that appear to have existed 10 years before. Of course, of these nurses some must have married and entered private life. So, the number in actual practice according to our estimate is likely to be about 19,500.

For the Second Five Year Plan our programme was and is to train 9,000 nurses. We are likely to reach that target and we are training nurses, and auxiliary midwife nurses at the rate of 2,000 every year. And I think our programme will be fulfilled quite well.

Regarding the number of nurses, I think the House will agree with me that the progress has been satisfactory. We would like to add more, but the training facilities are not as much, and the training personnel also are not sufficient. We have encouraged private institutions also to impart training, and we have our own official institutions also. Much as we would like to do more than what we are able to do, I think the House will agree with me that the progress that has been made since 1957 as also the progress that is being made during the working of the Second Five Year Plan is quite satisfactory as far as it goes, in regard to the number.

Regarding the training also,—I would not like to take up the time of the House by going into details—it was, in fact, the function of the Nursing Council to regularise the training. I do not say that we have been able to persuade every State in this respect. For instance, take the case of the minimum qualification for students entering into the nursing institutions or the training institutions for nursing. In Orissa, for instance, they have not been able to find the students, they are finding it difficult because that State happens to be a conservative State, a little slow in this matter. Therefore, we have permitted them, in the first instance, for a period of five years, to go ahead with less than the minimum that we have prescribed. Otherwise, I am sure hon. Members who have had occasion to look a little carefully and dispassionately into the curriculum and the working of these institutions will agree that the training as given in the nursing and training institutions is quite satisfactory so far as it goes.

It all depends on the individual nurses, their qualifications and their capacity and so on, as it happens in every other educational sphere. I am afraid that the observations that were made by some hon. Members were not due to deliberate ignorance, but if I were to judge, I think they have had very few occasions for being under the care of any nurses that have been properly trained these days, by which I mean to give them a compliment that they have been keeping perfect health and, therefore, they have not had occasion to come in direct contact or close touch with the nurses as they are actually working. Otherwise, I am sure that they would not have led themselves to make the observations that they have been tempted to make. I am quite sure—God forbid that there should be any occasion for actually being under their care—that if hon. Members would watch from a distance the work that is being done by the nurses, they will agree with me that, whether it be the question of their efficiency or their sincerity or their capacity etc., the

training programme has been such as has resulted in giving us good nurses; I am sure there will be no doubt about it.

I was once half tempted to believe that most of the Members who participated in this debate were rather talking from briefs than from personal experiences. Now, turning to the Nursing Council.....

Mr. Speaker: I thought they were all pleading for the nurses.

Shri Karmarkar: They were pleading for nurses. But I think they were not speaking from first-hand experience, that some patients might suffer and things like that; if they had done so, I would have considered their observations to be more relevant. They certainly spoke from briefs.

Shri Narayanankutty Menon (Mukandapuram): It is very difficult to speak from personal experience in all matters

Shri Karmarkar: Not at all. I do not grudge. In fact, I am also in the happy category of my hon. friend; in fact, I have not been under the care of a nurse except once in my life, I suppose, and that experience was quite good.

Regarding the work of the Nursing Council and the training programme, the curriculum has been formulated for courses in nursing, midwifery, health visiting, including the B.Sc. course in nursing, and regulations have been laid down regarding conditions to be fulfilled by training centres, including staff and equipment, both in class rooms and in the practice fields, namely hospitals and health centres.

Then, a recommendation has been made that no student should carry an overall work-load of more than 48 hours a week, at least six of which must be in class work. We are aware that owing to the paucity of nurses, some institutions have found it necessary to make them work a little longer than what

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has been recommended by us, but we have repeatedly sent recommendations that nurses should not be overworked. In a matter like this, we have to leave the States in liberty. Beyond making recommendations, we cannot have it enforced in that way, where it comes to a question of having nurses employed in a hospital.

Then, health service is required to be provided for all students. The minimum entrance requirements regarding age etc., have been prescribed, subject to solitary exceptions in particular States, where they have not found it practicable to enforce it.

Then, regulations for examinations have been laid down. This is the way in which the Nursing Council has tried its best to establish standards in nursing education. Those who have closely watched the work in the hospitals will, I am quite sure, agree that the standard of nurses today is much higher than it was, say, about twenty years back.

My hon. friend who spoke first has alluded to certain facts about Bengal. I should hesitate to make any comment about Bengal, because amongst the States, West Bengal has been very diligent in the matter of its medical services, and I think they have given fairly good working conditions to their nurses.

There was a suggestion that training courses might also include specialisation in different diseases. Their training curriculum does include a general knowledge of different diseases, and they are expected to possess a working knowledge of every important disease, which will be useful to them in the course of their services.

My hon. friend also permitted himself to say that they are the worst sufferers. I should not like to tire the House with the full details, but I have before me the salary scales that we have laid down in our hospitals under the Government of India, the

minimum salary scale being Rs. 100-185. The different States have different scales of salaries. It is a question of their budgeting. In fact, it has been our effort to recommend to the States to give the nurses good working conditions.

For instance, in Madhya Pradesh, I find that for a staff nurse (female) the scale is Rs. 105-130-E.B.-160. In West Bengal, the scale for senior nurses is Rs. 130-180. In Punjab, it is Rs. 60-100, while in Assam it is a little less, being Rs. 50-100. So, the scales vary in the different States. Again, in Rajasthan, wherefrom my hon. friend Shri Harish Chandra Mathur comes, the scale is Rs. 100-150. The scales vary according to the different States. It is our desire that their working conditions must satisfy the minimum standard of living, but we could understand the difficulties of the States in regard to their budgetary resources and the like. I am sure this House will agree that it is no use, and it is not desirable also to coerce the States—we have no permission to try to coerce the States either in respect of matters which are entirely within their purview—in a matter of this nature but it has been our effort in the Central field to see to it that nurses get good working conditions.

Apart from the question of States, *apropos* that, my hon. friend Dr. Sushila Nayar asked: Why should we not give respectability to the profession? Why should people not ask their daughters to join the nursing profession and see to it that their daughters get to as high a rung of the ladder as possible? I do not know, but it might be a good ambition for everyone to aspire that his daughter should be a Health Minister and nothing less than that, because that will give a wider field of work, just as much as one wants. For instance, to give an additional status—pardon me for saying so—to the class IV servants, should it be recommended that I should aspire that my

son should enter into the class IV service? This is not to decry the profession. Ultimately, some people suffer under a misfortune. But it has been our duty to see to it that these two propositions need not be mixed up. It is good for one to sacrifice one's all for the country, and that will certainly be a desideratum which I would ask anyone to emulate. But the question of asking some people to join a particular profession is not possible. If a friend were to come to me for advice and ask me 'What career shall I have for my son or daughter?' I would not give him some advice simply to give respectability to a profession and ask him to give up something by which he can aspire to something higher. So, that is neither here nor there.

The essential point is that, as you are aware, twenty or thirty years back, nursing was not considered to be what one might call an acceptable profession. But, now, happily there is a change-over; not only is there a change in the tendency or in the outlook of people in general, but looking to the work of the nurses, it is a precious work, and it is a necessary work. But to say that the nurses should be placed on a footing of equality with a qualified doctor is to say something more than we can easily accept or accept in any sense at all, because ultimately a doctor is a trained physician or surgeon, who is bound to stand higher than a nurse. It is common ground, however, that nurses should be entitled to respect. If it is otherwise in any society, that should be removed. Nurses are entitled to very great respect. They belong to a profession which is highly precious to the interests of the country.

Then regarding living conditions, wherever conditions require improvement, there should be no difference of opinion. With regard to quarters, for instance, just as with regard to salaries or with regard to daily allowance, diet allowance and things

like that, there is no difference of opinion that where conditions require improvement, they should be improved. But as I said, ultimately, it is largely for the States, and we would all be happy if in every State there could be a uniform minimum of amenities which would give them the necessary standard of living.

I will not enter into the cases of what one hon. friend referred to in respect of corruption and the like in particular States. If in a hospital for every mistake committed by the doctor, he were to foist the blame for what he did or did not do on the nurse, it is something strange. If an operation were performed by the doctor and if he were to say that it became unsuccessful because the nurse did not do her work properly, I am not prepared to take it at that. If there is an incompetent doctor, he should be removed from the hospital.

But then that is different from saying that the conditions of the nurses should be improved, wherever the conditions require improvement. My hon. friend seems to be in greater touch with this world of complaints which he made. If he knew about cases of corruption or something like that, I wish he informed the police. But if it is simply for the purpose of taking these complaints to the floor of the House, then that is not the proper remedy. But if he does really have information about that, I wish he passes it on to the relevant quarters.

As regards my hon. friend, Shri Harish Chandra Mathur, I am very sorry I have to withdraw one observation which I had made earlier, because it had been my good fortune to listen to his speeches since he makes some points. But this is the first time that he has disappointed me because there were not only no points made but some points which were mis-made. For one thing, I wish to take him to some of these hospitals, and if he has any previous parallels he may arrive at conclusions and then I am sure,

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with the fairness of mind which he possesses he will agree with me that there has been all the improvement in the training of nurses—there has been creditable and commendable improvement in training. So I am sorry that he let himself go with that remark, but perhaps that was due to the fact that he decided to speak on this Bill just this morning.

Shri Harish Chandra Mathur: My only point was that nursing students were employed as whole-time nurses—more than 60 per cent of them.

Shri Karmarkar: That was the second point he made. The first point that he made was—I have got a note of it—that there was absolutely no improvement in training. I am very happy that he has tried to improve upon his earlier observation by trying to forget that he made it.

The second point that he made was that students were over-worked. Now, students have to have the necessary training. As I said, we have advised a number of hours for student nurses also. If in a hospital they are over-worked, I wish my hon. friend takes it up with the State Government, that the students are over-worked. I am not sure about it; I have seen some students not necessarily....

Shri Harish Chandra Mathur: Over-work is not my point. I say the student nurses are treated as whole-time employees, and they are taking that work—instead of being students.

Shri Karmarkar: I say if that is a fact, I would be rather happy about it. He said, for instance, that where there should be 110 nurses, 60 to 65 are student nurses. I must congratulate the institution which at great sacrifice allows itself to be used as a training institution for more students than it can really absorb, because that is precisely what we want. We want more students to be trained. Suppose when they are trained as students, they are given the aid of some senior nurses and given instructions. That is

only because we are trying to reach that desideratum. I wish more hospitals take more student nurses for training.

Shri Harish Chandra Mathur: I am afraid I have not been understood properly.

Mr. Speaker: Is it without payment to those students?

Shri Karmarkar: There is a stipend. The hospitals pay stipends. I did not want to take the time of the House by dilating on that. I might tell the House that for students there are different stipends in different States. They are paid.

Mr. Speaker: There may be a question of balance. If more students are admitted, there must be less of nurses; if mostly nurses are appointed on paid basis, there may be no room for students.

Shri Karmarkar: It is a question of balance and, therefore, I say if the balance any way goes wrong, my hon. friend is free to complain to the State Government.

Shri Harish Chandra Mathur: We were talking about the training conditions and in elucidating that, I submitted that a particular hospital which has with it a training institution; in that hospital they should have 105 paid nurses. Instead of having 105 paid nurses, they pay only 40 nurses and 65 of the nursing students are made to work as whole-time nurses and treated as student nurses. This is the most objectionable part. I do not say it is either over-work or taking a larger proportion.

It is quite correct that we should take it up with the State Government—I have already taken it up with the State Government and the State Government is looking into it. But here when we are dealing with training conditions, I mentioned a very relevant fact. Of course, I know about the grades. We have had a hand in granting Rs. 100—Rs. 150 in Rajasthan.

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Shri Karmarkar: So I will not resume further discussion of the point. But I would like to repeat that it depends upon a particular case. Suppose they are taking student nurses in order to save money and to the detriment of the treatment of patients. Certainly that balance should be corrected. But, as I said, the mere fact that students are trained does not adversely affect the position; on the other hand, I should really think that if students take a little more training in the hospitals more than the prescribed hours, they would become much better trained nurses. It is another matter to have sweated labour or to make them work longer than what is really proper for them.

I shall not take up the question of married nurses, because naturally married nurses have their own problems, and those problems also have to be taken into consideration. It is something peculiar. For instance, in hospital here in Delhi under the Government of India, we have taken married nurses to the tune of about 15. I find that we give them fairly good working conditions so far as they go. The Government of India have created 15 posts in Safdarjang Hospital and 6 in the Wellington hospital of part-time married nurses. These nurses work 6 hours a day and, ordinarily will not be given night duty or work on Sundays. The pay scale sanctioned to these part-time nurses is Rs 70—100 plus dearness and other allowances amounting to Rs. 73, 75. I need not dilate further on this question.

Married nurses, as I said, raise many problems. Unmarried nurses can be trusted to continue full time in the hospital. But married nurses have to be given their maternity period leave and things like that. And one does not know, I am not quite sure, how many nurses will be on duty at a particular time. I should not like to dilate on this question, because that is not one of the major points; it was only incidentally made by Dr. Sushila Nayar, under some other inspiration.

Shri Narayanankutty Menon: Do they allow married nurses to stay outside the hospital?

Shri Karmarkar: Under appropriate circumstances, I think yes. As I have said, ordinarily they will not be given night duty, nor given work on Sundays.

Shri Narayanankutty Menon: I have received information from the Lok Sabha Secretariat which has been handed over by the Minister that some of the nurses in the Safdarjang Hospital are not allowed to stay outside the Hospital even though they are married.

Shri Karmarkar: I appreciate very much the interest taken by some Members there and some Members here in the working conditions of married nurses in the Safdarjang Hospital. Somehow or other, this seems to have become a very major national question! I should not go into that question because it is an individual question. It was a case on one married nurse who has thought it proper and who has been successful in attracting attention from many influential quarters, including Members of Parliament. I refuse to go into the merits of that question. Even in the Safdarjang Hospital—I would like to say this because otherwise there will be a wrong impression created—it is not as if a host of married nurses have made complaints. It is a case of one married nurse that is being teased again and again. It was taken up with me. I personally went into the question and found that there was nothing about it.

It has been the normal convention not to encourage discussion of individual instances, but for clearance, lest it be misunderstood, let me state that it is not as if in the Safdarjang Hospital there is a very huge and big question of married nurses. It is only one case which has been taken repeatedly and about which we have given our own reactions in the matter. I should not like to dilate further on

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that point because that is not very material either for the general consideration or for the purpose of the sections that are under amendment.

Shri Narayanankutty Menon: The Minister may rest assured that we take interest in both married and unmarried nurses.

Mr. Speaker: The question of service to the patient is more important than the provisions for married nurses. Between the two, if service to the patient suffers?

Shri Narayanankutty Menon: Both are important.

Mr. Speaker: Then all of them will be appointed? Only married nurses will be appointed? Then there will be nobody at night time for service to the patients.

I shall now put the motion for consideration to vote.

The question is:

"That the Bill further to amend the Indian Nursing Council Act, 1947, as passed by Rajya Sabha be taken into consideration."

The motion was adopted.

Mr. Speaker: There are no amendments to clauses 2 and 3.

The question is:

"That clauses 2 and 3 stand part of the Bill."

The motion was adopted.

Clauses 2 and 3 were added to the Bill.

Clause 4— (Amendment of section 3)

Shri M. Elias: Sir, I beg to move:

Page 2, lines 17 and 18—

Omit "other than a Union Territory"

Mr. Speaker: I will put the amendment to the vote of the House.

The question is:

Page 2, lines 17 and 18—

Omit "other than a Union Territory"

The motion was negatived.

Mr. Speaker: The question is:

"That clause 4 stands part of the Bill."

The motion was adopted.

Clause 4 was added to the Bill.

Clauses 5 to 10 were added to the Bill.

Clause 11— (Insertion of new sections 15A and 15B)

Shri M. Elias: Sir, I beg to move:

(i) Page 4, line 20—

add at the end:

"and which shall contain the period of service and conditions of service of the nurses, midwives and auxiliary nurse-midwives"

(ii) Page 4, line 20—

add at the end:

"or Union Territory register"

Mr. Speaker: I will now put these amendments to the vote.

The question is:

Page 4, line 20—

add at the end:

"and which shall contain the period of service and conditions of service of the nurses, midwives and auxiliary nurse-midwives"

The motion was negatived.

Mr. Speaker: The question is:

Page 4, line 20—

add at the end:

"or Union territory register"

The motion was negatived.

Mr. Speaker: The question is:

"That clause 11 stand part of the Bill."

The motion was adopted.

Clause 11 was added to the Bill.

Clauses 12 to 15 were added to the Bill.

Shri Karmarkar: Sir, I beg to move:

"That the Bill be passed."

Mr. Speaker: Motion moved:

"That the Bill be passed."

Shri Narayanankutty Menon: Sir in this third reading of the Bill I do not want to go into the specific clauses.

13.57 hrs.

[MR. DEPUTY-SPEAKER in the Chair]

First of all, an impression has been created by my hon. friend's remarks about corruption and I want to make it quite clear that the allegation of corruption was not made against the nurses or the doctors but that was a specific allegation made regarding certain hospital authorities. I do not think the hon. Minister will seriously dispute that all corruption in the medical services has not been completely eradicated.

Regarding the nursing profession, we are all agreed that we should pay a compliment to them for the services they are doing for the country. Now that the Bill is being passed, I should congratulate the Minister for bringing up a provision like this, by giving more and more respectable status and some more authority to the Nursing Council. But we hope that certain defects that we find in the Bill will be removed by the hon. Minister, without taking much time, bringing before the House suitable amendments in the light of the discussions that we had in passing this Bill.

One aspect that has been made out by the hon. Minister is that qualifications have been prescribed for the recruitment of nurses in general. In certain States there are qualifications

prescribed; but they do vary in the States.

In the discussion it has come out that the Government has prescribed that no married personnel should be taken into the nursing service. We do not for a moment recommend that married women should be taken into the nursing profession at all. It may be a debatable point whether the efficiency of the service will be seriously affected if married women are recruited. Therefore, we do not at all recommend that.

The question dealt with was about those who have been already recruited to the nursing profession and got themselves married with the permission of the Government and what should be their conditions of service. The hon. Minister got very much agitated when the question of one married person was referred to. He spoke with mal-temper when the question of one individual nurse was taken up. It was not at all a question of one individual nurse; it was a question of some more nurses in the Safdarjang Hospital whose names have been asked in the question and obviously in the replay that has been given by the hon. Minister. We have received a reply that it is a fact that these people are not allowed to stay outside. Therefore, the question of principle is this. The Government may decide that married personnel need not be recruited to the nursing service. We are one with the Government. Once they are in the service and they remain in the service, why not have some humanitarian considerations towards them? The Minister got angry because one individual case has been taken up and it is not the business of the House to discuss one individual case. As far as we understand, this House is equally concerned with the interests of one citizen and not only with the interests of millions. If justice has not been done to one individual citizen, certainly, the House should see that justice is done. No Minister can come before this House and say that because it is the question of one individual he would refuse

[Shri Narayanankutty Menon]

to look into the matter. I say it is not at all worthy of a Minister to say that it is one individual case and because the Members of Parliament are much agitated over it he cannot take it up. Certainly, he should congratulate the Members for going into the details of the matter and should see that justice is being done to the individual concerned. He should not say that because so many Members of Parliament are interested in the matter he refuses to look into it. I request the hon. Members to give independent thought to it. Perhaps it is not a case of partiality to one married nurse alone. We are not partial to married nurses alone. I can assure the hon. Minister that we do take interest and very keen interest in unmarried nurses also. But when once the point is brought out that justice is not being done to the people, certainly, the Minister should see that he has at least the courtesy to look into the matter.

The next point is this. On principle there should be a codification of the qualifications of the nurses and also the method of recruitment. The hon. Minister said that during the Second Five Year Plan we have a target of 9,000 nurses to be trained. In every hospital today we find that there is a tremendous dearth of properly trained nurses. When the Bill was being discussed there were complaints about overwork. It is a natural corollary to the dearth of nurses. There should be a tremendous effort made by Government to get trained as many nurses as possible. This overwork that is foisted upon the nursing service today should be removed and the nurses in each hospital should have plenty of time to look after the patients and not get themselves worried about their duty times.

Government has decided to amend this Act to give some more representation in this Council. The Government is aware that a new profession is being created by certain statutory obligations and an all-India Council is being formed with new authority

and a general register of the nurses is being kept. The hon. Minister, when he was replying, said that Government had issued certain instructions to certain State Governments and he quoted Rajasthan and two other States where the conditions of service of the nurses are given. I submit it is high time that Government instead of issuing directives which have got only a recommendatory value which so many States have not implemented—in certain States the salary is less than Rs. 100 and the hon. Minister has conveniently not told us about that—there should be a statutory restriction on these conditions so that it should be made obligatory.....

Mr. Deputy-Speaker: The Minister read about those States also.

Shri Narayanankutty Menon: He has read only those where the minimum salary is Rs. 100.

Mr. Deputy-Speaker: He read that also. I heard it. He mentioned even about Rs. 50 and Rs. 60.

Shri Narayanankutty Menon: I am sorry; I feel that it is a mistake and I withdraw that part.

In all these cases of discrepancy of service conditions it is always advisable that some authority gets a statutory power to lay down certain conditions of service so that it is not left to the good sense of certain State Governments. I appeal to the hon. Minister that he should not be content with passing this Bill alone and be satisfied. Let him bring forward a Bill, prescribing the conditions of service of these nurses so that all these differences and contradictions between various States need not be there. Let the nursing profession be content in the service of the patients. In certain States nurses are compelled to work 15-16 hours continuously. In certain cases, nurses who have entered the training classes for one week are put in charge of wards where patients are to be looked after. It is all because there is no overall con-

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tral by the Central Government. There is no statutory power whereby these things could be enforced.

Nurses have raised certain industrial disputes in some hospitals in Bombay regarding the conditions of service. A lot has been said about nurses and other hospital staff raising industrial disputes. We all agree that the hospital staff in charge of patients should not go on strike as others. But why were they compelled to do so? They submitted a memorandum asking the authorities to look into the matter. That is referred to the industrial tribunals for deciding the matter. Several workers go on strike. To avoid this sort of a trade union method of bargaining in this profession where the lives of many people are entrusted to them, this defect should be removed by means of statutory power given to this Council. It should lay down the conditions of service and have power to remove all the grievances of the nursing profession. All the grievances have been listed here. The hon. Minister would not deny that they are very genuine grievances and also that these grievances should be removed as soon as possible. I hope the Minister will come forward with new amendments to give more powers to lay down conditions of service.

Shri Harish Chandra Mathur: I am most grateful to the hon. Minister for the compliments—left handed as well as right-handed. He has always been so kind to me that I do not grudge it. I just wanted to invite his pointed attention to the fact that there was a pernicious practice obtaining. The hon. Minister is not in a position or has not got the power or the authority or the Indian Council has not got the power to remove it. It is one thing. Maybe, it is a State subject. They can do nothing more than advising the States. That is a very different matter. But the hon. Minister, I feel, by lending support to such a pernicious practice has done more harm than good. I think it would be advisable if he gives proper consideration to the complaint which I

have brought to his notice. If he is not in a position to do anything at least I expect him not to give his moral support to such a practice which is obtaining in some of the training centres.

Shri Karmarkar: Sir, there are only two points to reply to. Otherwise, if I deal with others, I will have to repeat what I said earlier. My only point was that when my hon. friend spoke earlier, spoke without studying the documents available with regard to the nurses training etc. which are available to anyone. He made out a point that we must go into minute details. I think—pardon me for saying so—he spoke without a reference to the Constitution unless he meant that I should bring an amendment to the Constitution to empower the Centre. He spoke that we have got power. I wish he appreciates that hospitals as such are under the States. We do try to correlate and harmonise all these things. That is the use of the common platform whether it is the Indian Nursing Council or the Central Health Council... (*Interruptions*) I think he needs—if he does not really take offence and permits me to give back as he gave me—a little education in the articles of the Constitution. I am prepared to spend half an hour with him.

Shri Narayanankutty Menon: When shall I come?

Mr. Deputy-Speaker: That time might be fixed up afterwards.

Shri Karmarkar: We shall share a cup of coffee if he does not mind. That is another matter. But the real crux of the problem is that we have no power to enforce under the Constitution anything in respect of hospitals in particular States. We try to harmonise. We have their goodwill and they have very willingly considered many reasonable points. Sometimes they are handicapped and everything cannot be done.

Shri Narayanankutty Menon: I did not say anything about hospitals.

Shri Karmarkar: It is about nurses working in hospitals. All the time nurses work in hospitals and not outside.... (Interruptions). I think my hon. friend knows better and I cannot afford to spend more time to meet his argument. If I say more surely you would rule me irrelevant. (Interruptions.)

Coming back to the point of Shri Mathur, the information that he has given this House is precious vague. He has not mentioned—he may do it later—the name of the hospital in which he has seen this type of thing. This could not happen in all hospitals or more than one hospital. Nor has he given the name of the State. Perhaps it is Rajasthan. If he gives those particulars, I promise to convey the facts of the case to the State concerned and give our own views. But a vague complaint like that is bound to meet with a vague answer that the Government are always prepared to do the best in the circumstances but that is neither here nor there. I hope he will—not on the floor of the House—give me the details. I shall have it forwarded to the State concerned and if there is any legitimate ground for such grievances, certainly the State will do the needful. I have no more points to reply to.

Shri Narayanankutty Menon: I did not say anything about hospitals. Under the Constitution the Central Government is empowered to do certain things such as laying down the conditions of service.... (Interruptions.)

Shri Karmarkar: I shall say a word about it, Sir.

... Deputy-Speaker: Order, order. That might be a matter of interpretation. Let it remain where it is.

The question is:

“That the Bill be passed.”

The motion was adopted.

The Deputy Minister of Finance (Shri B. R. Bhagat): Mr. Deputy-Speaker, I beg to move:

“That the Bill further to amend the Opium Act, 1878 and the Dangerous Drugs Act, 1930 be taken into consideration.”

This is not a very controversial Bill. Rather it is a simple Bill. It seeks to define the word ‘opium’ and also wants to take some more powers in order to enforce and prevent smuggling bringing in a number of officers in the work of stopping smuggling. A little background is needed on this question.

The cultivation of poppy for the collection of crude opium is controlled by the Central Government under licenses issued by the Narcotics Commissioner. Such licensed cultivation takes place only in certain approved districts in the States of Uttar Pradesh, Rajasthan and Madhya Pradesh. Moreover in the State of Punjab, cultivation of poppy seeds and poppy heads is permitted under licences issued by the State Government. The raw opium produced by lancing the capsules is collected by licensed cultivators but has to be surrendered at pre-determined price, to the Narcotics Commissioner. The seeds and the capsules remain the cultivators’ property and any surpluses over their own requirements are disposed of by them in the market. The control over sales of manufactured opium produced by the Ghazipur Opium Factory out of the crude opium thus purchased, is exercised through the State Excise Departments. Certain States, however, also control the import and export, and the sale of poppy capsules because these too contain a small percentage of morphine, have addiction producing properties and are often used by opium addicts for preparation of a decoction thereof. This practice generally prevails in the Punjab, and also to some extent in the State of Orissa, Andhra Pradesh and West Bengal which import these poppy capsules from the other producing areas.