

[Mr. Speaker]

opposition, which led to the break-down of democracy is lost sight of by making much of a police trouble. On the other hand, I am more concerned with that. What is now happening there? Is there really a break-down of democracy? If the opposition is not allowing the majority party to carry on with their business, they are contributing to the break-down of the democracy on the one hand and they are asking me to interfere on the other. For what? To help them to break down the democracy? Hon. Members must condemn that, instead of going on complaining that the police has committed excesses. Much is made of the police excesses and not a word is said about the manner in which the Member behaved. The members of the opposition tried to convert the majority into a minority and break down democracy. I condemn in the most strong terms that action and not that of the police. I cannot allow any more discussion.

Shri Nath Pal: Sir, I want to say only one sentence.

Some Hon. Members: No. no.

Shri Nath Pal: What is the point in so many of you howling together?

Mr. Speaker: Hon. Member is preventing me from carrying on. I will have to request him to withdraw.

Shri Nath Pal: I will withdraw, if you won't permit me. I want to say only one sentence.

Mr. Speaker: I won't allow him. If he wants to create an excuse for walking out, I am not preventing him from doing so. He ought to resume his seat. I request him to do so.

Shri Nath Pal: You can allow a sentence.

Mr. Speaker: I have allowed sufficiently. (Interruptions). Order, order. We will take up the next item.

Shri Nath Pal: What is lost if you listen to me for a minute? In other countries, have such things happened?

Have such things happened in the House of Commons?

Mr. Speaker: I will not allow any more discussion.

12.28 hrs.

INDIAN MEDICAL COUNCIL (AMENDMENT) BILL

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

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

The Indian Medical Council Act, 1956, received the assent of the President on the 30th December, 1956. Under sub-section (3) of section 1 of the Act, it shall come into force on such date as the Central Government may, by notification, appoint. But before the Act can be brought into operation it is necessary that the States, more particularly the re-organised States, get the State Medical Registers prepared as the Medical Council to be constituted under the Central Act will consist, among others, of members elected from among themselves by persons enrolled on the State Registers. Action in this behalf has been or is being taken by the State Governments; but this is bound to take some more time. In the meantime, it has been represented to the Government that unless the Act is brought into force, persons possessing certain licentiate qualifications and persons who are citizens of India possessing certain foreign medical qualifications, which are not recognised under the Indian Medical Council Act, 1933, will not be eligible for enrolment on the State Medical Registers. In the circumstances, Government consider that the Act should be brought into force without further delay.

As soon as the new Act is brought into force, the Council constituted under the Indian Medical Council Act, 1933, will cease to function as there is no provision in the new Act for

continuing the existing Council until such time as a new Council is constituted under the Act. Some time will necessarily have to elapse before a new Council can be constituted as it is not possible to hold fresh elections under Section 3 of the new Act before the Act is brought into force. To get over this difficulty, the following provision was originally made in the Bill as introduced in the Rajya Sabha, which was intended to give the power of nomination to the State Governments pending the preparation of the Indian Medical Register of Members under clause (c) of Section 3 of the Act:

'Provided that pending the preparation of the Indian Medical Register in accordance with the provisions of this Act, clause (c) shall have effect as if for the words "to be elected from amongst themselves by persons enrolled on such Register", the words "to be nominated by the State Government from amongst persons" had been substituted and clause (d) shall have effect as if for the words "to be elected from amongst themselves by persons", the words "to be nominated by the Central Government from amongst persons" had been substituted.'

This provision was amended as shown below by the Rajya Sabha.

'Provided that clause (c) shall have effect in any State where a Medical Register is not maintained, as if for the words "in which a State Medical Register is maintained, to be elected from amongst themselves by persons enrolled on such Registers", the words "to be nominated by the State Government from amongst persons" had been substituted; and ending the preparation of the Indian Medical Register in accordance with the provisions of this Act, clause (d) shall have effect as if for the words "to be elected from amongst

themselves by persons", the words "to be nominated by the Central Government from amongst persons" had been substituted.'

When the Bill came up for discussion in the Lok Sabha this provision had to be omitted in so far as it related to nomination by the State Governments of members under clause (c) of Section 3 of the Act, as it was considered that the proviso below sub-clause (e) of clause 3(1) was not necessary. As it is desirable that there should be continuity in the existence of the Medical Council, it is proposed to provide for the continuance of the existing Council after the commencement of the new Act until the new Council is constituted. This will enable the Government of India to enforce the new Act immediately without awaiting the completion of the State Medical Registers by State Governments. The enforcement of the Act will also entitle persons possessing certain licentiate qualifications and citizens of India possessing foreign medical qualifications to registration in State Medical Registers.

Mr. Speaker: Motion moved:

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

Dr. Sushila Nayar (Jhansi): Sir, I am very glad that the hon. Health Minister has brought this Bill before the House. It is very necessary that certain changes be made in the Indian Medical Council Act, and pending the period when the new Act comes into force, there cannot be a vacuum. There has to be a Medical Council in existence and this Bill seeks nothing more than to continue the existing Council during this period. Therefore, so far as this Bill is concerned, there is no controversy. There is no matter for any discussion in it and I think this Bill as it is can be accepted and will be accepted by everybody without any comments. However, taking this opportunity I would like

[Dr. Sushila Nayar]

to make a few general remarks regarding the Medical Council.

The Medical Council has been set up to act as the custodian of standards of medical education and medical practices and the maintenance of both ethical and professional standards. So far as medical education is concerned, naturally rapid progress has been made in recent years with regard to the methods of teaching, techniques of teaching and even the content of teaching in the medical schools and colleges. The Medical Council has to keep up with all these activities and be in a position to suggest and have implementation of their suggestions with regard to the improved techniques and improved methods of teaching. I would like to ask the hon. Minister to have some kind of an appraisal made as to whether the Council has been able to do the job that it was expected to do with regard to the standards of medical education in the country.

Secondly, it is for the hon. Health Minister to consider as to what extent the Council has at its disposal the necessary facilities to keep a continuous contact with all the medical colleges in the country and to keep a constant up-to-date knowledge of what is happening in the field of medical education and in different subjects of medical education in India and abroad.

Thirdly, has the Medical Council succeeded in giving some kind of an orientation to the medical education in this country which will make our graduates coming out of the medical colleges better fitted to serve the needs of the masses in this country?

The problem before us is a difficult one and at the same time a challenging one and a most fascinating one. We have to provide medical facilities for the masses in this country as quickly as possible. We cannot be content with thinking that in five years

we will increase them by five or ten per cent and in another five years by another five per cent and thus for the total population to be covered we will have to go up to perhaps five or six or even more Five-Year Plans and may be even 50 or 100 years may pass before we can cover the whole population. That prospect cannot be accepted by anybody. It cannot be looked at with equanimity by anybody.

It is for the Medical Council to consider how these doctors that they are turning out from the medical colleges are trained so that they can work in co-ordination with what personnel is today available in the country-side—a vast mass of half-baked doctors you might call them, a vast mass of *vaid*s and *hakims* and others. On the one hand the Ministry has to consider some methods of bringing their knowledge up-to-date, but leaving that aside during the medical education of our doctors it is necessary that it be impressed upon their minds that they have to work in co-ordination with these people and not feel superior or in a mood to condemn everybody else except people who have been trained like themselves.

We have before us the question of hundreds of thousands of our villages where medical facilities are non-existent or are very inadequate. Our trained men cannot reach every nook and corner of rural India. The men who are there today can be made to serve as the limbs of the fully trained doctors and reach where they themselves might not be in a position to reach. I feel that it is for the Medical Council to bring about that change in the outlook of medical men by re-orientation of medical education in the country so that the young graduates would begin to think in terms of the tasks before them and be in a position to make use of all possible facilities and resources that may be forthcoming or that may be capable of being used and in this fashion in

order to help in the big task of providing medical care for all the people in the country.

I have another question to ask the hon. Minister of Health. Here, in Delhi, we have set up an All India Institute of Medical Sciences. It is an institute which we look up to with pride. It has raised great hopes in the mind of the medical profession and the people throughout the country. A tremendous amount of money is spent upon the Institute of Medical Sciences. It is to be a place of learning and it is to be a place of research. It is to evolve new methods of medical education as well as of medical care and administration and so on. But, this Institute is completely outside the purview of the Medical Council. I am unable to understand the reason or justification for doing so. After all, if the Medical Council is the overall custodian of the standards of medical education in this country, would it not be right for the Institute to be under the Medical Council? Or, if there is, for any reason, a feeling that the Medical Council is not up to the job that it will have to do for supervising an Institute like the All India Institute of Medical Sciences, by all means, change that Council. By all means give the All India Institute the place of the Medical Council by bringing about certain changes or make it an Associate Member. The Director of the Institute can be a Member of the Medical Council and could even be given a responsibility and a place of honour in the Medical Council. But, it seems to be a completely wrong concept to keep this top-ranking medical institute in the country, which has to make experiments and find out new methods of teaching, which has to carry on new researches and raise the medical standards, completely outside the purview of the Medical Council, so that the results of their discoveries cannot be made use of for the purpose of improving the standards all over the country. The hon. Minister might say, well, even though the All India Institute of

Medical Sciences is not within the jurisdiction of the Indian Medical Council, it is perfectly possible that what they discover can be taken to other Universities and other medical colleges and be applied there. If that is so, why do we have a Medical Council at all? We have the Medical Council because it is the feeling that through the Medical Council, better co-ordination, better exchange of experience and better maintenance of standards of medical education can be kept up in the country. Under those circumstances, I am very clear in my mind that it is necessary for the Ministry to put all medical colleges in the country under the jurisdiction of the Medical Council, and keep no teaching institution outside its purview.

The All India Institute of Medical Sciences is kept even outside the purview of the Delhi University. How far that is justified, I do not know. They say, the Institute is going to provide trained teachers for the whole of India. These teachers are to go and work in the medical colleges which are under the Medical Council. But, the Institute which is training the teachers has no contact at all, with the Medical Council. It is a matter of, I think, clash of personalities. If that be so, I think it is a most unfortunate situation that because of that, this kind of a situation should come about where the Medical Council is not in a position to perform the functions that are expected of it. I plead with the hon. Health Minister to look into this matter and see to it that the Medical Council is constituted in a manner and is given facilities which will enable it to perform the functions which it is expected to do in India and which similar Medical Councils perform in other parts of the world, for instance, in England from where we have taken the pattern of the Indian Medical Council.

With these words, I whole-heartedly support the Bill that the hon. Minister has placed before the House.

Shri Kodiyar (Quilon—Reserved—Sch. Castes): Mr. Speaker, the present Bill seeks to extend the life of the existing Medical Council of India. I did not hear the opening remarks of the hon. Minister. Anyhow, I am glad that at last the Government has decided to implement the Indian Medical Council Act of 1956.

The Indian Medical Council Act was passed in 1956. Although more than one year and eight months have elapsed since then, it is regrettable that the Act has not been brought into operation. Of course, the hon. Minister may say, pending the preparation of the State medical registers, it was not possible for the Central Government to implement the Act. But, the responsibility for not implementing the 1956 Act, in my opinion, cannot be shifted entirely to the shoulders of the State Governments, because, according to the 1956 Act, certain licentiate practitioners of the medical profession were to be enrolled on the State medical registers and without the 1956 Act being brought into operation, such licentiate members of the medical profession could not get themselves enrolled on the State medical registers. Of course, the State Governments may have made some delays. They will have to make adjustments, make some changes in their existing State Medical Acts. But, at the same time, there was this difficulty that unless the 1956 Act was brought into operation, perhaps, the State Medical registers could not have been completed by the State Governments concerned.

Now the Government wants to implement the 1956 Act. The difficulty is that when the 1956 Act is brought into operation, the existing Medical Council will cease to function because, there is no provision in the 1956 Act for the continued existence of the Medical Council till the new Council is constituted under the 1956 Act. This shows clearly the lack of foresight on the part of the Government

and also the defect in our legislation. The Government could have seen such an eventuality that when the Act was brought into operation, it would be difficult to have the continued existence of the Medical Council. They could have very well made such a provision in the 1956 Act at the time of the discussion of that Bill. They did not do it. Now that they have decided to implement the Act, the old Medical Council will cease to exist and therefore, they want an extension of the life of the existing Medical Council. Of course, we must have the continuity of the Medical Council in our country, because, it is a very responsible body. It is considered to be the custodian of medical education and medical standards in our country. Therefore, I whole-heartedly support the idea of giving an extended period for the life of the Medical Council of India.

But, what I want to submit is this. No excuse can be put forward for the delay in implementing the 1956 Act. Before coming to certain other matters relating to medical education in our country, I want to bring to the notice of the House another point. Now, the life of the Medical Council is to be extended and we are asked to approve this amendment. But no information is given to us regarding the working of the Medical Council. If we are to approve this amendment and extend the life of the Medical Council, we are entitled to know what the Medical Council is doing, what its activities are and whether the responsibilities that have been entrusted to it have been discharged satisfactorily by that Council. No information is available with regard to the Medical Council's activities. Either in the Annual Report of the Ministry or in any other publication, no such information is coming forth.

With regard to our health services, it is our common experience that most of our health projects and schemes suffer because of the shortage of medical personnel in the country. Without having sufficient number of

trained medical personnel, qualified medical personnel, whatever be the soundness of the schemes launched by us, their success cannot be guaranteed. Medical education in our country, therefore, has to be improved a lot, and both the quality and the quantity of the output of the medical colleges have to be improved. Though in recent years we have made some progress with regard to the improvement of medical education in our country, that cannot anyhow make us complacent about the tasks lying ahead of us.

There is no uniform standard of medical education in our country, and also the quality of medical teaching has not improved substantially. I shall quote here the Ministry's own recent publication.

Health in Independent India: At page 150, the author of this book says:

"A certain amount of wastage is to be observed between the number of admissions to medical colleges and the graduations. The fault does lie somewhere. Sometimes it is that the candidates are unsuitable material for the medical profession or the pace proves too much for them and they drop out before graduation or else take a much longer time to assimilate what is the normal five years training. Perhaps the methods of examination are faulty and tend to serve much more as a test of memory than of the practical application of what has been learnt. It may even be that the methods of teaching are faulty in themselves. Be that as it may, the cumulative result of all this is that the output of doctors suffers both in quality and quantity."

This is from the Ministry's own publication, and so there is no controversy about that subject. What concerns us is the steps we are going to take

to improve the system of medical education and also, of course, the training facilities for bringing out more and more doctors and other medical personnel every year from our institutions. As I have already pointed out, without doing this main work, the basic work, we cannot progress satisfactorily with our schemes, and because of this shortage of medical personnel, as Dr. Sushila Nayar has already pointed out, it is the millions of people in the rural areas that suffer.

The All-India Institute of Medical Sciences has been referred here by Dr. Sushila Nayar. I also support the idea that this Medical Institute should be brought under the jurisdiction of the Medical Council.

Now I come to foreign qualifications. Our citizens go abroad and get foreign qualifications from outside, but according to the existing Act, the Act of 1933, some of those qualifications are not recognised in our country, and such persons find it very difficult to practise medicine in this country.

I do not wish to quote every instance that has been brought to my notice, but I know there is one gentleman in Calcutta who took his MBBS degree from the Dacca University in East Pakistan some six years ago. When he returned to Calcutta, he found that this degree was not a recognised qualification in India, and so he could not practise. He made several representations to the authorities concerned, but with no results. If the 1956 Act had been brought into operation, this difficulty would not have arisen because it contains provisions to recognise such foreign qualifications. Therefore, I would request the hon. Minister that there must be no delay in implementing the 1956 Act.

Then, with regard to reciprocal arrangements, I do feel that we should not recognise the medical degrees conferred by certain foreign countries which are not prepared to recognise our institutions and our degrees. At

(Shri Kodiyam)

the same time, I wish to point out that there are a number of world famous medical institutions where higher learning in medical science is imparted, such as Hopkins, Columbia and Moscow Universities. There must be facilities for our people to go abroad and study in these higher institutions and learn all the benefits of modern techniques of medicine and surgery.

Lastly, I wish to bring to the notice of the hon. Minister that the licentiate medical practitioners, though they may not be fully qualified as the graduates, are doing a great service to our country. Hitherto they have been kept aloof from the Medical Council. They are not given any representation in the Medical Council at present. According to the 1956 Act seven representatives of the licentiate medical practitioners are to be elected to the Medical Council, but since the 1956 Act was kept in cold storage after it was passed by Parliament, they could not get that representation in the Medical Council which they very greatly deserve. Now that the hon. Minister has decided to extend the time limit of the Medical Council, I request him that, pending the preparation of the All India Medical Register, the seven representatives of the licentiate medical practitioners should be nominated to the Council, so that the Council will become more representative of all those qualified medical personnel in our country who are doing a very humanitarian service.

Mr. Speaker: Shri Nanjappa. I am calling Dr. Melkote next.

Shri Nanjappa (Nilgiris): I am unable to welcome this amending Bill in so far as it makes the Act of 1956 inoperable to its full effect.

13 hrs.

Sir, by the Act of 1933 a large number of medical men in this country are not eligible to get into the

all-India register and they had no voice in the All-India Medical Council. But by the Act of 1956 they are brought in the all-India register and they can elect representatives to the All India Medical Council. Sir, after a very long agitation for over twenty-three years they were all given the chance to enter into the all-India register. But even after two years after the passing of this Act of 1956 they were not allowed to elect their representatives to the All-India Medical Council. We do not know how long they will have to wait.

One of the reasons given for not bringing these people into the register is the reorganisation of States as a result of which the registers were not prepared up to date. Sir, the reorganisation of States took place long ago, more than two years ago, and general elections for these State Assemblies have taken place and they have been working for the past one and a half years. Even in the course of these one and a half years a register was not prepared by some of the reorganised States.

Sir, the preparation of a register is not a very difficult thing. It is not as if preparing for the general elections. Every medical man in this country practising modern medicine and surgery has to register himself as a practitioner. So, most of their names are in the State list and it is not difficult to prepare a list. What the State Government has to do is only to get their correct addresses. They may probably have to make certain deletions due to the death of practitioners. These are the things they have to do and the register will be brought up to date. In order to aid this process the D M O is there. Every district medical officer can prepare the list of each district and he can put it up. The medical men have organised themselves and they have got medical associations on an all-India basis, on State basis; even in districts and taluks they have got their associations. They have got

their printed list. They can give it at a moment's notice.

There is the third process of advertisement through newspapers or by pamphlets. The list can be prepared in no time. Or the medical men themselves can address and get themselves enlisted in the register. So, the preparation of the list is not such a great thing and could have been done within the course of a few months and elections could have been held. Yet one does not understand why the thing is being postponed for any length of time.

Another reason given for bringing this amending Bill is for continuance of the Indian Medical Council. In a time of emergency even at the time of elections, the whole Constitution of India is suspended and election takes place. What if the Indian Medical Council is suspended for some time and election is proceeded with? Sir, it has given room unnecessarily for heart-burning and suspicion to large sections of people who have been left out of the register and they have no voice in the Indian Medical Council. I do not suggest that this amending Bill should be withdrawn. All I say is: let the Ministry go on with the Bill. Within the course of a few months they can hold the elections and reconstitute the Indian Medical Council. It is for the hon. Minister to draw up a programme for the preparation of the register for the election; the election can be held within a few months and the Indian Medical Council can be reconstituted and nothing will be lost.

Sir, with these few words I request that early elections may be held for the Indian Medical Council and all those who were left out of the register may be brought in.

Dr. Melkote (Raichur): Mr. Speaker, Sir, I congratulate the Health Ministry for their boldness in bringing this amendment to the Act. This amendment was due long ago and the licen-

tates in particular have been feeling that it has come too late. Now that it is being amended, though late, it is to be welcomed.

This is part of the legacy which we are still enjoying of the British regime. The British created different sets of educational institutions and even such as those that qualified themselves as licentiates, when they went into service or took to private practice were looked down upon by the public at large for the simple fact that in the Council they were not allowed to sit on a par with the other medical men. May I say, Sir, that these very licentiates are allowed to compete with the highest qualified medical practitioners, even such of those that qualified themselves and came back from England, and are allowed to practise.

Then again, in many of the medical colleges it is still to be found that these licentiates teach the students for the graduate's course. How the licentiates who are considered as an inferior type of brand, who are not supposed to have qualified themselves sufficiently could be allowed to teach graduates who are supposed to come up to sufficiency mark is an anomaly of the British regime. Then again the licentiates as a body in their association and annual conferences and through the All-India Medical Association Conference, which includes medical men of every brand in the country have been voicing their feeling that this type of distinction between the licentiates and the other graduates should be removed.

When war came in and it was to take the advantage of the British regime to take the services of these licentiates they were put on a par with the other graduates and when their services were needed they were considered sufficiently qualified. Many of them are still in the army holding very high positions. Some of them are civil surgeons, and quite a number of them have left bequests with which many of the associations are inviting the

[Dr. Melkote]

highest medical practitioners of the country to come and speak on any particular subject either in surgery or in midwifery. So, in actual practice, these licentiates have enjoyed a status equal to that of the highest men. But this Medical Council of India even today does not want to recognise the licentiates as on a par with the others. They are still in part II of the Third Schedule, where they have been relegated to the background.

I personally feel that apart from including these seven members of the licentiates into the Medical Council, which this Bill decides to do, something further should be done. It is a fact that some of the States have still not taken measures to bring the registers up to date. I suspect—I may not be quite correct—that some of the senior members of the profession who are graduates and who are not licentiates would possibly like to feel that this Act which has been passed by this Parliament in 1956 should not be put into operation, by not bringing the State Medical Registers up to date. I also understand that there may be difficulties in the States. There was the Andhra State which was formed in 1953, and which had to form a new register, after it got out from the Madras State. Then, the Hyderabad State got disintegrated, and there was the Hyderabad Medical Council which has had to merge with the Andhra Pradesh Medical Council. So, these delays may be partly due to these reasons, and part of the blame for the delay might be laid on them. In spite of that, the licentiates generally feel that the senior members of the profession who are full-fledged graduates do not want them to be treated on a par; and, therefore, it is being delayed. I, therefore, have to say that what is being done by the Ministry today is the general consensus of opinion of the country, and what is being done today is a bold act which would be welcomed by every medical practitioner.

My second point is this. I have been a member of the All India Institute of Medical Sciences, from this Parliament, elected by the Members of this House, and I would like to say that Dr. Sushila Nayar has raised a very pertinent point in regard to this institute. The All India Medical Institute is supposed to be the premier medical institute in the country, and it has to set up standards for others, and if it has to set up standards for others, its standards must be above those of others. Since the All India Medical Council is there to test these standards I do not see why the institute should not allow itself to be inspected by the Medical Council. Nowhere in the world has a medical institute or a medical college been constituted which does not come within the purview of the medical council of the State. The Medical Council of India not being able to recognise or test the standards, and the Medical Institute feeling shy of the whole affair smack of something that is not good. The Medical Institute should make bold to get its standards tested by anybody in this world including the Medical Council of its own country. I, therefore, welcome what Dr. Sushila Nayar has been saying, and I have been repeating the same thing elsewhere also.

Thirdly, I would like to say that the system of licentiates, for whose benefit all this is being done, was a system that was in vogue in the country. It no longer exists. We have no licentiate system anywhere in the country today. And those people that are there now would possibly fade away in the course of the next forty, fifty or sixty years. Here, in this very country, we have apothecaries who are recognised in England, and who come and practise here, but our licentiates are not allowed by our Medical Council to go to foreign countries and get further qualifications there. The Medical Council of India does not want them to do such a thing. Again, there is the Banaras

Hindu University from which graduates in the Indian system of medicine come out, whose qualifications are recognised in America for post-graduate studies. Equally, so, some of the German institutions also recognise some of these graduate courses in the Indian system of medicine; they can go and qualify themselves with the highest qualifications in the allopathic system, and when they come back to this country, it is said that since they have not had the basic qualifications here, though they have the highest qualifications, in allopathy, of those countries, they should not be put on the register here. Whether they were qualified here sufficiently or not is a different question, but today they have the highest qualification, and they can practise anywhere in the world, but they would not be put on the register in India, which again smacks of injustice to these people. I, therefore, feel that the Medical Council of India should make bold and assert its own independence and not still follow in the foot-steps of the British system which is still our legacy. I feel that a new type of orientation in the Medical Council is necessary. So, I welcome this amendment that has been brought forward by Government, and Government should be enabled to nominate the licentiates in any of the vacancies. I go a step further. Today, as the Act is sought to be enforced, may I request the Health Minister that till such time as the elections do not take place seven members from among the licentiates should be included or nominated immediately, and they should be allowed to act in the present Medical Council? If such a thing is done, I am sure the licentiates in the whole country would welcome it, and justice will have also been meted out to them.

I have nothing further to say except to congratulate the Ministry once again for this bold act.

Shri M. C. Jain (Kaithal): I rise to support this two-clause Bill seeking to amend the Indian Medical Council Act, 1956. In that Act, Government

took powers to appoint a date to enforce the Act. But more than eighteen months have passed, and yet Government could not decide when it should be enforced. Of course, there was some difficulty why the Act could not be enforced, because if it had been enforced, the existing Council would have ceased to exist.

But my grievance is why the Health Ministry should have taken more than eighteen months to come to the conclusion that this Act requires amendment. I feel that the labours of this Parliament have been kept in abeyance for eighteen months. Not only have the labours of Parliament been kept in abeyance, but the hopes raised in the minds of the medical people all over the country that their representatives also would be included in the Indian Medical Council have also not been fulfilled. Through you, Sir, I would like to bring it to the notice of the Ministry that such delays cast a slur on the administration. Why should the Ministry have taken so much time to detect this small lacuna in the Act? I realise, and I agree, that there was a lacuna in the Act, but that could have been found out in a very short time. Of course, it is not that anybody did not point it out to the Ministry. I know that in the Punjab, the medical people write to the department that this Act should be enforced, and the Indian Medical Council under this Act should be constituted. Still, the department did not take any steps to enforce this Act. I would like to bring it to the notice of the Ministry and the Government of India, through you, that such delays always cast a slur on the Government, and should not, therefore, be repeated in the future.

Mr. Speaker: Now, the hon. Minister.

Shri Halder (Diamond Harbour—Reserved—Sch. Castes): I have an amendment. So, may I speak?

Mr. Speaker: I shall allow him to speak on his amendment.

Shri Karmarkar: I am grateful to my hon. colleagues who have partici-

[Shri Karmarkar]

ated in this debate for the unanimous support that they have given to this measure. Naturally, advantage has also been taken of this opportunity to offer some suggestions.

My hon. friend who spoke first suggested that some kind of an appraisal should be made as to whether the Council has done the job that it was expected to do.

I think it is my duty to tell this House that the Indian Medical Council has been able to discharge the particular task for which it was created with commendable credit, to keep up the standards of medical education on as high a pedestal as possible. Hon. Members know the speed with which medical colleges have come up especially during the last two years. It is for the good. But the colleges have not always been able to find the requisite staff with adequate qualifications for the purpose. It has been the function of the Indian Medical Council through its bodies, through its inspectors and the like, to keep always a very close watch. If I may say so, they have succeeded not only in keeping a close watch but also in being helpful to the institutions concerned by way of making useful suggestions for making adequate arrangements for the tuition of the students.

I think it was Dr. Sushila Nayar who made the suggestion that it is for the Indian Medical Council to consider how the doctors can be trained to work in co-ordination with those working in the field—a large number. It is very highly necessary in the new dispensation to work with a sense of co-ordination. In fact, it has been repeatedly placed before this House that Government's feeling in this matter has been that there should not only be co-ordination but in a sense we should take in everywhere efficient work that could be taken from other systems of medicine

also. There could not be any difference of opinion on that, and I think a new orientation also has to come—and is fast coming. The modern medicine people, doctors and the like, cannot afford—it is not proper and advisable for them—keep themselves aloof with a sense of superiority in respect of other systems of medicine or other people practising medicine. I do hope that that orientation is fast coming which will enable us to make use of the best medical talents in the country.

Another point made by Dr. Sushila Nayar and reinforced by Dr. Meikote is that there has been a sense of grievance—this was there sometime earlier also—that the All India Medical Institute should have been kept outside the purview of the Indian Medical Council. It is only recently—I think about two years back—that Parliament passed the enactment constituting the Medical Institute and Parliament in its wisdom also kept this Institute outside the purview of the Medical Council. It is yet too early to assess the possible results of the Institute having been kept outside the purview of the Medical Council.

Now, much can be said on both sides. On the one side, there is the point urged by Dr. Sushila Nayar and Dr. Meikote that we are constituting the Indian Medical Council with a view to see that adequate steps are taken to keep up the standard of medical education at as high a plane as possible. Why then should this top institution keep itself outside the purview of the Medical Council? It could also be urged, on the other side that a high grade institution like the All India Institute of Medical Sciences which in its conception is a very bold conception, might serve the purpose by being kept as an integrated institution almost as a University outside the purview of any other body in so far as its functioning is concerned.

Shri Supakar: How does it help?

Shri Karmarkar: It is just as we keep Universities outside the purview of any other parallel body, just as we have the Roorkee Engineering University functioning by itself. Therefore, it should be kept as a high institution outside the purview of any other body which is supervising. In fact, the idea then was—as anyone can see from the records—to give it as much autonomy as possible.

Dr. Melkote: It is not even a University where academic standards are tested and so on.

Shri Karmarkar: I appreciate that I appreciate both points of view. I will have this matter again considered in Government.

Mr. Speaker: What is the experience during these two years?

Shri Karmarkar: The experience is that the institution has yet to come into being. Only the first 18 months of under-graduates course has been finished out. They have yet really to function in the proper sense. I am afraid it might take about three or four years before they really begin their work. Their building has yet to come into existence so that they are having their classes in what was originally planned to be the building for the nurses' college. That is the state of things as it is.

So, as I said, Government will take cognisance of the views expressed in this House and give it a re-thought themselves. Since the All India Medical Institute is in a way an autonomous body, we shall have to take their opinion also. I shall convey the views expressed in this House to the institution also to ascertain their opinion. At this moment, I cannot commit Government to any expression of opinion on this point because the whole question has to be considered.

Shri Kodyan and another hon. Member naturally expressed impatience about the delay that has been

there in coming up before this House. In one sense, we need not have come before this House at all, as according to the provisions that have been there in the old Act, it was possible for us to form a new Medical Council, to proceed straightway with nominations as it was within the purview of Government. Even if the new Medical Council was defective, under the provisions of the Act itself, we could have gone straight ahead functioning. But the question was whether it would be wise for us to do it. In the meantime, as has been generally appreciated—I do not want to be censorious in respect of any State Government—it has been a matter of regret to us here that there has been delay which really might not have been perhaps necessary. The States must have their own difficulties. And when State Governments ask for time, when they say, 'wait till such and such date before bringing this Act into force' and things like that, if you have to proceed with the co-operation of the State Governments, it is not always conducive to very good and efficient functioning if we ignore them. We waited and waited and waited. But we thought that if the spirit of the Act had to be brought into force, we could not wait without being untrue to the spirit of the Act itself.

Therefore, we came forward with this measure. We did not welcome the other choice of having recourse to a defective Medical Council with more or less all members nominated, because we thought as between one body which has been properly constituted—the Indian Medical Council as it is now constituted under the law—and the new one defectively formed under the new Act, we thought it would be better for us to function with the old Indian Medical Council properly constituted according to the provisions of the old Act. We thought that we could not afford to wait longer, wait till all the States concerned had brought their registers up to date, as that would be wrong. As I said, we also did not want to function in a manner which would not be

[Shri Karmarkar]

in consonance with the principle of election and the like.

Therefore, it is that we came here eventually with this Bill. We had to take the time of the House because we wanted to be considerate to the States. We could just have waited for, say six months after the Act received the assent of the President and then said that those of the States which did not bring their registers up to date would suffer the consequences of doing so. We could just have done that, but things always do not work that way. That is the reason we have come here and come here so late.

There has also been an opinion strongly expressed that pending arrangements for bringing the Indian Medical Council into existence after election, nomination and the like even in the existing Indian Medical Council, whose life we want to prolong for a time that is necessary, there should be representation for the licentiates.

Sir, I have had occasions many a time to have my attention invited to the grievances of the licentiates. They have naturally a feeling that in the new dispensation their interests are not being looked after in a sense or to put it in rather popular parlance, the licentiates have become rather out of date. Sir, it would be wrong for us to belittle the precious services that have been rendered to the country by the licentiates. That was a system in vogue then according to the understood pattern. Later on, owing to their own strong feeling the difference between the licentiates and the medical graduates was sought to be abolished by making one degree common to all.

Many times, in matters of representation, I have seen that they have a strong feeling that sometimes their interests are neglected; sometimes their right to proper representation is

neglected. I appreciate the feeling though it might not always be justified. An amendment has come before the House providing for nomination to the Council—even in the interim period—from persons possessing medical qualifications included in Part I of the Third Schedule of the Indian Medical Council Act of 1956.

Earlier, our view was that, since this is going to be for the interim period only, it might not be strictly necessary to have licentiates included in the Medical Council. But, in view of the fact that so much time has elapsed and since on principle we have agreed in the Act that they are going to have representation, after reconsideration, and after listening to the hon. Members here, I have a feeling that in this particular matter, the licentiates should not be kept under any possible grievances. Therefore, I have got before me an amendment—I am just informing the House but I will move it at the proper time with your permission—that after the figure 1933 in line 15, the words "with the addition of seven members nominated thereto by the Central Government from among persons enrolled on any of the State Medical Registers who possess the medical qualifications included in Part I of the Third Schedule to this Act" may be added. If you permit me, Sir, I will move it or it may be moved by some other hon. Member, because it fulfils the purpose of the earlier amendment on record. It fulfils also wishes of the hon. Members who spoke on this particular point.

I need not take the time of the House any longer. There are many precious suggestions which have been given on the floor of the House by Dr. Sushila Nayar and other hon. Members. Those suggestions will be given the respect to which they are entitled and will be considered in due course.

Mr. Speaker: The question is:

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

The motion was adopted

Clause 2.—(Substitution of new section for section 34.)

Mr. Speaker: There are certain amendments to clause 2. There is Shri Halder's amendment. Is it to this that the hon. Minister was referring?

Shri Karmarkar: It is that of Shri Kadiyan and Shri Nayar.

Mr. Speaker: Then both may be moved. Shri Halder may move his amendment. Does Shri Kadiyan want to move his amendment?

Shri Kadiyan: Yes, Sir, I wish to move my amendment. I may not press it.

Shri Karmarkar: Sir, I have read out the draft of the amendment which would be acceptable to Government. It is substantially the same as his except that it is legally clothed. Either Shri Kadiyan may be permitted to move his amendment in the modified form or I may be permitted to move my amendment.

Shri Kadiyan: I would like to move my amendment; but I do not wish to press it.

Shri Karmarkar: I think he need not move his amendment. Sir, I move:

Page 1, line 15,—

after "1933" insert—

"with the addition of seven members nominated thereto by the Central Government from among persons enrolled on any of the State Medical Registers who possess the medical qualifications included in Part I of the Third Schedule to this Act".

Mr. Speaker: Shri Halder can speak on his own amendment as well as on the Government amendment. I will treat Shri Kadiyan's amendment as not moved.

Shri Kadiyan: Sir, I said that I will move it but not press it.

Mr. Speaker: Yes, he may move it.

Shri Kadiyan: Sir, I move—

Page 1,—

after line 21, add—

"Provided that seven members are nominated to the Council from persons possessing the medical qualifications included in Part I of the Third Schedule of the Indian Medical Council Act, 1956."

Shri Halder: Sir, I move—

Page 1, line 21,—

after "fit" insert—

"after consultation with the members of the Executive Committee."

13.36 hrs.

[MR. DEPUTY-SPEAKER in the Chair]

Sir, in the Indian Medical Council Act of 1956, the whole idea of the Central Government seems to be that the Council should have the right of specifying which particular qualifications should be recognised to be the standard. The intention of the Bill is good no doubt. But when the Bill was in this House a memorandum by the Indian Medical Association was sent to the Central Government. I will now quote one sentence from that memorandum.

"The Indian Medical Association deplors the arbitrary nature in which the Health Ministry is passing a measure ignoring the Indian Medical Council and flouting the opinion of the organised medical profession in our country."

Government is liberal enough to come forward with a Bill to give licence to the medical practitioners

[Shri Halder]

who have no licence. The intention is good no doubt. There are thousands of medical practitioners in the rural areas who have no such licence qualifications or diplomas. But most of the people in the rural areas are treated by them. What will be their condition? I think they should also be considered.

Another point I would like to mention is, taking the power from the hands of the Indian Medical Council by the Central Government or the Health Ministry is not enough. That means, some officials will control the Indian Medical Council which may not remove the grievances of our people. That may even create troubles among the people.

We hear of instances in the Medical Colleges in Calcutta and elsewhere that even the newly delivered mothers do not see their children by their side in the morning. Even the patients have disappeared from the hospitals. There are so many instances. Even in Delhi there is the famous Irwin Hospital which is fully controlled by the Government and there are serious charges made against this hospital. There are a big number of hospitals which are not properly managed and against which people have got grievances.

Only a few days ago, in Calcutta, from the Indian Medical Association a deputation was sent to the Chief Minister of West Bengal, who is also an eminent doctor, that there are many grievances against the management of the hospitals and that even Government are not properly looking after the interests of the doctors and the nurses in those hospitals.

This also should be considered. I can mention here an instance. Only two or three months ago, the West Bengal Government had taken over charge of the R. G. Car Medical College Hospital renowned in West Bengal for its misdeeds and mis-

management. I do not like to mention many other instances but I shall request the Government that when taking over charge of this Medical Council will not be enough. They should be very careful about the patients and the medical practitioners who are practising in our country. For that reason, I say that if the Central Government takes over charge of these things, it will not solve the problem. There is an organisation which still exists in the country and if some power is given to that, it may probably solve some of these problems. Hence, I have moved an amendment.

Shri Kodliyan: Sir, I do not intend to speak on my amendment No. 2. I am grateful to the hon. Minister for accepting the substance of my amendment and for himself moving an amendment to this effect.

Shri Karmarkar: Sir, I am afraid I have not been able to fully appreciate and understand the implications of the observations made by Shri Halder. He appears to be under the impression that we are trying to take something over.....

Shri Halder: Yes, Sir. They are taking control of the Medical Council.

Shri Karmarkar: There is no emergency of that kind; we are not taking full control of anything at all. What we are trying to do is this. The moment the Act of 1956 is brought into operation, the old Act ceases to exist. So, the Indian Medical Council constituted under that Act becomes a *functus officio*. There will be some time-lag between the bringing into operation of the new Act, that is to say, the extinction of the old Act and the constitution of the new Indian Medical Council according to the present Act. The Bill aims at simply creating continuity between the old Council and the new Council—not to extinguish the earlier lamp before the new one is lit.

The other amendment is about the addition of seven persons from a particular category of persons. The Indian Medical Council will function only till the new Council comes into existence. If unhappily a vacancy arises—God bless everybody, let there be no vacancy during this period....

Mr. Deputy-Speaker: Does it not occur by resignation?

Shri Karmarkar: Even that, God forbid. That is what I was saying. It may be any type of vacancy, by retirement, by resignation and so on. We do not want these vacancies to be created and the Government is not anxious to fill these vacancies. But if some vacancies arise, somebody has to be vested with power to nominate. Therefore, the Government which is naturally the representative of the people is the relevant body. If he really understands his amendment more than he appears to have understood it, he would not press that because he appears to place a little discretion in the hands of the executive council of the Indian Medical Council. We do not want to be clogged in the matter. We would like the Government which is responsible to this House to be vested with the power of nomination in respect of the vacancies. I think that what I have said is appreciated by him. In any case, it does not appeal to us and so I oppose them.

Mr. Deputy-Speaker: Does the hon. Member press his amendment?

Shri Karmarkar: I do not think he presses it.

Shri Halder: I do not press it.

Mr. Deputy-Speaker: So, amendments 1 and 2 are not pressed. Have the hon. Members leave of the House to withdraw those amendments?

The amendments were, by leave, withdrawn.

Mr. Deputy-Speaker: I shall now put the Government amendment to

the vote of the House. The question is:

Page 1, line 15,—
 after "1933" insert—
 " " , with the addition of seven members nominated thereto by the Central Government from among persons enrolled on any of the State Medical Registers who possess the medical qualifications included in Part I of the Third Schedule to this Act."

The amendment was adopted.

Mr. Deputy-Speaker: The question is:

"That Clause 2, as amended, stand part of the Bill."

The motion was adopted.

Clause 2, as amended, was added to the Bill.

Mr. Deputy-Speaker: The question is:

"Clause 1, Enacting Formula and the Title stand part of the Bill"

The motion was adopted.

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

Shri Karmarkar: I beg to move:

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

Mr. Deputy-Speaker: The question is:

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

The motion was adopted.

13.46 hrs.

DELHI RENT CONTROL BILL

The Minister of State in the Ministry of Home Affairs (Shri Datar): I beg to move:

"That the Bill to provide for the control of rents and evictions, and for the lease of vacant premises to Government, in certain areas in the Union Territory of Delhi, be referred to a Joint Committee of the Houses consisting of 15 members; 30 from this House, namely Shri Radha Raman; Choudhry Brahm Perkash; Shri C. Krishnan Nair; Shri Naval Prabhakar; Shrimati Sucheta Kri-