

[Shri Aurobindo Ghosal]

they have been reduced only while supplying; anyhow, we find that the quantity has decreased.

As regards the last item on which I have got my cut motion, relating to Demand No. 16, I would like to submit that already we know about the history of the manufacture of diesel engines which has been stated by my hon. friend Shri T. B. Vittal Rao. Naturally, the time has come now when we should immediately set up this factory for manufacturing diesel locomotives, so that we can conserve our foreign exchange of which we are so much in need.

**Shri T. Subramanyam:** I shall very briefly refer to the survey of some of the railway lines proposed to be taken up, and with respect to which supplementary demands for grants have been made. Regarding the doubling of the railway line between Guntakal and Hospet, a sum of Rs. 58,000 has been asked for as a token grant, and then, for the Hassan-Mangalore railway line, a sum of Rs. 2,15,000 for the final location survey has been asked for.

**Mr. Chairman:** The hon. Member will continue his speech tomorrow. He will be the only Member left, and after him, the hon. Minister will reply to the debate.

17 hrs.

#### SHORTAGE OF DOCTORS\*

**Pandit D. N. Tiwari (Kesaria):** Yesterday, while replying to questions regarding the shortage of doctors in the country, the hon. Minister of Health was pleased to give replies which were very curt and unsatisfactory. He gave the reply that figures were not available and the question did not arise. Then the Chair had to intervene and remark that he was very sorry to hear such a reply. Not only that, the Chair

said that this was a most unsatisfactory way of dealing with the matter. These were harsh remarks from the Chair.

We read in the newspapers that in some State or the other there are hospitals where there are no doctors. Accordingly, Members were concerned about the matter and they wanted to know the real position by tabling questions and giving notice of Motions. The replies that have been given do not satisfy the House. Not only that. It shows that the Minister is not in the know of the whole matter.

After replying in this unsatisfactory manner, I think he himself was not satisfied and then elaborated the point and said that such and such arrangements are being made and no doubt, there is a shortage of doctors. I think that was an offhand reply which he regretted perhaps afterwards.

Reference is made to this point in the Third Five Year Plan. Figures are already given there. So what is the difficulty? It is stated there (in page 652):

"Although there has been considerable development in the field of health and in the related services, at the end of the Second Plan, certain deficiencies were specially marked. Thus, in relation to needs, the institutional facilities were quite inadequate, specially in the rural areas. Doctors were not evenly distributed between urban and rural areas, and as against concentration in many urban areas, in the rural areas generally there were shortages, and the existing institutions did not have their full complement of personnel."

Not only this. In page 657, the difficulties have been enumerated. I do not think the Minister was unaware of all these difficulties while

\*Half-an-hour discussion.

replying to the question. We know that there is a shortage of doctors, because we read in the newspapers that in almost all the States, there are dispensaries going without doctors. In my own State, scores of dispensaries have no doctors for three, four or even six months. As regards absence for short duration, the position is still worse. In hundreds of dispensaries, there are no doctors for one day, two days or even a week.

This is the very sad state of affairs. Some remedy should be found out to remove these difficulties. What is the use of opening so many dispensaries in urban and rural areas if they are not manned by qualified personnel? They have opened health centres. What will those centres do if they are not provided with qualified personnel? Money is going waste. Our condition is not very satisfactory in the matter of medical services by way of provision of doctors in terms of the population. If we compare our position with that of foreign countries like U.S.A., Germany, U.K. etc. what do we find? Here the number of doctors serving a certain population is less. There the position is different. The number of doctors is high. Some have got one doctor for 550 persons, some for 930 persons. Even in our neighbouring country of Ceylon, the ratio is 4,700 persons per doctor. But in India we are still at 6,000; and in the rural areas it is about 40,000 persons per doctor.

We are giving health centres in the rural areas for every 60,000 of the population. As the Minister was pleased to remark, they are going to lessen this number and put it at 20,000 of the population per unit. That is good, but we have to see that every dispensary is manned by qualified persons. I know the target cannot be reached soon, but when we open a health centre we must see that the equipment, buildings and the staff do not go waste because they have no work if the properly qualified person is not there. The population will not be served. So, the money is

locked there, wasted, man-hours are wasted, and the people are not getting the benefit.

These are all things which should be taken into consideration by the hon. Minister. These will no doubt take some time, but the Minister must take the House into confidence and put before it the real state of affairs. We are concerned to note that the reply given was not in consonance with facts, or was not given very seriously. This attitude we regret. I request the hon. Minister, as he promised yesterday, to place the full facts and figures before the House as to how the matter stands today, but he should be very careful in replying to questions.

**Mr. Chairman:** Shri Nath Pai. Only questions.

**Shri Nath Pai:** I am a little embarrassed to impose my voice so often on the House, because this is the sixth different subject and sixth Ministry with which circumstances are compelling to deal in the course of a single day.

It was my question that asked Shri Karmarkar as to how he defined surfeit of doctors. His self-assurance is very delightful and deserves congratulations. What is a little intriguing and sometimes a little annoying is his self-complacency.

In spite of the glaring facts of the inadequacy of medical services in the country, of which he should have been convinced by a bare reference to any statistics and a comparison with the relevant data from other countries, he has tried to take shelter behind the fact that there are more doctors in some of the big cities and some of the larger towns. Certainly he has a better conception of India than is conveyed by the few cities like Calcutta, Bombay, Madras and the larger towns like Dharwar from which he comes. I had, I think, the privilege of working with him. It was

[Shri Nath Pai]

way back, but I think when we uttered the word "India" and thought of its problems, we did not think of these large cities but the population which lives in the more than 500,000 little villages of this country. And, would he really venture to repeat his assertion yesterday to the House that there is a surfeit of doctors? How do the facts compare with this?

He does not like, he stated yesterday in the House, that there should be so many doctors for so many thousands of the population. He makes very light or fun of it and says the lesser the number of doctors the better. So, am I to tell him that the ideal condition will be reached when there are no doctors for so many lakhs or thousands of the population? It is a patent absurdity. We are not in the world of Bernard Shaw where it is a crime to be ill. As life is what it is, people will be ill.

Here are the relevant facts. I have got the latest statistics. I do not like them. But we have to drive home the point and convince him if we really hope to. Perhaps it may be very ambitious. But we have to convince him how fallacious and gratuitous was his remark yesterday. In India there is one doctor for 6,000 of population; one nurse for 4,300 of population; one health visitor for 4,00,000 of population; one midwife for 60,000 of population; one dentist for 3 lakhs of people and one pharmacist for 4 millions of people.

Let us have a quick look at the comparative figures and then let him give a reply to us. In Australia, there is one doctor for every 620 people; in Denmark, it is one for every 820; in Israel it is one for every 420 and in Switzerland it is one for every 740 and in U.S.S.R. for 550. May I ask whether he is satisfied about this? In India there is one maternity centre for 10,000 of population and one child welfare centre for 75,000. What about these revealing figures which the Third Plan even has to admit?

Then, these are the figures regarding Tuberculosis and Leprosy. There are 5 million tuberculosis patients in this country and there are only 26,500 beds. There are about two million leprosy patients and 90,000 beds for them....

**Mr. Chairman:** I think we are wandering away from the question. We have to concentrate on the question. He must confine himself to the question.

**Shri Nath Pai:** I am talking about the inadequacy of doctors.

**Mr. Chairman:** Even so, what he says should be related to the question before the House and it should be put in the form of a question.

**Shri Nath Pai:** May I ask him, how does he substantiate his contention in the light of figures I have given—that there are enough doctors and that there is a surfeit of doctors? Is he really satisfied—even when the Plan admits this—that there would be one medical unit for 60,000? Will it be?

**Dr. Melkote (Raichur):** May I ask the hon. Minister to satisfy us as to why so many if these Ayurvedic medical practitioners are being trained if it is considered to be insufficient training because in comparison to the number of people that are being trained and are available in the country many of them are not being put to proper use? Why do we produce these uneconomic units? I have not been able to understand that, if we are still going to continue to spend money. Why not give them adequate training and give them the necessary knowledge and utilise them to the best possible advantage? It is this question which has been worrying us very much. In every part of the world medical education means 5, 6 or 7 years of training. It takes a very long time. We have got immediately to consider if we have got to make doctors, how to make the best use of these units in the best possible manner.

श्रीमती कृष्णा मेहता (जम्मू तथा काश्मीर) : सभापति महोदय, मैं आपकी अनुमति से अपने मंत्री महोदय से यह कहना चाहूंगी कि हालांकि मैं यह जानती हूँ कि उन्होंने देशवासियों के स्वास्थ्य के हित में काफी कुछ किया और आगे भी उनका ऐसा करने का इरादा है तो भी बहुत से दोष और त्रुटियाँ विद्यमान हैं।

सब से पहले तो मैं मंत्री महोदय से इस का जवाब चाहूंगी कि हमारे यहाँ से सैकड़ों की तादाद में जो मेडिकल स्टूडेंट्स पोस्ट ग्रेजुएट ट्रेनिंग के लिए बाहर यू० ए० ए० और यू० के० आदि देशों में जाते हैं तो वह बाहर क्यों जात हैं ? जहाँ तक मैंने मुना है उनके यहाँ से बाहर जाने की बगह यह है कि जिस सर्वज्ञकट में वह पोस्ट ग्रेजुएट करना चाहते हैं उस में उनको यहाँ पर दाखिला नहीं मिलता है भले ही उनके फर्स्ट क्लास नम्बर क्यों न हों आये। इस कारण निराश होकर वे बाहर के देशों में जाते हैं। कई डाक्टरों से मैंने पूछा तो उन्होंने यह बतलाया कि हिन्दुस्तान में हमारी कद्र नहीं है। यह एक बड़ा गम्भीर प्रश्न है कि इतने डाक्टरों बाहर चले जाय और वहाँ नाम कमायें और हमारे मुल्क में डाक्टरों की इतनी कमी रहे।

मैं जहाँ से आती हूँ वह एक छोटा सा कस्बा है और आज से २५ साल पहले जो उसकी हालत थी वही आज भी बनी हुई है। करीब २०,००० की वहाँ आबादी है। वहाँ पर केवल एक असिस्टेंट सर्जन है। लेडी डाक्टर का तो नाम ही नहीं है। वहाँ पर डाक्टरों को नितान्त कमी है। मैं समझती हूँ कि यह अवस्था खाली मेरे क्षेत्र में ही नहीं है बल्कि कितनी ही जगहों आपको ऐसी मिल जायेंगी जहाँ कि डाक्टरों नहीं हैं। इसलिए मेरी मंत्री महोदय से प्रार्थना है कि डाक्टरी की कमी के ऊपर गम्भीरता से सोचें और उसके लिए सक्रिय कदम उठायें और जहाँ डाक्टरी सहायता सुलभ नहीं है वहाँ उसको सुलभ करें

क्योंकि इस मंत्रालय पर देशवासियों का स्वास्थ्य ठाक रखते की जिम्मेदारी है।

मुझे ऐसा ख्याल है कि आपने एक इंटर-नेशनल हैलथ सर्विसेज की ट्रेनिंग भी डाक्टरों को दिलवाई थी। मैं जानना चाहूंगी कि क्या आप ने उनको वह काम भी करने के लिए सोंपा है जिसको लिए कि हमने हजारों रुपये खर्च किये हैं ?

मेरी प्रार्थना है कि मंत्री महोदय इन दो प्रश्नों का उत्तर देने की कृपा करें।

**The Minister of Health (Shri Kar-markar):** Mr. Chairman, three principal questions were raised in the debate: shortage of doctors, dispensaries going without doctors in rural areas and thirdly, the policy of Government in the allotment of doctors on population basis. About the shortage of doctors, the approximate figures that are available because the exact figures are not available show that in 1961 the number of doctors is supposed to be 71,941. We have opened new colleges during the last few years and taking the average admissions to be roughly 7,000 during the whole Third Plan period actually the number may be about 9000 but it takes some time for the students to materialise into full doctors—in 1966 there will be 82,000; in 1971, the number will be 99,000 and in 1976, 115,000 and it will be 132,000 in 1981. That is on present estimates. It is very likely that it may be exceeded. We have worked out the number of doctors on the basis of one doctor per every 4,000, 3500 and 3000 respectively and we have these rough estimates. In 1966, at the rate of 4000 people per doctor, the requirement will be about 119,000 and what will be available is 82,000. The shortage will be about 37,000 I need not go into the other detailed figures.

In a country like India it is unrealistic in a sense to go by the population, as my hon. friend Shri Nath Pai did just now. The towns may be served better; the villages, less. I said yesterday and I wish it is verified that

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in many of the towns the number of doctors has come to the surfeit point and it is found that during the last five years, doctors are more and more settling in taluk towns and smaller towns, it is not worthwhile for them to go to the district towns and longer. My hon. friend was pleased to mention my district. My district town, Dharwar, is not able to welcome any more doctors. People do not fall very much ill; that is nice place. But apart from that, I have said that doctors are going to the taluk towns. That is bound to be the process. We cannot also blame very much the independent doctors, or education facilities for their children, for medical facilities for themselves and for their families and better entertainment and thing like that, they do like to remain in big cities. In our system we cannot force anyone to go and serve in a village. But as I said, the process is already taking place and I repeat my yesterday's statement that in some places after a few years there is going to be a surfeit of doctors and we may have to take measures to limit the number of doctors in that particular place till better times come or till the population becomes larger. Therefore, in order to make up for this imbalance, the Planning Commission and the Government of India have a scheme for establishing primary health centres, not for any lesser number—let me disabuse the mind of my hon. friends of this misunderstanding—but for a greater number. That is, we will have one primary centre to be located in an area having 65,000 people in the first instance. We have got about 3,000 centres during the second Five Year Plan. We shall have 2,000 more centres. I have no doubt in my mind that in due time, with better finances, this phenomenon will multiply itself more and more. That is the way to have a good dispersal of medical relief in the villages.

As a matter of fact, the House knows that we are ultimately limited by finances. If we had our own way, we could just spread out these centres

all over the country like Russia which has one good clinic for every 4,000 of the population. Ultimately, we have not got the money to plan in the way we like. Therefore, from the next Plan—the third Five Year Plan—we are trying to enlarge or increase the number of doctors by opening more and more medical colleges. Subject to correction, we have now recently had the 64th medical college coming into existence in Himachal Pradesh. They are also increasing the admission from 100 or 150 to 200.

The other day, the President of the Medical Council told me of the latest figures. Now, we are admitting as many as 8,000 to 9,000 candidates per year. That is a good enough progress, much better than we had anticipated. One can do more but this House will have to give more money. I am prepared to put it at 15,000 provided they vote more money for us. It is a question of finance. Therefore, whereas we have to keep the ideal and the aim to be reached, we have to work within our own limitations of finance.

The second point is this. It was enough for me to have mentioned it already, but I did not say that. That is, as every student of the Constitution, and as every Member of this House knows, medical relief is wholly a State subject. If my hon. friend's State is suffering, he has to ask his compeer in the State legislature to put questions and pester the authorities there even to the extent of getting them out of their existence!

**Pandit D. N. Tiwari:** It is not a case of my State only. Please answer my questions. I know it is a State subject.

**Shri Karmarkar:** My hon. friend's difficulty is this. He is prepared to agree with my answer, but what was troubling him was, it was not couched in courteous terms. I am prepared to moderate my language just as my hon. friend pleases, provided he agrees with me on the substance of my reply.

The whole fact of the matter is that those States which are prepared to pay the doctors well, get all the doctors, as many as possible. West Bengal pays the doctors well, and so they have not got even one hospital without a doctor. Bihar perhaps does not pay them well. Let it enlarge its generosity for the doctors and pay them better, and then, I am quite sure the doctors will flock from all parts of the country to Bihar. Therefore, as I said, he has to move his State Government to be generous in respect of the payment to doctors. Then doctors will be coming there in large numbers. We have this phenomenon: wherever there is good payment, the doctors will go. Which doctors will go to serve on just Rs. 200 or Rs. 300? You must pay the doctors Rs. 450 a month, and I am quite sure that my hon. friend's State will prosper and will have a surfeit of doctors. Let his State increase the number of medical colleges or enlarge them, and let them make economies in some other directions. Let them open more medical colleges, and then they will have sufficient number of doctors.

Therefore, the position varies from State to State. We had some time back an attempt made to get the number of hospitals and dispensaries in different States. I will not tire the House at this late hour with too many figures. What I find is that in Madras, because they pay their doctors well, the number of government hospitals, dispensaries and primary health centres without doctors is only two; in Kerala, it is only one. In Bihar, it is 84. So, the ailment must be treated at the place where the ailment arises. If there is any illness, by way of shortage of doctors in Bihar, Bihar has to take care of it, just as Kerala and Madras have taken care to pay the doctors well. You pay them well and you will have all the doctors. You cannot proceed in the belief that you want sufficient milk and not pay for a good cow and not feed it. That is the whole position in respect of medical education in general.

In this matter, it has been the policy of the Government of India to help as many colleges as possible to come into existence. That is all that we can do. The Planning Commission allocates the amounts to different States and gives, over the ceiling, a ceiling for medical relief. If any State wants to increase the number of dispensaries and doctors, it is open to it to do so. Some States are doing well. Maharashtra is relatively better. It has no shortage of doctors. They have been adventurous, thanks to the people in that Government like Shri Nath Pai—of course he is not there yet!—and they have utilised the services of all types of integrated doctors—allopathic doctors and so on. Therefore, the shortage there is very little. So, in the matter of shortage of doctors, I submit that so far as the Government of India are concerned, we are straining our very best to do all that we possibly can to enlarge the number of doctors.

The third aspect to which reference was made is the ratio of the number of doctors to population. With great respect, I would submit it is a little irrelevant in the sense that it is not possible for us to allocate it like that. Ours is not a totalitarian economy and we cannot dictate that there should be one doctor per 2000 of population. In countries like United States, Switzerland or U.K., it is so easy because they have been running their medical institutions for 150 years.

**Pandit D. N. Tiwari:** What about Ceylon?

**Shri Karmarkar:** In Ceylon, they allocate larger funds. They spend 10 per cent of the budget resources on this. But here the Planning Commission's allotment is 4 per cent. Why does not my friend wax eloquent at the time of the budget discussion and cry hoarse for more allotment to health services? If that is done, I shall exceed even Ceylon. In those countries, the per capita expenditure on medical services is far more than ours.

[Shri Karmarkar]

In India, wherever money has been spent in regard to medical services, it has been well spent. We spent money on malaria eradication programme and malaria is fast receding from the country. So, ultimately it is a question of resources.

Comparisons are always misleading. My friend Shri Nath Pai says there is one doctor for so many people in U.S.A. Perhaps he might know there are 1½ million beds in the U.S.A. and half of them are beds for lunatics. Does he want me to copy that country? We must evolve our own methods. In a country like India, where the Sun is the biggest ally, people complain what the Government is doing about thrombosis. If I had the powers, I would make every man walk for an hour every day and there will be less heart failures. People sit at home. Sedentary habits, moroseness, sense of frustration, not taking proper enjoyment out of life—all these have contributed to this.

I have not a lesson to learn from the United States or U.K. I do not want my country to become a country of lunatics and people with mental derangement. I want the family institution to be kept intact and I do not want that each individual should be-

come a god himself. We will have to think in terms of our conditions and evolve proper methods.

I am quite sure in my mind that provided we concentrate on the elimination of communicable diseases and on the supply of pure drinking water, more than half the diseases will go away from my country. People coming to India will say what a marvel happens in India. We need not copy other countries. We do not want to develop big cities with abnormal life.

I am saying all this, because we need not immediately run into comparisons with western countries. I do not want my doctors to be extortionists. In the United States, a doctor costs so much. What is the use of multiplying so many doctors, when they cost so much? We have to rest our feet on Indian soil, not on Swiss soil. Therefore, I must think of my country in terms of conditions in my country. That is all I have to say, Sir.

**Mr. Chairman:** The House will now stand adjourned and meet again at 11 A.M. tomorrow.

17.29 hrs.

*The Lok Sabha then adjourned till Eleven of the Clock on Friday, December, 1, 1961/Agrahayana 10, 1883 (Saka).*