

SHRI MADHAVRAO SCINDIA : I have mentioned the figures of financial return only because the hon. member mentioned that it was a profitable line. As far as asking for more resources from the Planning Commission is concerned, it is always a continuous process and I would seek the assistance of the hon. member and support in this matter.

SHRI V. KISHORE CHANDRA S. DEO : The Minister while replying to the question had said that remuneration or return on this line will be just one per cent. What is the basis on which they decide what remuneration is going to be vis-a-vis a railway line ? Is this periodically done ? This basis or something which was fixed two decades ago or three decades ago, or some say that it was fixed when the Britishers were ruling, what exactly is the *modus operandi* of determination of this factor vis-a-vis any railway line ?

SHRI MADHAVRAO SCINDIA : It is a combination of factors ; the potential freight railway traffic that can be moved ; it is a potential passenger traffic that can be moved ; the potential of industries that would come up depending on the raw-material in that particular area. It is a combination of all these. There is no hard and fast yardstick.

[Translation]

Expenditure on eradication of leprosy

*377. SHRI HARISH RAWAT : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the break-up of the amount spent

in various States for eradication of leprosy during 1985-86 ;

(b) the amount proposed to be spent for eradication of leprosy during 1986-87 ; and

(c) whether Government propose to raise the per patient amount of grant being given to the leper-houses run by voluntary institutions ?

[English]

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR) : (a) and (b). A statement giving the break up of the amount spent by various States during 1985-86 and the amount tentatively allocated to them during 1986-87 under National Leprosy Eradication Programme is given below.

(c) The Government of India does not provide directly any grant per patient to leprosy houses run by voluntary organisations. However, State Governments provide financial support to voluntary organisations for running leprosy houses/hospitals/vocational centres for rehabilitation of leprosy patients. The Central Government reimburses to the State Governments expenditure on leprosy beds maintained by voluntary organisations at the rate not exceeding Rs. 60/- per bed per month.

| Statement | | | | | |
|-------------------|------------------------|------------|--|------------------------------------|---|
| (Rupees in lakhs) | | | | | |
| S. No. | Name of State/ U.T. | Allocation | Actual expendi- ture 1985-86. | Expenditure up to the month. | Tentative Plan allocation during 1986-87. |
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1. | Andhra Pradesh | 130.00 | 93.42 | 9/85 | 217.00 |
| 2. | Assam | 12.00 | 18.86 | 12/85 | 23.00 |
| 3. | Bihar | 24.00 | 17.74 | 1/86 | 76.00 |
| 4. | Gujarat | 40.00 | 31.80 | 8/85 | 69.30 |
| 5. | Haryana | 2.00 | N.R. | N.R. | 2.30 |
| 6. | Himachal Pradesh | 4.00 | 2.47 | 12/85 | 4.74 |
| 7. | Jammu & Kashmir | 2.50 | N.R. | N.R. | 3.50 |
| 8. | Karnataka | 36.00 | 34.07 | 9/85 | 70.99 |
| 9. | Kerala | 11.00 | 13.11 | 11/85 | 18.00 |
| 10. | Madhya Pradesh | 46.89 | 12.60 | 6/85 | 58.29 |
| 11. | Maharashtra | 70.00 | 71.83 | 11/85 | 118.00 |
| 12. | Manipur | 5.00 | N.R. | N.R. | 5.50 |
| 13. | Meghalaya | 2.50 | 0.22 | 9/85 | 3.00 |
| 14. | Nagaland | 2.50 | 2.10 | 9/85 | 3.50 |
| 15. | Orissa | 37.00 | 23.32 | 9/85 | 75.00 |
| 16. | Punjab | 5.00 | 0.57 | 12/85 | 5.80 |
| 17. | Rajasthan | 22.00 | 26.90 | 1/86 | 24.00 |
| 18. | Sikkim | 4.30 | 5.94 | 12/85 | 4.50 |
| 19. | Tamil Nadu | 75.00 | 23.41 | 12/85 | 151.00 |
| 20. | Tripura | 11.00 | 6.53 | 10/85 | 10.50 |

| 1 | 2 | 3 | 4 | 5 | 6 |
|---------|-------------------|--------|--------|-------|---------|
| 21. | Uttar Pradesh | 68.00 | 39.40 | 12/85 | 140.00 |
| 22. | West Bengal | 47.00 | N.R. | N.R. | 88.00 |
| 23. | A. & N. Islands | 2.20 | 4.55 | 12/85 | 2.52 |
| 24. | Arunachal Pradesh | 4.00 | 5.10 | 2/86 | 4.40 |
| 25. | Chandigarh | — | 0.25 | 9/85 | 0.15 |
| 26. | D & N Haveli | — | — | 2/86 | 0.01 |
| 27. | Delhi | 2.00 | 2.73 | 9/85 | 2.45 |
| 28. | Goa, Daman & Diu | 1.50 | 0.38 | 9/85 | 1.82 |
| 29. | Lakshadweep | 0.15 | 0.13 | 8/85 | 0.27 |
| 30. | Mizoram | 0.90 | 0.39 | 12/85 | 1.35 |
| 31. | Pondicherry | 0.50 | — | 12/85 | 3.00 |
| Total : | | 668.85 | 437.82 | | 1187.89 |

[Translation]

SHRI HARISH RAWAT : Mr. Speaker, Sir, the assistance being given by the Centre to the States under the National Leprosy Eradication Programme is so meagre that the hon. Minister has himself admitted in his statement that the Central Government reimburses to the State Governments expenditure on leprosy houses run by voluntary organisations at the rate not exceeding Rs. 60/- per bed per month. I would like to know from the hon. Minister whether it is possible to provide treatment to a patient, who needs medicines and other things also, in Rs. 60/- ? None can agree that a patient can be provided everything in Rs. 60/-. Since it is a humanitarian cause, more and more funds should be provided for it. Will the hon. Minister consider raising this amount ?

[English]

SHRI S. KRISHNA KUMAR : Sir, as

the hon. Member would appreciate, there is the constraint of resources. It is only an amount of Rs. 45 crores that we were allotted during the Sixth Plan and now we have Rs. 60 crores in the VII Plan and with that we are developing a vast infrastructure under the National Leprosy Eradication Programme. We appreciate that Rs. 60/- is a meagre amount, but the States and voluntary organisations are also supposed to spend a part of the expenditure from their own funds. There has not been any serious demand from the voluntary organisations for increasing the amount. We shall definitely consider any such requests on merits.

[Translation]

SHRI HARISH RAWAT : I have already written to the hon. Minister and the officers of his Ministry in more than one case. I have also forwarded the letters received from the voluntary organisations who run such houses. After a limited

course of treatment, when such leprosy patients come out of these houses, a big problem of their rehabilitation and livelihood arises because the society treats them with contempt. The Central Government have no scheme under the Eradication of Leprosy Programme as to where they should be kept and rehabilitated. I would like to request that such a scheme should be introduced during the Seventh Plan so that leprosy patients when discharged from Leprosy Houses could be rehabilitated to enable them to earn their livelihood. Will such a scheme be introduced?

[English]

SHRI S. KRISHNA KUMAR : Rehabilitation of leprosy patients is an integral part of the National Leprosy Eradication Programme and we are already implementing the rehabilitation strategy which consists of :

- (1) surgical rehabilitation through 75 reconstructive surgery units and leprosy rehabilitation promotion units ;
- (2) vocational rehabilitation through philanthropic organisations/individuals ;
- (3) community-based rehabilitation of deformed patients ; and
- (4) repeal of Lepers Act, 1898.

Sir, rehabilitation rests on medical personnel. Physiotherapy and a host of other aspects. We shall give, and we are giving the greatest importance to the rehabilitation aspect in dealing with the social and health problems of leprosy in the country.

SHRI E. AYYAPU REDDY : In the answer given, Andhra Pradesh appears to have topped the list of States which have spent the maximum amount to eradicate leprosy. Has there been any survey of the incidence of leprosy and if so which part of the country shows the highest incidence of leprosy?

SHRI S. KRISHNA KUMAR : India

has one-third of the entire case load of leprosy in the world. The estimated number of leprosy patients in the country is four million. Andhra Pradesh is one of the highly endemic States. Andhra Pradesh, Tamil Nadu, Orissa, Maharashtra and West Bengal account for 60 per cent of the total case load of leprosy in the country.

SYED SHAHABUDDIN : The hon. Minister has spoken of the national strategy for the eradication of leprosy. We are all familiar with the sight of lepers at public places. And that is a very pitiable sight. I would like to know from the hon. Minister whether the national strategy does include the provision of institutional shelter or hospitalisation facilities or isolation of patients of leprosy, because I have a feeling that a very small percentage of the victims of this dreadful disease would nevertheless need to be isolated or in fact, provided with residential facilities or hospitalisation facilities.

SHRI S. KRISHNA KUMAR : The hon. Member is not correct. It stands to the credit of the National Leprosy Eradication Programme that of the estimated four million leprosy cases, 3.7 million cases have already been identified and 3.5 million are under treatment. The strategy of the Government is that lepers should not be treated as socially outcaste. A part of the strategy is focussing on domiciliary treatment. I would like to inform the House that as a result of the health educational effort spearheaded by this Ministry, now more than 90 per cent of leprosy patients are treated in their own houses by our field staff and only 10 per cent are under institutional or hospital treatment. The Lepers Act, 1898 did restrict the movement of lepers in public places. Under that Act, as soon as a leper was detected, he was almost arrested and taken to an institution. That was an anti-social Act which was repealed by the Central Government and it is progressively being repealed by the State Governments.

SYED SHAHABUDDIN : That was not my question. My question was : what percentage of those patients who require to be isolated, or need shelter hospitalisation and cannot be treated through domi-

ciliary service are being provided institutional facilities ?

SHRI S. KRISHNA KUMAR : Leprosy does not need such isolation. We have the multi-drug regimen which arrests the disease. There is no single leprosy case which is necessarily to be treated in a hospital.

Legislative provisions to protect interests of patients against negligence by doctors

***378. SHRI SATYENDRA NARAYAN SINHA :** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether there are any legislative provisions to protect the interests of patients against negligence by doctors :

(b) if so, the details thereof ; and

(c) if not, whether provisions in this regard would be made in the context of increasing reports of negligence, callousness and even ill treatment by medical practitioners in private and public hospitals and clinics ?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI S. KRISHNA KUMAR) : (a) and (b). Though there are no specific legislative provisions, a number of general provisions of the Indian Penal Code, such as Sections 304 (A), 336 and 338 provide for protection against any criminal negligence. Section 20 (A) of the Medical Council of India Act also provides for inquiry into complaints about professional misconduct.

(c) The matter is under review.

SHRI SATYENDRA NARAYAN SINHA : In answer to question (c) the Minister has said that the matter is under review. The question is about the legislative provision to be made. May I know from the hon. Minister whether there is any proposal to amend the Medical Council Act whereby to ensure a standard of teaching and norms for the doctors to provide for patients' care ?

SHRI S. KRISHNA KUMAR : Go-

vernment of India is thinking in terms of a model Act to regulate the activities of the private hospitals and dispensaries and inter-alia to control mis-conduct and misdemeanour of functionaries in these hospitals. This matter is under review.

WRITTEN ANSWERS TO QUESTIONS

[English]

Malpractices in entrance examinations to Medical and Engineering colleges

***368. SHRI NARAYAN CHOUBEY :** Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state :

(a) whether Government have seen various press reports alleging various malpractices in joint entrance examinations to MBBS and Engineering colleges in several parts of the country ; and

(b) whether in view of such reports Government are thinking of any new procedure for such examinations ?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE (SHRIMATI SUSHILA ROHTAGI) : (a) Joint entrance examinations to MBBS and Engineering Colleges are held by the institutions concerned under the general direction of the concerned university and the State Government. However, different State Governments have been requested to furnish information about alleged malpractices in joint entrance examination. Reply has been received from Government of Orissa stating that there is no report on malpractices in joint entrance examination in that State. The position in respect of other States will be made available as soon as these will be furnished by the State Governments.

(b) Does not arise.

Central university status to Jamia Millia Islamia

***373. SHRI AZIZ QURESHI :** Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state :

(a) whether there is any proposal