

Central Reserve Police Force, who laid down their lives while preventing entry of terrorists inside the Parliament House building. A gardener of the CPWD also lost his life in the incident.

I am sure the whole House will join me in condemning the incident in unequivocal terms. We, once again, reiterate our firm resolve to fight terrorism with determination and rededicate ourselves to protect the sovereignty and integrity of our nation.

I request Members to rise in their places and observe silence as a mark of respect to the memory of those who lost their lives in that tragedy.

(Hon. Members then stood in silence for one minute.)

ORAL ANSWERS TO QUESTIONS

Deaths due to carelessness of doctors

*161. SHRI KAMAL AKHTAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has paid attention towards incidents of death of patients and beating of doctors as a result thereof by patient's family members accusing them of carelessness towards patients in reputed hospitals of the country;

(b) if so, the safety measures being taken in this regard; and

(c) the measures being taken to check the attitude of carelessness of doctors towards patients and their repeated threat of going on strike?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (c) A Statement is laid on the Table of the House.

Statement

No incident of assault on doctors on account of death of patients due to negligence of doctors has been reported in the Central Government hospitals namely Safdarjung Hospital, Dr. RML Hospital, Lady Harding Medical College & Associated Hospitals in New Delhi and Jawaharlal Institute of Postgraduate Medical Education & Research, Puducherry.

In All India Institute of Medical Science (AIIMS), there have been some incidents where altercation/misbehaviour of patient's attendant with the doctors working in the emergency services has been reported. However, all such incidents have been managed properly with timely intervention of hospital administration, security and assistance from Delhi Police. The Government has also advised the Director, AIIMS, to ensure that the doctors and other employees of AIIMS do not resort to strike in violation of the orders passed by the High Court/Supreme Court of India, if necessary, with the assistance of police. AIIMS have time and again issued notification for observance of 'CODE OF CONDUCT' and CCS (Conduct) Rules, 1964, by all the employees of the Institute in pursuance of directions of Hon'ble High Court of Delhi on 20.05.2002.

The Central Government hospitals have appropriate facilities including deployment of adequate number of doctors, nurses & paramedics, provision of life support equipments and their

maintenance and availability of life saving medicines to ensure that no life is lost. Moreover, additional posts of Senior Residents and Junior Residents have been sanctioned by the Ministry of Health & Family Welfare to augment the ever growing demands of the health care services. Periodical instructions to the doctors have been issued by the respective hospitals to ensure maintenance of cordial relation and sympathetic attitude with the patients while providing the medical care and not to go on strike.

The grievances redressal mechanism is in existence in these hospitals to address the complaints of the patient and public. In case any untoward incident occurred due to the unsatisfactory level of medical care rendered by doctors leading to unpleasant situations, these hospitals have adequate security arrangements to tackle such situation.

The Delhi Government has notified "The Delhi Medicare Service Personnel and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2008, *vide* their notification dated 24th October, 2008, prohibiting violence against medicare service personnel and damage to property in medicare service institutions in the National Capital Territory of Delhi and for matters connected therewith or incidental thereto. The offences for violation of the provisions of this Act are treated as cognizable and non bailable with a penalty provision of imprisonment for a term up to three years or with a fine upto ten thousand rupees or with both.

Similarly in Andhra Pradesh, any act of violence against Medicare Service Persons or damage to property in Medicare Service Institutions has been prohibited through enactment of Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2008.

श्री कमाल अख्तर: सभापति महोदय, मंत्री जी ने मेरे प्रश्न के जवाब में लिखा है कि डॉक्टरों की लापरवाही के कारण हुई रोगियों की मृत्यु के कारण डॉक्टरों पर हमले की कोई घटना सूचित नहीं की गई। मैं आपके माध्यम से मंत्री जी से पूछना चाहता हूँ कि केन्द्रीय अस्पतालों में पिछले सालों में डॉक्टरों की लापरवाही की वजह से कितने रोगियों की मृत्यु हुई? क्या नई दिल्ली स्थित एम्स में जनवरी 2006 से जून 2008 के बीच 6 क्लिनिकल परीक्षणों में 49 बच्चों की मृत्यु हुई थी? क्या इन क्लिनिकल परीक्षणों से पहले उनके परिवार के लोगों की अनुमति ली गई थी या नहीं, दोषी डॉक्टरों या अन्य लोगों के खिलाफ क्या कार्रवाई की गई तथा पीड़ितों को कोई कम्पेंसेशन या मुआवजा दिया गया या नहीं?

DR. ANBUMANI RAMDOSS: Sir, the hon. Member has asked a pointed question on. AIIMS, about the clinical trials which happened, and the alleged negligence which he points out saying that the children have died due to the clinical trials. Clinical trials happen throughout the country after going through a very stringent process. And we have the Ethics Committees. We have the National Ethics Committee, we have the Institutional Ethics Committee, and these are very, very time bound Committees. After going through all the processes, after getting the consent from the parents or from the relatives or from the patients themselves—and this is a process which is being there—the approvals are given at different levels, at various levels.

Pertaining to AIIMS where a number of children have died after undergoing trials on that, I ordered an inquiry immediately after the incident, and, then, the inquiry finally had said that this was not due to the negligence of any doctor there. All the procedure was being followed in AIIMS during

these trials, and these children were already in a very critical state. Even if these drugs had not been given to the children, they would not have been here, anyway. So, that was the accident. The procedure was followed; I would like to inform the hon. Member about this.

MR. CHAIRMAN: Second supplementary.

श्री कमाल अख्तर: सर, सरकार की तरफ से लगातार अपने मैनफेस्टो के अन्दर, सदन के अन्दर और बाहर यह कहा जाता है कि स्वास्थ्य-सुविधाएं देना हमारी प्राथमिकता है। पूरे हिन्दुस्तान के अन्दर सब लोगों की निगाह एम्स पर रहती हैं। अभी एम्स के अन्दर 1800 बेड्स हैं। वहां पर प्रतिदिन 20 हजार मरीज आते हैं। मंत्री जी ने अपने जवाब में लिखा है कि अगर वहां कोई हड़ताल हो जाती है तो हम लोग उसकी समुचित व्यवस्था, टेम्पोरेरी व्यवस्था, रखते हैं। लेकिन, सर, आज हालत यह है कि अगर एम.आर.आई. कराना हो तो वहां के डॉक्टर बाहर लिख देते हैं, जोकि 8 हजार रुपए में होता है। कोई भी परीक्षण कराना हो या कोई जांच करानी हो, जैसे खून की जांच या दूसरी जांच, सारी जांच बाहर लिखी जाती हैं, जहां से कमीशन के रूप में काफी पैसा लूट कर वहां के लोग अपनी जेब में रखते हैं। इसके साथ ही हार्ट की जो बीमारी है, उसमें ऑपरेशन के लिए डेढ़-डेढ़ साल की डेट दी जाती है, कैंसर की बीमारी के लिए दो-दो साल की डेट ...**(व्यवधान)**...

श्री सभापति: आप सवाल से रिलेटेड सप्लिमेंट्री पूछिए ...**(व्यवधान)**...

श्री कमाल अख्तर: सर, मैं सवाल से रिलेटेड ही बोल रहा हूं। यह जनता का सवाल है ...**(व्यवधान)**...

श्री सभापति: नहीं, आपने जो सवाल पूछा है ...**(व्यवधान)**...

श्री कमाल अख्तर: सर, मैं आपके माध्यम से यह पूछना चाहता हूं कि अगर सरकार की प्राथमिकता स्वास्थ्य-सुविधाएं देना है, तो अभी तक कोई ऐसी सुविधा क्यों नहीं की गई कि जब हड़ताल होती है - अभी आरक्षण के ऊपर हड़ताल हुई, तो 15 दिनों तक एम्स बन्द रहा, बहुत-से रोगियों की मृत्यु हुई। मैं आपके माध्यम से मंत्री जी से पूछना चाहता हूं कि जितने लैब्स हैं, अगर इनका गवर्नमेंट के स्तर पर उनसे कुछ ऐसा कर लिया जाए और 6-6 महीने या 2-2 साल की जो डेट दी जाती है, अगर उन डेट्स के लिए कोई ऐसी व्यवस्था कर दी जाए कि जिससे रोगियों को सुविधा मिले, तो क्या कोई ऐसा इंतजाम किया जा रहा है, जिससे रोगियों को सहूलियत मिल सके?

DR. ANBUMANI RAMDOSS: Sir, I also share the concern of the hon. Member pertaining to the strikes which happened now and then, not only in AIIMS but also in some other institutions due to various reasons. There is already a Supreme Court order and a High Court order banning these strikes within 500 metres of these institutions anywhere. We always try our best. We talk to them, whoever it be, the employees or the doctors or the resident faculties. My officers go and take note of their demands and different reasons which have been put forward by them. Sometimes we are successful and sometimes we are not, and they go on strike. But a contingency has been worked out in the event of a strike. Alternative arrangements have been made if a strike goes for some longer period of time and newer people are recruited on temporary basis. All kinds of notices have been served. According to the Supreme Court and the High Court, they could not go on strike. We have been definitely taking actions on these things and to see to it that no patients have any problem on treatment module because patients from different parts of the country, especially, Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, etc., come to the AIIMS or other Central Government institutions in Delhi. Some of them come here from all over the North-East also. So, we definitely have been trying our best and increasing the facilities also. We have provided a lot more new

facilities, equipment and manpower. A lot of doctors have been posted and the latest equipment has been provided, not only in the AIIMS but also in other hospitals like Safdarjung Hospital, RML Hospital, Lady Hardinge Hospital, etc. We have also proposed under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) six new AIIMS like institutions which are being built. The work has been started. I think, the third question which is coming up relates to that. Apart from that, we are expanding and upgrading other hospitals all over the country as well. Nearly 30 hospitals have been considered in the first phase of upgradation. We are spending Rs.100-120 crores on each of these hospitals all over the country. In the second phase also we are trying to expand these services further.

DR. K. MALAISAMY: Thank you a lot, Mr. Chairman. When I read the reply of the hon. Minister, I found it fairly exhaustive, lengthy and detailed. I happened to read the reply in between the lines. As a student of management, I have been taught that satisfactory service should have certain parameters, namely, it should be timely; it should be adequate; and it should be equitable. I am inclined to ask the Minister-from a reading of his reply it looks as if he has done everything for good service whether it satisfies the definition of satisfactory service, as far as his area is concerned.

DR. ANBUMANI RAMDOSS: Sir, in almost all the hospitals of the Central Government we have various committees. We have the Academic Committee; we have the Hospital Management Committee; we have the Grievance Cell; we have the Patients Welfare Society; we have the Patients Safety Committee; we have the Death Review Committee. So, we have a number of committees and all these committees are headed by various professors of the highest decorations. So, the grievance of the patients or the employees or the doctors is being addressed. We also have the orientation programmes in different hospitals; some of them are six-month courses where you have the behavioural change as part of the programme, how to behave with patients, how to be nice with the patients, etc. It is not only for doctors but also for nurses and paramedics because we have been getting some complaints about abuse of patients and mistreatment of patients. So, this is a continuous process and this is being graded. If there is any death, immediately there is a death audit. We have a Death Review Committee and every week there is an audit, why the death had happened, how it could have been prevented and what the reasons were. The doctor or whoever is responsible will be penalised accordingly. So, there is a binding mechanism in all the hospitals for quality, safety and better service.

श्री राजनीति प्रसाद: सभापति जी, हमारे स्वास्थ्य मंत्री जी ने बहुत से अच्छे कदम उठाए हैं और बताया है कि कोई बात नहीं है, लेकिन अगर वह खुद patient बनकर जाएंगे, स्वास्थ्य मंत्री नहीं रहेंगे और खुद वहां जाएंगे तब वह patient की पीड़ा समझ सकते हैं। वहां साधारण लोगों की बहुत पीड़ा मिलती है। सभापति जी, जब कोई आदमी "एम्स" का नाम लेता है, हम लोगों के पास आकर कहता है कि आप मंत्री ऑफ पार्लियामेंट हैं, वलिए "एम्स" में दिखाइए और वहां हम लोगों के साथ जो व्यवहार होता है वह हमें मालूम है। वहां डॉक्टर्स को तो स्ट्राइक करने का राइट है क्योंकि वे लोग मिले हुए हैं, एक जगह रहते हैं, लेकिन patient पर जो अत्याचार होता है, patient को जो वहां तकलीफ होती है, उसके लिए वह कहां स्ट्राइक करेंगे? इसलिए मेरी राय में वहां और भी सुधार लाने की जरूरत है। उदाहरण के लिए मैं एक और बात बताना चाहता हूं। एक बार मैं वहां एक पेशेन्ट को दिखाने गया तो वहां के एक कम्पाउंडर ने कहा कि वहां पर आपका अच्छा इलाज होगा और वहां ज्यादा अच्छा ऑपरेशन होगा।

आपके एम्स में जो डॉक्टर्स हैं, कम्पाउंडर हैं, जो लोग वहां रहते हैं, उन्होंने बड़े-बड़े साइनबोर्ड लगा रखे हैं कि आप किसी दलाल को मत रखिए, लेकिन वहां स्थिति दूसरी है। जब वह दूसरी जगह जाते हैं तो दो लाख, तीन लाख उनका खर्चा होता है और वहां से उनको हटाया जाता है। सर, मेरा यह कहना है कि वहां जो स्थिति है, आपने वहां जो साइनबोर्ड लगाया है कि किसी दलाल के चक्कर में मत फंसिए, किसी दूसरे के यहां रेफर करने के लिए मत कहिए, तो वहां का जो यह मामला है, उसके बारे में मंत्री महोदय क्या करना चाहेंगे और किस तरह से पेशेन्ट को ज्यादा राहत मिलेगी, इसके बारे में आपके क्या विचार हैं?

DR. ANBUMANI RAMDOSS: Sir, the suggestions of the hon. Member are well taken. I would like to point out that AIIMS is one of the premier-most institutions in this country, and it caters to approximately 8,000 to 9,000 outpatients every day. It is a tertiary care referral hospital. It is not just any hospital for cold, cough or common ailments. But, unfortunately, everybody, from different parts of the country, comes to AIIMS even for common ailments. That is the problem. And there has been a lot of clustering and clamouring for that. Now, if there are any complaints from the hon. Members or from the general public, I would like them to bring these to my notice and, we will, definitely, rectify them. Nevertheless, we are trying to improve the facilities at AIIMS, and we have a Master Plan for expansion of other services. We are also having new departments created. We have also been thinking of a second campus of AIIMS. We are writing to the Delhi Government for some land here, or, we will have it in the neighbouring area, whether it is at Noida in Uttar Pradesh or Gurgaon in Haryana.

SHRI S.S. AHLUWALIA: Sir, the hon. Minister is very articulate in his reply. He is a qualified doctor, and he himself knows about the pros and cons of that profession. Sir, the concern of the hon. Member is very simple. There is indeed a signboard in AIIMS, 'Beware of touts'. When the police write 'Beware of pickpockets', it means that there are pickpocketeers. So, when they put up a signboard, 'Beware of touts', it means that there are touts. And it is a fact. Now, for conducting pathological tests or other diagnostic tests, we have the MRI machines, CAT scan machines, or, even the Fat technology which we now have, and crores of rupees have been spent on the purchase of these machines. But when a patient comes, they say, 'electrode is not working', or, 'the stabiliser is ineffective', or, they say, "You need special attention; you must get your report by tomorrow or the day after. Only then you will get the date. Otherwise, we can give you a date for the MRI after three months from now." Can the patient wait for that long? Can he sit in Delhi, staying in a hotel or a dharamshala or a guest house, waiting for the diagnosis of his disease? I have my personal experience. I got an appointment for a 13-year old girl, who was suspected of having breast cancer. They were suspecting something of that kind, and the operation was fixed. Suddenly after a week, I got a call from the father of that girl from Vellore. I said, "You are supposed to get your daughter operated here." He said, "Sir, my daughter is 13 years old. They said that they would have to cut open the whole breast. Then, somebody suggested to me that there is a technology available at Vellore where through a pinhole or a buttonhole, they would operate it. So, for the future of my daughter, I have come here and am spending money." My point is simple. I know that the Minister is

very efficient; his administration is good. I appreciate that. I want to know from the hon. Minister whether he has done some audit to know about the backlog, whether the CAT Scan Machines are working or not, how many doctors are suggesting to patients to go and get their MRI reports done and whether it is done in the premises of the AIIMS or it is done in Green Park or at some other places. Have you done any enquiry about it or not? If you have not done it, by what time you will get it done?

DR. ANBUMANI RAMDOSS: Sir, I have already stated that it is a continuous process. We have different Committees to go through it. At the end of it, we have the Institute's Governing body. Within that, we have the finance body, the academic body, etc. So, all Committees are there. They have to have periodic discussions and meetings, and go through the audit, whether it is the financial audit or patient audit or safety audit. All these audits are being done periodically and then being laid on the floor of the Parliament as well. But, unfortunately, Sir, we all know that what sort of scenario the AIIMS was in, in the last few years. I don't want to dwell more on that. But, we are trying to rectify the situation now. It has been going through a bad patch, I accept and acknowledge that. And as a Government, we were having problems with the administration at that point of time. Now, it is all gone behind. Now, we are trying to move forward; it is going to take some time, though. But, that has nothing to do with all these audits. I would like to welcome the suggestions of the hon. Member and the other hon. Members also. If they have any other complaint or any other module of better management, please bring it to our notice, and we will, definitely, put it into the best practices of the administration of the AIIMS. But, I would like to assure this House that things are going on a good track in the AIIMS today, and all these audits are imbibed into the structure of the AIIMS itself. There may be one or two lapses here and there, which happens in all the institutions; and to prevent those lapses also, we are trying our best to plug in the loopholes.

Exemption of export duty

*162. SHRI GIREESH KUMAR SANGHI: ††

DR. T. SUBBARAMI REDDY:

Will the Minister of STEEL be pleased to state:

(a) whether his Ministry has asked Government to consider exemption of export duty on certain products like cold rolled coils, for which raw materials have been imported under the Advance Licensing Scheme (ALS);

(b) if so, whether despite export duties announced on various steel products, it would be prudent for Government to consider allowing duty-free export of CR coils, galvanized steel, tubes and pipes, for which HR coils have been imported under ALS;

(c) whether Government has considered roll back of export duty; and

(d) if so, by when final decision in this regard is likely to be taken?

THE MINISTER OF STEEL (SHRI RAM VLAS PASWAN): (a) to (d) A Statement is laid on the Table of the House.

††The question was actually asked on the floor of the House by Shri Gireesh Kumar Sanghi