

RAJYA SABHA

Wednesday, the 16th August, 1967/ the 25th,
Shravana, 1889 (Saka)

The House met at eleven of the clock, MR.
 CHAIRMAN in the Chair.

ORAL ANSWERS TO QUESTIONS

*466. [The questioner (Shri Sitaram
.Jaipuria) was absent. For answer, vide col.
 4119—4122 *infra*.]

INDIAN DOCTORS

*467. SHRI M. P. BHARGAVA: Will the
 Minister of HEALTH AND FAMILY
 PLANNING be pleased to state:

(a) whether any statistics have been
 collected to find out whether the services of
 the Indian doctors from various Universities
 are being fully utilised;

(b) whether any difficulty is still being
 experienced for posting doctors in rural areas;
 and

(c) what steps have been taken to give
 rural surroundings orientation to our doctors
 before they are awarded the M.B.B.S. degree?

THE MINISTER OF HEALTH AND
 FAMILY PLANNING (DR. S.
 CHANDRASEKHAR): (a) Yes, Sir.

(b) Yes, Sir.

(c) The revised curriculum *inter-alia*
 provides for three months' residency in a rural
 area for public health work.

SHRI M. P. BHARGAVA: May I know,
 Sir, what the statistics have revealed, because
 the answer given by the hon. Minister to part
 (a) of my question is very short and that is
 Yes? I would like to know what the statistics
 reveal.

DR. S. CHANDRASEKHAR: Sir, I have a
 long statement. With your permission I would
 like to read it. It is like this:

"The National Institute of Health
 Administration and Education in
 1002RSD—1.

collaboration with the Institute of Applied
 Manpower Research had conducted some
 studies in the stock of Allopathic doctors in
 India. It was found that in 1964 there were
 about 108,000 doctors (96,000 male and
 12,000 female doctors) in India. Of these,
 72,000 were in urban areas and 36,000 in
 rural areas. Out of 108,000 doctors,
 1,00,000 doctors were estimated to be in
 active profession as follows: —

- (a) 84,000 working as profes-
 sionals.
- (b) 9,000 working as teachers.
- (c) 4,000 working as Adminis-
 trators.
- (d) 3,000 working in related
 professions.

53,000 doctors were employed as private
 practitioners; 40,000 in public sector
 establishments and nearly 7,000 in private
 sector establishments. Except for some
 women doctors, who had given up the
 profession after change in their marital
 status, it was found that no Allopathic
 doctor was out of the profession for want
 of opportunities in the field."

SHRI M. P. BHARGAVA: May I know
 from the hon. Minister whether any statistics
 have been taken to find out how many of the
 rural dispensaries even today do not have
 qualified doctors to man the dispensaries and,
 if that is a malady, what steps the
 Government propose to take to meet the
 situation?

DR. S. CHANDRASEKHAR: Sir, this is
 an old problem and I share the hon. Member's
 concern because when we post doctors to rural
 health centres, generally primary health
 centres, they have sometimes expressed their
 disinclination to work there. So, the hon.
 Member is correct in saying that some centres
 are without competent and trained allopathic
 doctors. We are looking into this matter. It is a
 question of persuasion. We are trying to
 persuade them by giving them extra
 emoluments so that they can go and man these
 rural health centres.

SHRI M. P. BHARGAVA: One more supplementary, Sir, with regard to part (c) of my question. There was a proposal some time back that doctors would not be given the M.B.B.S. degree till they have spent at least six months in the rural surroundings. What has happened to that proposal? May I know whether it has been sent to all the States to find out their reactions about the proposal and how the matter stands at present?

DR. S. CHANDRASEKHAR: Sir, I have a long statement and I crave your indulgence to read it. The statement is as follows:

"The State Governments have been experiencing difficulties in posting doctors to the rural areas. At the end of 1961, it was found that the total number of posts vacant in State Medical cadres was over 3,700.

2,100 dispensaries in rural areas, including about 500 health centres, and MOO hospitals and dispensaries in urban areas were either without a doctor or without the full complement of doctors. According to the latest information, 804 Primary Health Centres are without doctors. Among other difficulties, including shortage of doctors, housing difficulty has been one of the biggest factors discouraging doctors from going to rural areas. Steps are being taken to help the State Governments in providing adequate housing for the staff in the Primary Health Centres in the Fourth Plan. The State Governments have already taken some steps in that direction and are also considering further measures to induce fresh medical graduates to serve in rural areas. These measures include liberalisation of the terms and conditions of service, provision of residential accommodation, grant of non-practising allowance, extension and re-employment of retired medical officers, raising of upper age limit for recruitment of medical officers, utilisation of doctors doing private practice on part-time basis, etc. The measures vary from State to State

depending on the local conditions and practicability of such steps. This is a long-term matter and may take considerable time to find an adequate solution.

According to the revised curriculum of the Medical Council of India, every medical graduate has to do one year's compulsory rotating housemanship, that is, 3 months each in medicine, surgery and midwifery in an approved hospital and 3 months residency in a rural area for public health work. *

The State Governments have also been requested to explore the possibilities of locating new medical colleges in the rural surroundings. The main difficulty appears to be the non availability of teaching hospitals with the requisite number of beds. The Kasturba Health Society, Sewa-gram proposes to start a Medical College at Sewagram to give rural orientation to the medical graduates. The question of making budget provision for rendering Central assistance to the Society for the purpose is under consideration, in consultation with the Ministry of Finance."

SHRI V. V. RAMASWAMY: In view of the reluctance of the M.B.B.S. doctors to go to the rural areas, may I know whether the Government will consider the revival of the old L.M.P. course or some short-term course, say two-year course or training?

DR. S. CHANDRASEKHAR: Sir, there was some agitation that there was a kind of caste system among the medical practitioners. Therefore a system was introduced by which the old L.M.Ps. could take additional courses and become equivalent to M.B.B.S., and the profession was happy that the system was abolished. Of course, there is a great deal of force in what the hon. Member says. If I may say something, which is purely personal, I have just come back from the Soviet Union and the Mongolian Peoples Republic after studying the medical services there. They have a system called 'Felsher' according to

which medical training will be given for three years and then they will go to the rural areas. This system impressed me very much and, therefore, I am trying to explore the possibility with the Ministry whether something could be done to have some such system in our own country. It is a kind of L.M.P.

SHRI B. K. P. SINHA: May I know if the hon. Minister is aware that in the Andaman and Nicobar group of islands the number of hospitals and dispensaries is not adequate to serve the needs of the people there and even the limited number of dispensaries and hospitals that are there are understaffed? May I know whether the Government is contemplating taking certain steps to remedy such a situation because the Andaman and Nicobar group of islands are a very strategic area?

DR. S. CHANDRASEKHAR: Sir, I do agree with the hon. Member that we do not have an adequate number of hospitals and clinics and where we have them there is not a sufficient complement of doctors. We are, Sir, finding some difficulties in that direction. Of course, we are trying to persuade doctors to go there. The matter is under examination and when some conclusion is reached, I shall place it before the House.

SHRI TRILOKI SINGH: Is the hon. Minister aware of the fact that the upgrading of the licentiate course to M.B.B.S. has resulted in a large number of dispensaries, particularly in the rural areas, going without any medical officers for the past six, seven or eight years? Is he also aware of the fact that the Government have so far failed to take any effective steps to persuade medical graduates taking up the job of medical officers in these dispensaries? Sir, the hon. Minister just now said that the matter is under his examination. May I know how long will it take the Government to take a final decision in this respect?

DR. S. CHANDRASEKHAR: Sir, I can only tell the House that there is an established organisation of medical

practitioners and we have got to reckon with that fact and consult that organisation before taking any decisions. Secondly, there are only a few L.M.Ps. left today who have not taken the two-year extra course and appeared for final examination to make them on a par with the M.B.B.S. I do not have the number with me but I can't find it out. Then we might either revive the old L.M.P. course or carry on with the present M.B.B.S. and such doctors could be posted to the rural areas.

DR. (MRS.) MANGLADEVI TALWAR: The hon. Minister must be aware that there are ancillary health personnel trained after matriculation for two years to be posted in primary health centres and other places where doctors are not available. I was wondering whether it would be wiser to revive the two sets of qualified medical doctors—L.M.P. or equivalent and M.B.B.S. It had created in the past a great deal of disparity and discontentment. So I would like to know from the hon. Minister if he would consider increasing the number of centres for the training of these ancillary health personnel or health workers or something of that type.

DR. S. CHANDRASEKHAR: Sir, I must tell the hon. Member that before we re-introduce this system of having L.M.P., we must know whether the profession is in favour of it because we do not want to have the cry again that people have tremendous disparities in incomes, prestige, status, etc. Once the profession is willing and we also find the necessary resources, we shall certainly examine the question.

श्री राजनारायण : क्या सरकार को इस बात की जानकारी है कि लखनऊ में तीन साल से लगातार आयुर्वेद कालेज के छात्रों ने हड़ताल की और न मानूँ कितने सौ विद्यार्थी अपने समय और धन को नष्टाद करने पर मजबूर किये गये । क्या सरकार को इस बात की भी जानकारी है कि यहीं दिल्ली में तिब्बिया कालेज में आज अनशनकारी एक लड़की और एक लड़का, दोनों गिरफ्तार करके

जेल में बन्द कर दिये गये? इसके कारण क्या हैं जब कि आयुर्वेदाचार्य मिल रहे हैं इंडि-प्रेण्डेड कोर्स के साथ और बाद में भी वे कैंडिड कोर्स के लिये तैयार हैं और वहाँ हालत यूनानी की भी है। तो सरकार एक संवेद्य दृष्टिकोण क्यों नहीं अपनाती कि जितने लोग आयुर्वेद के साथ एलोपैथी पढ़ कर के अच्छे डाक्टर बन सकते हैं, उनके रास्ते में कोई बाधा नहीं पड़े, और जितने लोग यूनानी दवा पढ़ाति पढ़ कर के और साथ-साथ एलोपैथी को पढ़कर के अच्छे डाक्टर बन सकते हैं, उनके काम में कोई बाधा नहीं पड़े। जब हमारे वहाँ सुविधाएं हैं और पढ़ने वाले लोग हैं तो सरकार एक संवेद्य दृष्टि रखने लगे ज्यादा से ज्यादा देहातों में डाक्टरों को भेजने की योजना पर सोच रही है या नहीं सोच रही है और अगर नहीं सोच रही है तो क्यों नहीं सोच रही है।

DR. S. CHANDRASEKHAR: Sir, I am not aware of the strike in the Lucknow Ayurvedic Medical College, but I am aware of the strike in the Delhi Tibbia College and a machinery has been devised to look into their grievances. With regard to the other question, there is confused opinion about integrating Ayurveda with allopathy. The Madras State tried it and called it the Integrated Course in which they were given two years of allopathy and three years of Ayurveda. But it was very unpopular with both the allopathy people and those who believe in and favour what I may call the shudh Ayurveda. So the non-shudh-Ayurveda was neither fish nor flesh nor foul. Unfortunately the hon. Member wants to revive it and we have just now set up an organisation on the lines of the Indian Medical Council to take all the Ayurveda, Unani and Siddha specialists and they are going shortly to meet; Pandit Shiv Sharma, well known Ayurveda physician is, I presume, the Chairman. They are going to give recommendations to the Ministry as to how best we could bring up Ayurveda

physicians to the level of the existing allopaths and how best we can utilise their services to man both rural and urban clinics and hospitals.

श्री राजनारायण : श्रीमान, मेरा सवाल यह है कि आप को जानकारी है पर्सनल कि काशी विश्वविद्यालय में आयुर्वेद कालेज की पढ़ाई पहले से ही है और काशी विश्व-विद्यालय के आयुर्वेदाचार्य आज जो हैं वे किसी भी एलोपैथ डाक्टर से कम्पीट कर सकते हैं। हमारे बुजुर्ग साथी, भाई विलोकी सिंह जी इसके साक्षी हैं कि श्री रामचन्द्र शुक्ल आयु-र्वेदाचार्य इनकी उत्तर प्रदेश पी० एम० पी० के सेक्रेटरी हैं। और डा० उडुप्पा को मैं समझता हूं कि जितने लोग यहां मेडिकल साइंस के होंगे, उनका नाम जानते होंगे। वे कितनी कोशिश और भूख हड़ताल के बाद काशी विश्वविद्यालय में बुलाये गये। डा० उडुप्पा इसके साक्षी हैं कि आयुर्वेद और एलोपैथी दोनों मिला करके, विद्यार्थियों को अच्छे तरीके से डाक्टर बना कर के अपने देश के डाक्टरों की कमी को पूरा किया जा सकता है। वही हालात तिव्विया कालिज की है। दस दिन से वहां भूख हड़ताल चल रही है और स्वास्थ्य मंत्री महोदय ने अपना यह कर्तव्य क्यों नहीं समझा कि वे तिव्विया कालिज में जाते और जा कर के वहां विद्यार्थियों से बात करते और जो उनकी आवश्यक मांगें हैं उनको पूरा करते . . .

MR. CHAIRMAN: You are making a speech.

श्री राजनारायण : यह न कर के इस भूख हड़ताल के करने वाले विद्यार्थियों को जेल में बन्द कर दिया गया। तो क्या मंत्री महोदय को जानकारी है कि मैंने खुद दो तीन बार डिप्टी मिनिस्टर, मूर्ति साहव से बात की और कहा कि तिव्विया कालिज में जाइये, वहां के लड़कों से मिलिये और मिल करके उनकी ग्रीवांज को दूर कीजिये, मगर यह न करके अनावश्यक ढंग पर वहां के भूख हड़ताल करने वाले विद्यार्थियों को

निरूपित करवाया गया। क्या उनकी ऐसी भागी हैं जिन को पूरा करने में यह सरकार असमर्थ है, यह मैं जानना चाहता हूँ।

DR. S. CHANDRASEKHAR: Sir, the hon. Member asked several questions. As far as the Kashi Vishwa-vidyalaya is concerned, I am aware of it and I know Dr. Udappa and his fame as a very competent medical practitioner. In fact, Sir, I am scheduled to visit the institution next month when the Parliament session is over. I should again tell the hon. Member that I have no personal opinion in the matter. I believe that Ayurveda has as much relevance as Tibbia, as Siddha, as allopathic systems have in our country. But the people practising must agree. One says "We want shuddha Ayurveda", Another says "We want non-shuddha Ayurveda". Yet another says "We want an integrated system". We must have consensus of opinion among the practioners before the Government can take any concrete steps. They are working in some kind of water-tight compartments. I hope in the next few months, when this Indian Medical Council of Ayurveda goes into the question, we will have some concrete proposals and I am sure those proposals will be satisfactory to the hon. Members.

श्री राजनारायण : अब आप बाहर के मुल्कों में जाना बन्द कीजिय और अपने देश में ही घूम करके जो डिफिकल्टी है हमारे देहातों में उसको दूर कीजिए।

श्री अर्जुन अरोड़ा : ठीक कहे रहे हैं राजनारायण जी।

श्री जगत नारायण : क्या वजीर साहब को यह मालूम है कि इस देश में ऐसे मेडिकल कालेजेज हैं जो कि लड़कों से रुपये ले कर के, दान ले कर के, पांच हजार या दस हजार तक का दान ले कर के, उनको अपने कालेज में दाखिल करते हैं और उनमें वह लड़के दाखिल होते हैं जो किसी और कालेज में दाखिल नहीं हो सकते, बिल्कुल नालायक होते हैं। उन कालेजेज को यूनिवर्सिटी की तरह से अफिलिएशन मिला हुआ है। तो क्या

वजीर साहब बतलायेंगे कि वे ऐसे तरीके को खत्म करने की कोशिश करेंगे या नहीं करेंगे ?

DR. S. CHANDRASEKHAR: Sir, admissions to medical colleges vest with two institutions, namely, (1) the State Government, except those which are directly under the Health Ministry, and (2) the Universities which govern the conditions and under which certain requisite academic credentials are insisted upon for admission to medical colleges. But, it is, of course, public knowledge, as the hon. Member has raised, that some private medical colleges insist in addition to the requisite academic credentials, a certain amount of money called capitation fee. We are not in favour of it, but we have no control over them because otherwise they turn to us and say "Why don't you give us Rs. 1 crore or Rs. 10 lakhs?" There are some young men and women who are very keen on becoming doctors, who have the requisite academic credentials but who cannot be accommodated in medical colleges for lack of seats but who are prepared to give some kind of donation to the medical colleges. That is the situation. As far as things directly under us are concerned, there are only a few categories where the Central Government has set apart some seats at the institutions available for us for children of Defence personnel, children of Indians who are working in Indian Missions abroad—embassies, consulates, etc.—children of Indians who are working in the United Nations abroad, children of residents in areas where there is no medical college like Bhutan, Sikkim, NEFA, Tripura, etc. Beyond these categories, the Ministry of Health has no control whatsoever.

राजस्थान में विदेशी कम्पनियों द्वारा
तेल का सर्वेक्षण

*468. श्री सुन्दर सिंह भंडारी :
क्या पेट्रो ज तथा रसायन मंत्री यह बताने की
कृपा करेंगे कि :