

resistant tuberculosis, new diagnostic technologies such as Line Probe Assay (LPA) and Cartridge Based Nucleic Acid Amplification Test (CBNAAT) have been developed globally. India is using these technologies since 2012. A new drug, Bedaquiline that may be used to treat drug resistant TB developed by a foreign pharmaceutical company has completed trials for efficacy (phase II trial) and has been approved by United States Food and Drug Administration to treat drug resistant TB patients. To understand the transmission dynamics of Mycobacterium Tuberculosis, several studies have been carried out by and are ongoing at Indian Council Medical Research, AIIMS, PD Hinduja Hospital and other medical institutions in the country. Study on Outcome of standardized treatment for patients with MDR-TB from Tamil Nadu has been conducted by National Institute for Research in TB, Chennai. Apart from these, many operational research projects are being undertaken in India, to develop operational strategies of Programmatic Management of Drug Resistant Tuberculosis. (PMDT).

Emergency treatment protocol at hospitals

†3662. SHRI RAMDAS ATHAWALE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

- (a) whether it is a fact that a doctor in emergency department of hospitals cannot deny first aid to any patient who is not able to pay for the same;
- (b) if so, the details thereof;
- (c) whether Government's attention has been drawn to the cases of not providing treatment in emergency department of hospitals to the patients, who had no money to any patient who not able to pay for the same; and
- (d) if so, the details thereof, as on date, for the last three years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) and (b)

- (i) Though health is a State subject, the MCI Regulation 2002, stipulate that in case of emergency, a physician must treat the patient and no physician shall arbitrarily refuse treatment to a patient except where the patient is suffering from an ailment that is not within the range of experience of the treating physician. In the latter cases, the physician may refuse treatment and refer the patient to another physician.
- (ii) Further, as per the Clinical Establishments (Registration and Regulation) Act 2010, every clinical establishment shall provide within the staff and facilities available, such medical examination and treatment as may be required to stabilize the emergency medical condition of any individual who comes or is

†Original notice of the question was received in Hindi.

brought to such clinical establishment. The Act is, however, presently applicable only in Sikkim, Mizoram, Arunachal Pradesh, Himachal Pradesh, Uttar Pradesh, Bihar, Jharkhand and Rajasthan and Union Territories, except Delhi. Other States may adopt the Act under Clause (1) of Article 252 of the Constitution.

- (iii) In addition, as per the guidelines of referral of the patient in emergency issued by the Ministry of Health and Family Welfare on 31.07.2014, every clinical establishment shall provide within the staff and facilities available, such medical examinations and treatment as may be required to provide first aid to any individual who comes or is brought to such clinical establishment. The guidelines have been circulated to all States and major Central Government institutions.

(c) and (d) The Government has noticed some reports about treatment not being provided in emergency Department of the hospitals. However, details in this regard are not maintained by the Central Government.

Silicosis as a notifiable disease

3663. SHRI ANIL MADHAV DAVE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Human Rights Commission has recommended to Government that silicosis be made a notifiable disease, if so, the details thereof; and

(b) the measures taken and suggested by Government to ensure health facilities to all workers employed at places prone to silica?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN): (a) Silicosis is already a notified Occupational Disease under Factories Act.

(b) Statutory provision for safety, health and welfare of workers already exist under the Mines Act, 1952 and rules and regulations framed thereunder. The Statutes stipulate a system approach to identify, assess and prevent hazards at the workplace so as to reduce occupational disease.

Functioning of CGHS dispensaries

3664. SHRIMATI VIPLOVE THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the action taken to streamline the functioning of CGHS dispensaries regarding availability of medicines on emergency basis and also availability of doctors at odd hours;