

Appropriate action as per approved decision of Competent Authority is taken on each of such cases.

### **Illegal kidney transplant**

2951. SHRI HARSHVARDHAN SINGH DUNGARPUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there are increasing incidents of illegal kidney transplant in private hospitals across the country;

(b) if so, the details of such cases in the current year and along with the status of such cases; and

(c) the measures taken by Government to stop such crimes in the private hospitals?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) and (b) Public health and hospitals being State subjects, come under the purview of State Government. Whenever, instances of illegal organ trade come to the notice of the Ministry of Health and Family Welfare through complaints/media reports, these cases are forwarded to concerned State Governments for investigation and further action as per provisions of Transplantation of Human Organs and Tissues Act, 1994 (as amended in 2011). Therefore, details of all the cases are not available centrally.

(c) Central Act named Transplantation of Human Organs and Tissues Act (THOTA), 1994 (as amended in 2011) has been enacted. Further, Government of India has made Transplantation of Human Organs and Tissues Rules, 2014 thereunder for regulation of removal, storage and transplantation of human organs and tissues for therapeutic purposes. THOTA has provisions for imprisonment upto 10 years and fine upto ₹ 1.00 crore for commercial dealings in human organs. However, the enforcement of provisions of the Act is within the orbit of the respective State Government. Under National Organ Transplant Programme (NOTP), all stakeholders including private hospitals are sensitized regarding provisions of the Act and to prevent commercial dealings in human organs and criminal acts related to organ transplantation.

### **Expensive graduate and post-graduate medical education**

2952. SHRI HARSHVARDHAN SINGH DUNGARPUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of the fact that the graduate and post-graduate

medical courses have become extremely expensive and are not in reach of poor and middle class people; and

(b) if so, whether Government has any plan to make medical education accessible to all?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) In the case of Government medical colleges, the respective State Governments are responsible for fixation of fee and in the case of private unaided medical colleges, the fee structure is decided by the Committee set up by the respective State Government under the Chairmanship of a retired High Court Judge in pursuance of the directions of the Hon'ble Supreme Court of India. It is for the Committee to decide whether the fee proposed by an Institute is justified and the fee fixed by the Committee is binding on the Institute.

(b) The Government has taken various measures to increase the availability of medical seats in the country. 82 Government medical colleges have been approved under the Centrally Sponsored Scheme for establishment of new medical colleges in underserved areas in 21 States/UTs. There is another scheme for strengthening/upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats. Government has also relaxed the norms for Medical Colleges in terms of requirement for land, faculty, staff, bed strength and other infrastructure to facilitate the setting up of new medical colleges. During the last five years 118 new medical colleges have been established. The MBBS intake capacity has been increased by 18635 seats during the same period and approximately 13000 PG seats have been added.

#### **Non-prescribing of generic medicines**

†2953. SHRI SURENDRA SINGH NAGAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that despite the compulsion of prescribing generic medicine, the doctors have not been prescribing generic medicines to the common public, if so, the reasons therefor;

(b) whether any monitoring mechanism of Government works upon this, if not, the reasons therefor; and

(c) if so, by when the doctors of urban and rural areas would start to prescribe generic medicines?

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†Original notice of the question was received in Hindi.