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MEETING THE HEALTHCARE CHALLENGES IN INDIA WITH INDIAN SYSTEM OF MEDICINE THROUGH STATE AND CENTRAL LEGISLATIVE AMENDMENTS

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Abstract

Not divergently but unified only prevalent pathies of medicine viz. allopathy, Ayurveda, unani, siddha, sowa-rigpa etc. can effectively meet the challenges which we face today in our healthcare delivery system in the country by making the system more accessible and affordable. From human resources shortage to low cost infrastructure and medicines, given less government spending, we can make it through mainstreaming of the traditional systems of Medicine by totally incorporating them into modern medicine or vice versa. And that could be possible through empowering Indian System of Medicine doctors legally by giving them all rights and opportunities which are available to allopathic doctors in the country in addition to their relevant teaching and training. This would be done by bringing legislative amendments in pertaining Acts and laws of the land; which could be a part of plan to step up mainstreaming. And for that the MTP Act, PC & PNDT Act, Factory Act, Indian Medical Degrees Act, Insurance and Reimbursement Act, CCIM Act of 1970 and MCI Act all need central legislative amendments. This would also facilitate research and development in ISM by resolving certain outstanding ethical issues. Here a review has been made on the basis of literature with an objective of optimal utilisation of ISM doctors to strengthen the public health care delivery system and to meet various challenges. This needs kind attention of Ministers, political leaders, policymakers and bureaucrats.

KEYWORDS: Healthcare challenges, Traditional Indian Systems of Medicine, Mainstreaming, Central Acts and Amendments.

INTRODUCTION:

Mainstreaming of Indian Systems of Medicine (ISM) chiefly Ayurveda, Unani and Siddha has been widely deliberated and implemented in 2006 under NRHM scheme. Scholarly reviews demonstrated that it has been partially fruitful.[6,17,18] This could provide merely temporary jobs to a few young doctors. As far as healthcare needs are concerned the situation remained as usual; subjected to further research. The NRHM could not implement and absorb systemic mainstreaming of ISM as was required. The challenges our public healthcare delivery system faces today cannot be met effectively with limited mainstreaming of traditional Indian Medicine Systems. Mainstreaming means total integration of the traditional systems into modern system from human resources to drugs and treatment modalities like China and Vietnam.[17] It means full internalisation of ISM into mainstream medicine or vice versa. It does not mean assemblage of divergent pathies to choose one for treatment.[1, 2] Its meaning should not be confined to co-location and 'architectural corrective' structure of health delivery as designed in NRHM programme.[17] Please see history of medicine when from Charaka, Sushruta, Vagbhatta to Bhavaparkasha, Madhavanidana, Bhaishjya Ratnawali, Rasatrangini to 21st century texts and from Asclepius, Hippocrates, Aristotle, Galen to Leonardo de Vinci, William Harvey, Luis Pasture, Rontgen to Fleming; so many artists, physicists, chemist, microbiologist, cultural and literary scholars, thinkers, philosophers and scientists contributed to ancient and modern medical streams to expand. New ideas, concepts, drugs, techniques, innovations and methodologies were assimilated and newer knowledge was incorporated.[16] To achieve that level of integration certain strategies can be worked out at government level in India. One may be giving freedom of cross prescription to all cadres of qualified doctors after proper teaching and training.

India and its states lag behind in fulfilling the health needs of its people.[3,9] Every year Government budget declares various schemes with a plan to increase in health expenditure. In this fiscal year less than 2 percent of the GDP is supposed to be spent on Health & Ayush. It appears that the governments will not succeed again in providing accessible and affordable treatment to the citizens. Primary health care has remained unfocused. A meager increase in public spending would not be sufficient to equip village dispensaries, PHCs, CHCs and district hospitals with enough doctors, nurses, paramedics and medicines.[4] Patients are left on the mercy of private hospitals and doctors which always fleece them. Even after 68 years of independence we have failed to provide 'quality health for all'. Over the times many challenges are accounted for this failure such as less government spending, lack of infrastructure, lack of qualified doctors and other staff, unwillingness of doctors to go and stay in villages away from families, comparatively less salary of doctors and staff, non-availability of medicines in government dispensaries. Unaffordable out of the pocket spending in private sector, emerging new diseases, drug and antibiotic resistance and increasing non communicable life style diseases are few more problems we have been facing. Universal standard health care facilities and meeting the shortage of

qualified as well as specialist doctors have been our dream targets we have not been able to achieve so far. Many committees have been formed, suggestions from experts were sought and proposals invited from high level institutions for a better comprehensive health policy. It has been suggested that for manpower shortage underutilised sector of traditional Indian medicine should be utilised. Government dispensaries should be upgraded as per primary health care needs. But of no avail. It seems we lacked vision, proper planning and lack of political will all together.

Indian system of medicine (ISM) is a novel system of healthcare which comprises traditional ayurvedic/unani/siddha etc. systems supplemented or not with advanced modern medical system in all its branches[5,19] This has been in practice since century in India and some of the Asian countries.[12] Associations of ISM doctors have been claiming since long that doctors coming from ayurvedic, unani, siddha and other traditional systems colleges are competent enough empowered with modern medicines knowledge, latest innovations and techniques and may be utilised optimally with additional training. Their cause has been justified by Honourable Supreme Court of India in Dr. Mukhtiar Chand vs State of Punjab by upholding the Drug and Cosmetic Act 1945, Rule 2 (ee) iii and State Government Notification there under.[13,14] Government of India and WHO reports are well-founded in this respect[6,15] wherefore mainstreaming of traditional systems of medicine had been initiated. In this study an attempt has been made to rationalise genuinity of ISM doctors for practicing modern medicines with aims and objectives of using them with and in place of allopathic doctors in view of meeting shortage of qualified doctors and strengthening healthcare delivery in the country. This has been reviewed by studying various documents, reports, views, Acts and rulings. Internet-based Google scholar and Google search engine help is taken for reference materials and methodology.

DISCUSSION:

In India constitutionally health is a state subject. Various states in India have legally entitled ISM doctors through various ordinances, orders and notifications for practicing modern medicines and its various branches. This helped the states in providing better healthcare services to the people comparatively. Haryana, Punjab, Maharashtra, Tamilnadu, Chhattisgarh and may be few more states have passed legislatures; amended existing laws and issued special notifications in this regard but somehow limited.[7,8,] Certain Central Acts are still found wanting, inefficient and ineffective to protect ISM doctors to exercise their legal right to practice modern medicine. Ambiguity still persists in these Central Acts which need further rectification through central legislatures. ISM doctors are kept out of the ambit of these central laws, either knowingly or ignorantly, though their qualification is sufficient enough within the purview of those Acts. For example in MTP Act their qualification was not considered essential for purpose of that law and therefore they are restricted from doing D &C to save a maternal mortality and sometimes ISM lady doctors are not permitted for deliveries even by the authorities. Criminal cases had been registered against ISM lady doctors for keeping simple gynae instruments like vaginal speculum, chital forceps, vulsellum etc. which are generally used for midwifery and IUCD insertion for

birth control. And this all is to name MTP Act violation and save a girl child. Similarly in PC & PNDT Act their qualification was not included in requisite qualification column for performing ultrasound tests though as per curriculum and syllabus they are well taught in radiology and imaging science subject with practical training and which they need for diagnosis and treatment as well.[11] There are few more laws which are deemed unfit now as outdated and impracticable like Factory Act 1948 and Indian Medical Degree Act 1916 which sound quite irrelevant, discriminatory and hindering job prospects and opportunities for ISM degree holders. Health Fitness Certificate required prior to joining a limited company or before getting admission into an educational institution or medical reimbursement bill for employees and workers, all demand issued by a doctor not less than an MBBS which sound discrimination of qualified ISM doctors and is contravene to CCIM Act 1970 sec 17, which entitles them to issue any certificate or authenticate medical certificates required by law.[5] MCI Act 1956 is also not found corresponding but is contradictory to CCIM Act 1970 which has created many impediments. CCIM Act itself is deemed to be inconspicuous regarding modern medicine practice. Hence all these Acts need legislative amendments. Certain issues may be resolved through state Acts but central intervention is absolutely necessary, hence required. ISM doctors also study medical jurisprudence and forensic medicine and toxicology during their course period as a special subject.[11] Therefore they may be employed in Medico Legal Cases and autopsy etc. which will also make them in a level playing field to restore their social status and enable the existing system to ease the burden. There is also wanted to avail opportunities provided by Health Insurance & Reimbursement schemes in case allopathic medicines prescribed by ISM doctors. Since legally they are entitled to prescribe modern allopathic medicines nevertheless the divisiveness hidden within Factory act and Medical Degree Act and Insurance Act has imposed restriction which should be brought to an end and qualifications and degrees of ISM should be mentioned in aforementioned Acts as and with modern medicine doctors, equally. Why shouldn't they be let in for Cashless Health Insurance Schemes declared by the Central Government as prescribing doctors of modern allopathic medicines? Why they are supposed or confined to be trained and practice in traditional medicine only while a need is felt of their modernisation with scientific temper and then optimal utilisation.

Quality Medical/ISM Education is a grave concern which also should be addressed and maintained at every cost, seriously. ISM needs PG, PhD and post-doc fellowship education and research promotion for its development and modernisation. By modernising ISM doctors challenges faced in medical/ISM education field like faculty and human resource crunch in Medical and ISM colleges in clinical, non-clinical and administrative fields will be dealt with easily. And for all aforesaid challenges MCI Act is needed to be restructured and amended. Recently, Parliamentary Standing Committee on health has also recommended rejigging of the MCI and scrapping of the 1956 Act for being outdated.[9,10] The Supreme Court of India has also ruled in Mukhtiar Chand case that if a State Act recognizes ISM doctors qualification sufficient enough they may be registered in a state medical register meant for allopathic doctors and thus the prohibition under 1956 Act of MCI will not apply. [13] Thus, various ethical issues and barriers which pose hindrances in mainstreaming could be put to rest too.

CONCLUSION AND SUMMARY:

It is concluded that for mainstreaming ISM doctors optimal

utilisation MTP Act, PC&PNDT Act, Factory Act, Indian Medical Degree Act, Insurance Act, MCI Act and CCIM Act amendments through central legislatures are sought in public interest and for better job provisions for ISM doctors and to meet the healthcare delivery challenges in our country. Further it would help in resolving ethical issues and removing barriers. This could also pave the way for research, development and modernisation of Indian Systems of Medicine, particularly Ayurveda, Unani and Siddha. Ministers, *netas*, policymakers and *babus*; please do take. Ayurveda graduates have been demanding modernisation since long. Indian States follow the Central Rule. What Centre proposes, State disposes. Present study needs further ample reviews.

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