Title: Medical Profession in India- Boon or Bane

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*Abstract*

The medical profession in India is currently facing a number of challenges. The supply of manpower as well as funding in the health sector is much below the required level. Diversities prevailing in the Indian society, at times, create hurdles in the way of a medical practitioner resulting into lack of confidence in treating patients and introducing any new form of cure to them. To overcome the challenges, medical practitioners should be given due freedom to experiment and progress in their respective fields. The funds assigned to health services should be increased, which must not confined to patient care only, but it should include remunerations given to the medical fraternity. In addition to this, the interference of bureaucrats should be limited to the extent of their knowledge regarding medical services. When our country would be able to make medical profession doctor friendly, it will become a boon not only to the doctors but to our country also.

**Medical Profession in India -Boon or Bane**

*Introduction*

In today’s world the most preferred profession is medicine. Ask a class twelfth pass out, what he is preparing for, and the answer in fifty percent of the kids is “P.M.T.” It is because this profession is still considered the most respectable, most pious, well paid, and a profession representing the intellects and elites of the society. But the question is, “Is the garden really that greener as it seems from the other side of the house? It is a matter of debate, because people have their own sets of notions regarding this profession.

This profession like any other profession has a darker side too grey, if not black. Doctors have to prepare very hard to get through their competitive exam. They have to complete their bachelors in five years unlike other bachelor degrees those are completed in three year duration. After bachelors if they start working, they do lack any specialisation. They have to often work during festivals, at night for emergencies, in villages for rural postings, innumerable O.P.Ds and so on. Even after that, can someone say that it is a boon?

*Different perceptions of medical profession*

Boon as it is considered a well paid job in comparison to many other not so good jobs in India, but bane, as in comparison to long and odd working hours, moreover they are not paid extra for the emergency call duties.

Boon as it is the most respectable profession of all the professions one can take up, but respect is lost with the emergence of many cases of assault on doctors.

Boon because the cream layer or intellects of a society take up this profession and they maintain the dignity of their knowledge as they keep trying for further skill development training courses and long or short term vocational courses relevant to their field whereas bane says most of the time they do not get leaves to pursue further courses and funds for arranging to attend skill development classes.

Boon when people thank the doctor for his cure and remain obliged for the treatment given but bane when for any in deliberate mistake the doctor is not pardoned and bears the brunt of suits filed against him.

*Challenges in public sector in health*

“A doctor not only cures but he cares.” People, as patients must understand that a doctor’s entire skill depends on a patient’s positive response and belief in his treatment. Diversities prevailing in the Indian society, at times, create hurdles in the way of a medical practitioner resulting into lack of confidence in treating patients and introducing any new form of cure to them. Often things are misinterpreted from both ends, and forbid the medical practitioner to take any further initiative. When patients from different cultures have faith in the one treating them, it enthuses the doctor, his confidence in his way of treatment, further resulting into developing his belief in himself i.e. a leader of his respective field.

The supply of manpower in the health sector is also much below the required level. Thus the existing workforce is overworked and unable to prove its efficiency professionally and personally too. He hardly has time to be empathetic towards the patient. On an average a doctor works for about 80-100 hours per week. It is proven fact that if any individual works for more than 50 hours per week, his efficiency may fall to unacceptable levels. In addition to that, they need to work efficiently and bear the professional pressure as well.

The most probable reason for poor quality of healthcare is that the health sector lacks leaders or people who are pro-active. Doctors, who can take proper initiatives, who are good planners, who can argue and logically convey their concerns to the policy makers regarding their just demands for the medical fraternity and can plan a proper implementation for the same, are required.

In the words of Charles Assisi (1) “Every story has two sides. That is why, I was always told, if as a practising journalist I don’t capture both of these sides, I fail not just my profession, but I am being intellectually dishonest as well. Two weeks after writing a piece in an earlier edition of Mint on Sunday, in which I dished medical doctors for lack of empathy, I stand guilty on both counts. In my fit of pique, I neither saw nor heard a version of the truth that is their preserve. It is only appropriate then that I try to mend fences even as I continue to maintain vigil outside the ICU where dad lies comatose. To put it mildly, I had underestimated how difficult it is to work at an Indian hospital and try to maintain either sanity or compassion. In attempting to write this piece, I tried my damndest best to talk to the doctors and nursing staff. The intensivist at the ICU, for instance, continues to be somebody whom I want to spend time talking to. But all of his working and waking hours are devoted to caring for either the critical or the dying. He had more pressing matters on hand to accomplish than to talk to a journalist on what his working day is like.”

MBBS doctors in India today are unemployed, underemployed, and poorly paid, exploited by making them work for extended periods without any salary/overtime. In the name of training they are used as bonded labourers. But they are pilloried if they commit an error of judgment after being sleep deprived and on the job for 48-72 hours at a stretch (2).

The health bureaucracy is hand in glove with the larger public bureaucracy. The health-care expenditure incurred by the Government for the bureaucrats compared with that for ordinary people gives an idea of the bureaucratic privileges of the Indian Public bureaucracy. As mentioned in a National Commission on Macroeconomics and Health background paper(3), in 2000-2001 when the annual health expenditure of central and state Government together was around Rs. 300 per capita, the out-patient and the in-patient expense per card issued to retired civil servants and dependents in the Central Government Health Scheme was Rs. 10,170 in a year.

Public health spending accounts for 25% of the aggregate expenditure, the balance being out of pocket expenditure incurred by patients to private practitioners of various hues. Public spending on health in India has itself declined after liberalization from 1.3% of GDP in 1990 to 0.9% in 1999. Central budget allocations for health have stagnated at 1.3% to total Central budget. In the States it has declined from 7.0% to 5.5 % of State health budget. Consider the contrast with the Bhore Committee recommendation (4) of 15% committed to health from the revenue expenditure budget. Indeed WHO had recommended 55% of GDP for health. The current annual per capita public health expenditure is no more than Rs. 160 and a World Bank review in 1995 showed that over all primary health services account for 58% of public expenditure mostly but on salaries, and the secondary/tertiary sector for about 38%, perhaps the greater part going to tertiary sector, including government funded medical education. Out of the total primary care spending, as much as 85% was spent on or curative services and only 15% for preventive service. About 47% of total Central and State budget is spent on curative care and health facilities. This may seem excessive at first sight, but in face the figure is over 60% in comparable countries, with the bulk of the expenditure devoted to publicly funded care or on mandated or voluntary risk pooling methods. In India, close to 75% of all household expenditure on health is spend from private funds and the consequent regressive effects on the poor is not surprising. In this connection, the proposals(5) in the draft National Health Policy (NHP) 2002 , are welcome seeking to restore the key balance towards primary care, and bringing it to internationally accepted proportions in the course of this decade.

The next issue relates to the desirable level of public expenditure towards health services. China devotes 4.5% to its GDP as against India devoting 5.1%, but this hides the fact that in China, public expenditure constitutes 38%, whereas in India, it is only 15% of total health expenditure. An optimistic forecast would be that the level of public expenditure will be raised progressively such that about 30% of total health expenditure would be met out of public funds by progressively increasing the health budget in states and the centre and charging user fees in appropriate cases. The figure mentioned would perhaps correspond to the proportion of the population which may still need assistance (6).

The strike by resident doctors of Maharashtra in February and March this year (2015) focussed attention once again on the poor state of affairs in public hospitals in India. In the recent past there have been a number of such strikes in various parts of the country.

Such protests should be seen as indicators of the conditions in which resident doctors work. Junior doctors labour unreasonably long hours and within a system that is completely inadequate to meet people's needs. Since they cannot change the situation they soon learn to cope, but at the expense of patients needs. Occasionally the pent-up frustration manifests as a strike. The government's response invariably ignores the underlying structural problems which affect both working conditions and patient care in public hospitals (7).

Thus it can be said that health sector is not in the priority list of the government. Even if it is, it is limited to the patient care and not to the one who cures. The medical practitioners in the public sector can hardly think beyond their assigned duties. They are answerable to the patients, the government, the bureaucrats, their seniors and so on. They cannot do or even start anything on their own even if it is ethical. So, gaining the patients confidence, to do things out of the league, following government policies along with their own virtues, managing funds, responding to seniors and everyday duties are some of the challenges they face every day and that don’t let this profession become a priority among serving medical practitioners for their coming generation. Those who have their established nursing homes can be out of this league as they need their coming generation to take up this profession to look after their nursing homes.

*Suggestions for Indian scenario*

“Leaders are born” but now this proverb is lost against the achievements of innumerous people from all over the world. In public health sector also, there are many medical professionals who have the potential to go an extra step forward for which they are never given an opportunity, or even if they are provided with such luck, the lack of funding forbids them to progress. Moreover, from the very first step onwards i.e. from the day of appointment there is a senior person over every individual, who the subordinate is answerable to; or the bureaucrats who try to make them to work according to their own will.

Thus for ingraining the passion of pro-activeness in medical practitioners the following suggestions could be of some help so that this profession becomes all the more adorable and promising;

Medical practitioners should be given due freedom to experiment and progress in their respective fields, so as to make them feel relieved towards taking new and experimental tasks to achieve success, as other the doctors do in various countries of the world..

The interference of bureaucrats should be limited to the extent of their knowledge regarding medical services. The medical practitioner should be answerable to his direct head instead of replying to a non medical person who does not understand the technicalities of medicine.

The funds assigned to health services should be increased; which must not confined to patient care only, but it should include remunerations given to medical fraternity and expenses for undertaking and initiating a risky and complicated procedure/surgery, so as to boost the confidence of the medical practitioners of India to compete with the innovations happening around in the rest of the world.

Shortage of time should be given due importance as the medical practitioners keep beating about the bush i.e. remain busy throughout the day doing their everyday work in lieu of quality time to spare on academics and conferences which enhances the personality of medical practitioners to emerge as leaders. So, in health sector their time should be divided in a way so as to enable them to spend time on improving their personality as a leader.

The authorities concerned directly to the medical practitioner should listen to their views and ideas without any bias and be ready to help them accordingly, to make the work environment pleasing and comfortable.

*Action Model*

*Introduction of a human rights committee*

In every hospital and medical college a human rights committee can be introduced to meet and voice the requirements of a medical practitioner. If he really has an innovative idea in his field and have a valid action plan to make it a success, then he should be given all sorts of encouragement by the employer.

*Limitation of bureaucratic intervention*

The appointments concerned with health sector can be reserved/preserved to medical fraternity only. As a bureaucrat has ample of knowledge of his respective field but he might not understand the importance of the prolonged use of a particular drug for a desired outcome or he may not be acquainted with the use of particular equipment in the medical sector. So their interference should be limited to the confines of their knowledge of this field. Thus, appointments in the health sector can be made accordingly.

*Better and stronger policies*

Government should come out of its comfort zone and start taking long overdue steps to enforce regulations. Also it needs to increase the budget allocated to healthcare. Health needs to be made the top priority. Government should assign more funds towards innovation in the health sector to make health fraternity compatible to the doctors of other developed countries. In every budget there should be a separate amount assigned to health sector for medical practitioners who think beyond the traditional perceptions and want to introduce some new diagnosis and cure in health care for the nation and uncured.

*Quality time division*

The timings of the hospitals, if limited to four to six hours of O.P.D and O.T respectively on alternate days, then the medical practitioners would get quality time to work towards increasing their latent abilities. The timings in the hospital and the medical colleges should be so arranged as to provide quality time to the medical practitioner to write worthy papers to be published in the international journals and opportunities to present them in international conferences which would help their potential to be realised in the international forum and recognise our doctors all over the world.

*Positive reinforcement of seniors*

If the head of the institution gives a proper ear to the problems faced by the medical practitioners, the working conditions becomes comfortable and no one lags behind due to some personal or professional pressure.

Thus, if we need maximum output from the present medical practitioners and maximum doctors from the coming generation, who don’t leave their country in search of quality jobs, we need to eradicate the hurdles of bureaucracy, shortage of time, immense work pressure, lack of funds etc to encourage them to work more confidently, without the fear of biases and prejudices, to carve a niche for themselves, and lead our nation internationally.

When our country would be able to make medical profession doctor friendly, it will become a boon not only to the doctors but to our country also.

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