The Health Advocate

The Great Indian Medical Education SCAM

Dr. Ravi Narayan*

Dear Friends,

Recently the papers have been full of Stock Exchange Scam. Mr. Harshad Mehta of Growmore incorporated and his network of associates in all our ‘not so national’ banks managed to get Rs. 3,078 crore to reach accounts they were not legally meant to reach. Or have I got the implications all wrong? Anyway ‘Stock Exchange bulls’ and ‘banker’s receipts’ have never been my cup of tea and whatever the final extent or nature of the swindle, there is no denying that the matter is under effective scrutiny today- what with public debate, parliamentary debate, policy debate, legal action, media type, police action etc.

The entrepreneurs are in the ‘jug’. The ‘national psyche’ is recovering from a rude shock. Public fears about the health of the banking system are being systematically allayed by the Government. The detailed investigations are on. May our deposits rest in peace!

However, there is another ‘scam’ rather well entrenched in the system, that is aided and abetted not by unknown bulls of Mr. Mehta’s kind but actively by the decision makers and the powers that be. This is presently not being subjected to policy debate, nor public debate; it is nowhere near the fringe of legal action, leave alone police action. This ‘scam’ is reported in the papers nearly every day but is beginning to lose its newsworthiness and to affect our health and the future health of the nation. It goes by the name of ‘The Great Indian Medical Education Scam’ and, one day, when it is recognized for what it is, the stock scam will be pushed into pale insignificance. But will this happen?

Interestingly, this month, I and my team of co-researchers are on the final phase of a two year project co sponsored by CMAI and CHAI and supported by the emerging Christian Medical Colleges Network. For our 24 months, we have searched for social relevance and community orientation in the medical education experience in India. The final output of this study (now an impressive 600 sheets of typed and photocopied manuscripts) focuses on the efforts of about two dozen ‘forerunners’, including the three CMC’s (Vellore, Ludhiana and Bangalore) and is definitely a cause for great satisfaction. However, it is the increasing evidence about the wider world of medical education picked up by our study, not the innovators but the ‘mainstreamers’, that has convinced us of the existence of an entity far greater than the current stock market one.

Here are some bits of indirect evidence to sour your daily morning cup tea.

- The ICSSR/ICMR study group recommended in 1981 that ‘there should be no new medical colleges and no increase in the intake of existing colleges’. By 1992 there has
been an unchecked growth (!) from 125 to over 170 (mostly private capitation fees colleges). This is an official ‘guesstimate’, since even the Planning Commission itself has not been able to keep pace with the phenomenon.

- Three States, in the country, Karnataka, Maharashtra, and Tamilnadu, have been verifying with each other for ‘top of the league’ status in promoting these institutions through political patronage, state subsidy and ‘cabinet flat’. While political coffers get donations, the state treasury fails to receive cores of rupees in payment for state provided ‘clinical facilities’.

- An MCI Bill passed in parliament, explicitly to control this commercialization of medical education, has failed to make the grade, the ‘official’ support of three recent governments in these past months notwithstanding!

- Leaks in the test papers of undergraduate or postgraduate examinations are now far too common to raise any eyebrows, least of all those of the examiners.

- The deliberate postponement of a PG entrance test by a few weeks to allow a high official’s daughter to complete her internship and attend the examination (a recent scandal), takes the cake in official indulgence in the midst of medical education reform.

- While MCI, the watchdog body on quality and standards in medical education, is caught up in a web of legal action and writ petitions, the Indian Association for the Advancement of Medical Education is fast sliding into irrelevance due to a mixture of membership apathy and internal ‘sycophancy’, all too common in the culture of our times.

- Every other day heads of government at the central and state levels and politicians of lesser stature, declare open high technology diagnostic centres and corporate, medical enterprises for the ‘classes’ of India. During the inaugural rhetoric the pious promise of doctors for the masses of Bharat is made with predictable regularity unmindful of the obvious paradox involved therein.

- A report on who pays for medical education in India clearly demonstrates that after massive state investment in health, 75 per cent of the graduates reach the private sector. The same study computed that the number of graduates migrating ‘westward ho’ in 1986-87 is 40.8 per cent.

- A report from West Bengal, on the mainstreamers in the state admits candidly that ‘the teachers admonition against indiscriminate use of antibiotics or random use of steroids cuts little ice with the student when the latter discovers that very teachers indiscriminate and random prescription in private practice. The student thus learns the difference between theory and practice and in the conflict between the pursuit of science and commercial gain, the latter generally prevails’.

- And as if to give a final confirmation of the diagnosis of scam in the system, two reports, one on the quality of graduates being churned out by the mainstreamers and the second, on the quality of care being dished out to the people impart very little comfort.

- A recent study (1991) on interns of Bombay medical colleges discovered the shocking fact that 70% of the interns of 1991 prescribed wrong dosages of drugs for leprosy; 71 per cent could not give a correct prescription...
for an adult male suffering from symptoms of ‘flu’ 72% did not understand the concept of primary healthcare 12 years after the Alma Ata Declaration.

- A young doctor couple from the tribal regions of Central India wrote to us that medical graduates from Madhya Pradesh and Bihar colleges working in their hospitals are poor diagnosticians and, what is worse, they do not worry about it. They admit patients without any diagnosis. The prescribing practices include syrups, tonics, anti diarrhoeals and multivitamin injections. The patients have to pay an enormous bill for drugs.

- Where are we heading in the great enterprise of medical education today? Will the dozen frontrunners have any influence in the years to come on the mainstreamers who are caught up in the new corrupting market economy of commercialization, communalization and corporate competition?

- Some of the CMAI and CHAI member institutions are themselves being tempted to join in the medical education game with overtures from the corporate network and the new ‘money bags’ for permission to use their quality institutions for the new initiatives!

Dear CMJ readers, this is an appeal to look at the proposition squarely in the face, and indentify its inspiration. God or Mammon. I ask?

*Ravi Narayan,

Society for Community Health Awareness, Research and Action,
326, V Main Road,
I Block, Koramangala
Bangalore – 560 034

A HEALERS HUMAN TOUCH AND A PATIENTS RESPONSE:

Recently it was necessary for me to report for another series of X-rays. These cold and impersonal events are no joyous occasions. Usually I am ushered into a chilly room by an insensitive technician who orders me to lie down on a frigid table and hold my breath while they take a series of pictures. Imagine my pleasant surprise to find that a friendly lady technician had warned X-ray table with a heating pad before I came in. That simple act of kindness in the midst of imperceptive technology brought tears to my eyes. This lady cared about the people she served.

(Rebecca A Egbert, Washington, USA in Christian Medical and Dental Society Journal.)

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