

IMA's war cry

To
National President & HSG of IMA
& the team IMA

Namaste.

The following pertinent issues constantly plaguing our minds and life.
Unless we take drastic steps, these problems remained as perennial threats to our profession.
Please think suitable solutions and plan once for all to wipe out these issues from our agenda.

Present scenario of the government:

Without allocating the minimum (5% of GDP) budget for health care,
Without structuring the needy infrastructure at rural level,
Without having quality check on pharma & medical device sector,
Without addressing the skewed distribution of nurses & doctors,
Without stopping the proliferation of medical colleges in south india,
Without eradicating the quacks & age old quackery,
Without Establishing medical colleges in low HRH (Human Resources in Health care) states,
Without revising the syllabi & curricula of the medical education as per present needs,
Without strengthening "Medical skill centers",
Without having micro planning & micro health management at district level,
Without considering the HRH plan ratio of "**doctor: paramedics: population**"
Without trying to change the attitude of public towards hygiene and other social maladies like ill balanced female sex ratio, sanitation, imbalanced nutrition, tobacco & alcohol consumption and sound & air pollution, ---

The govt. is just putting the allopathic doctors, especially those in the private sector as scape goats for all the lacunae and deficit in public health of the country.

On one side the govt encourages corporate sector by advancing the aid & subsidies and awarding the empanelment and at other side it marginalized the small hospitals which are providing 75% care of the country.

The society and the govt are at logger heads with corporate culture of big hospitals and so, they want to regulate it. But what is happening now?

Under the disguise of regulating the health care, the govt put shackles of inspector raj not on the corporate but on the small hospitals.

The big players know how to tune the govt to their advantage.

The "game" which is nearing to its end in USA, is just started now in our country.

The triangular fight between the govt, insurance companies and the big hospitals is going to crush the small players leading to escalation of health care costs resulted in drain of tax payers money in to the deep big pockets of these three players.

Plz don't forget the role of American Medical Association in USA in the end game.

1. Define medical profession? Is it a profession or commercial entity or industrial unit?

2. Amend CE Act.

- Is it rationale to demand ordinary physician who have neither govt aid nor govt subsidies, to do trauma care&cardiopulmonary resuccitation at free of cost?
- Is it logical to demand physicians who haven't trained in emergency care to provide stabilization measures in emergency cases?
- Is it legal or justifiable to put an ordinary physician running small hospital(<10beds) or day care unit in small towns and rural areas, under the ambit of CE act to comply with fire safety measures and other utopian regulations?

3. Amend the IPC - addition of new sections in IPC,to implement the federal medical protection Act in letter&spirit.

Almost 16 states passed medical protection act. But the atrocities and hooliganism on the medical services didn't stopped. Why?

- Is it due to ignorance in lower police hierarchy about the act? Or is it due to absence of relevant sections in IPC?
- Inclusion and insertion of new or relevant sections in IPC to implement the medical protection act!

4. Save small hospitals- save rural people”

Almost 75% of medical care has been provided by small hospitals i.e.clinics and hospitals with <10beds. But all health authorities and institutions both govt & private insurance companies, marginalized and put aside these small healthcare outfits from health insurance & medicare showing that these smaller outfits have no decent structure, no needy equipment and no health care resources.

- Is it not the responsibility of the govt to consider these small hospitals for out patient and day care clinical services?
- How could it possible to provide medicare to 120 crore people by a handful of corporate hospitals.
- Did the govt think about reachability of the medicare to the rural people?
- Does the govt wants to escalate the medicare charges and encourage the nexus between corporate hospitals and insurance companies leaving aside the poor rural person?

5. Categorize the healthcare establishments.

Categorization of hospitals basing on location, demography and level of care in respect with CE ACT, IRDA,NABH,MOH,GOVT INSURANCE SCHEMES.

6. Stop quackery! Stall the Cross pathy practice!

- Is it fair and is it legal for the Govt to plan Newer courses(B.Sc-CH) for inter students and Bridge courses to AYUSH persons to bring them in to modern medicare stream?
- MBBS is and should remain to be the minimum qualification to register with medical councils.
- Various streams of medicine should adhere with various councils. Don't confluence these systems and confuse the public.
- If the govt desires to increase the modern medical care,it has to raise the PG medical seats and raise the teaching personnel in medical colleges.
- Make UG:PG seats Ratio equal as 1:1.
- Allow the PG diploma holders in to teaching faculty to address the dearth of teaching staff.
- Bypassing the age old basic modern medicine physician(MBBS) on oneside and Allowing Mushrooming of medical colleges on another side!-it's a dangerous contradiction that not only drain the public money but also kill the allopathic medical profession.
- Why the govt is not implementing the anti-quackery act and regulations? Why it doesn't frame the rules and amend the IPC to insert relevant sections to book the quacks? Why the govt doesn't heed to the orders and directions of apex court, proclaiming repeatedly, "that the quackery must be eradicated.?"

7. Nation wide Uniformity and up gradation of medical education & medical services & medical skill labs..

- Uniform medical education - entry and exit tests.
- Uniform syllabus&curriculum suitable for present needs.
- Provision of study centers,simulation labs,medico-legal forums,skill centers to impart constant up-gradation of needy procedural skills to doctors and allied health personnel of both govt & private sector at free or subsidized cost. These centers can be established in tandem with medical colleges,health universities,techno universities and pharmaceutical labs.

For ex. Advanced (ACLS) CPR skills must be imparted to all Doctors, and basic CPR skills to all paramedics and citizens.

8. Single window Medicare system at district level.-

Micro-level management of public health& health care:

- Medical education,pharmaceutical business, medical device industry, medical services and medicolegal aspects shall be managed by single window system at district level.

Pharmaceutical quality control,drug supply chain management,vaccine cold chain maintainence,generic drugs procurement and distribution,establishing the generic medicine stores,quality control on labs,supervising the private health care by providing necessary registrations,district healthcare establishment registry,medical professional tax collection, providing needy licenses i.e. NOC from fire safety,building safety and biosafety wings,providing retail drug licenses,medical audit,medical epidemic&endemic surveilence,medical

tribunal,categorywise empanelment to all establishments for primary care,family care,day care,geriatric care homes,secondary and tertiary care.

- Managing the district health programs.

9.Amend the CPA act to exclude the medical services from this act.

- Excluding the medical profession from the ambit of CPA.
- Establishing the medical tribunal.

10. Stop Suing of medical profession! Stall Arrest of doctors !

Implementation of IPC sections-80,81,88,92&93- by which the govt & the society can take care to ensure that a medical professional, who act in good faith, should not be punished.

So,a doctor cannot be held criminally responsible for a patient's death unless the negligence or incompetence, -which has to be decided by competent authority i.e.medical tribunal.

11. Capping on demerage and compensation charges- the calculation of pecuniary damages should be revised and properly formulated.

12.Amendments to PCPNDT ACT.

- Excluding cardiologists from the ambit of this act.
- In chapter IV (7.) President or secretary of IRA should be in the Central Supervisory Board
- CHAPTER V(17): president or secretary of IRA should be in the appropriate authority and advisory committee.

- In CHAPTER VII/ OFFENCES AND PENALTIES- remove the clause of imprisonment.
- Offences should be bailable and compoundable.
- Under Procedure for search and seizure.- (1)-- IMA or IRA members presence should be allowed during search/ inspection of centers.
- 14. Conditions for analysis or test and pre-natal diagnostic procedures.- (1) -- reference from even any hospital should be included.
- Under COLLECTION OF EVIDENCE -II. In case of conducting a test for determination of sex or communication of the sex of the foetus: Oral and other evidence clause must be deleted.
- Reduce the registration fees according to the location. Fix the fees basing on locality - rural area or urban municipal,corporation or metro.
- No restriction on number of service provision clinics.
- Consultation hours can't be specified priorly.

What measures we are going to take to achieve our demands?

Lobbying, debating, sensitizing,???

Processions, dharnas and strikes!!!

Lastly on the pedestal of judiciary court?

Even court's directions are put aside and the govt doesn't comply with even apex court's orders.

The democracy never hears the problems of lesser citizens i.e. means those who have less or nil vote power.

Politicization of issues is the only way to achieve the sustainable success.

It needs immense support from the society especially fourth estate. But to our disadvantage all systems of the society including judiciary has negative perspective over the present day private health care and medical profession.

Unless we take in to confidence of the govt. and all system's representatives- legislature, judiciary, power managers and fourth estate- we can't garner the enough support to transform our present predicament.

The next step is consolidating our "vote bank".

Unless we have monolithic opinion and uniform vote bank power, no democratic party or govt hear our travails.

The next alternative is "money management" which needs immense trust on association's executive team and intensive promotion of various political parties during electioneering.

The noble professions of the land- doctors, teachers and preachers' needs more introspection and self regulation than any stream of life.

And these noble professions better not to be regularized as like any other walk of life.

Yes, they are different.

They need special and specific treatment.

Thank you

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