First, Do No Harm

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ABSTRACT

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The action of the Union Government in introducing BRMS course is critically examined here. The basic tenets of the course are flawed.

A doctor in a PHC oversees a plethora of health activities including implementation of National Health Programmes and vaccines. He is the final authority in that region so far as knowledge and information of drugs, vaccines and diseases are concerned. It will be a retrograde step to dilute this sentinel outpost of scientific medicine. A PHC doctor remains the emissary of health system to monitor and forward reliable feedback on sensitive health situations and monitoring of epidemics. He is a valuable asset in disaster preparedness in the periphery.

Hence the government should not dilute standards.

Keywords: BRMS degree, Rural training, Rural degree.

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It is strange that this dictum sounds so relevant centuries after being uttered. What has been given a go by in the skewed up policy of Government of India in introducing BRMS (Bachelor of Rural Medicine and surgery) is the supreme consideration of patient safety. How much training is enough to perform appendicectomy or a caesarian section? The pundits in Nirman Bhavan bet three years in wilderness and six months internship at district hospital should do. Peace be on them. What is intriguing is that they have the medical council of India hand in glove with them. These are surely strange times. Who would have expected the guardian of medical profession, created by an act of parliament and vested with statutory powers to surrender its independence to the whims and fancies of a health ministry bereft of vision and political will ? We deserve better.

For the benefit of the uninitiated let me define the declared intentions of the Government

- Nomenclature of the conferred degree would be "Bachelor of Rural Medicine and Surgery"(BRMS)
- The programme would be run institutionally in "Medical Schools". The degree of BRMS would be conferred by the Universities to which such medical school would be affiliated.
- Qualifying criteria for admission: applicants who have completed schooling and passed their qualifying examination from a "notified rural area".
- Competencies required for a student to practice after acquiring the above "Bachelor of Rural Medicine and Surgery (BRMS)"would be clearly defined as in the case of Graduates Medical Education Regulations for MBBS.
- An appropriate mechanism would be provided for registering BRMS graduates by the State Medical Councils.
- The graduates so registered would be under the ambit and coverage of disciplinary jurisdiction of the Code of Medical ethics prescribed by MCI.
- Registration accruable to the BRMS graduates would be provisional on yearly basis and on due and appropriate certification by the designated authority notified by the appropriate agency as the case may be to effect that the incumbent has rendered one year of rural health service would be renewed on year to year basis. Upon four renewals, the permanent registration would accrue at the end of five year on rendering rural health services.

The first objection to the concept of BRMS is that it compromises the safety of the individual being treated. That the individual is forced to submit himself due to poverty and being a villager is gross discrimination. This violates all tenants of civilized society. Infact the state should provide the best of health care to our villagers. Dilution of standards of medical education in the name of rural health care is blasphemy. Minimum qualification and standards have to be fixed in any field, all the more so in medical profession dealing with life. The basic doctor with MBBS has to be only

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Table 1. Showing Government of India State wise Statistics of required and available physician manpower

States	Required	In position	shortfall
Andhra Pradesh	1570	2214	-
Arunachal Pradesh	116	87	29
Assam	844	408	436
Bihar	1641	1565	76
Chhattisgarh	721	862	-
Goa	19	44	-
Gujarat	1073	1019	54
Haryana	420	350	70
Himachal Pradesh	449	407	42
Jammu & Kashmir	375	451	-
Jharkhand	330	330	0
Karnataka	2195	2814	-
Kerala	909	1732	-
Madhya Pradesh	1149	1042	107
Maharashtra	1816	1191	625
Manipur	72	115	-
Meghalaya	103	106	-
Mizoram	57	52	5
Nagaland	86	79	7
Orissa	1279	1353	-
Punjab	484	201	283
Rajasthan	1503	1542	-
Sikkim	24	42	-
Tamilnadu	1215	2260	-
Tripura	76	255	-
Uttarkhand	239	866	-
Uttar Pradesh	3960	2001	1689
West Bengal	924	810	114
Andaman & Nicobar Islands	19	73	-
Chandigarh	0	0	0
Daman & Diu	3	6	-
Delhi	8	18	-
Lakshadweep	4	6	-
Puducherry	39	68	-

(Source: RHS Bulletin, March 2008, M/O Health & F.W., GOI)

reoriented to rural setting. It is not clear how MBBS as basic degree to practice modern medicine would be unconstitutional. Removal of MBBS as basic degree to practice modern medicine will open the gates of quackery. Unqualified persons and people not trained in modern medicine will be encouraged to practice modern medicine. Unscientific mixing of systems is a threat to the health of society.

The issues in rural health are poverty, illiteracy, potable drinking water and sanitation. Poverty precludes access, while Illiteracy leads to lack of awareness and lack of health seeking behavior. Provision of potable drinking water and sanitation including toilet facilities are the two major interventions which can change the health profile of rural areas. A doctor in a PHC oversees a plethora of health activities including implementation of National Health Programmes and vaccines. He is the final authority in that region so far as knowledge and information of drugs, vaccines and diseases are concerned. It will be a retrograde step to dilute this sentinel outpost of scientific medicine. A PHC doctor remains the emissary of health system to monitor and forward reliable feedback on sensitive health situations and monitoring of epidemics. He is a valuable asset in disaster preparedness in the periphery. There is no real shortage of doctors in PHC as evidenced by Government of India statistics. In 20 states they are in excess and only in 4 there is any appreciable shortfall.

On the other hand there is a severe shortage of nurses, health workers and laboratory technicians. This situation has not been remedied for many decades now. The health care delivery in a PHC is a pyramid with the doctor at top and health workers at base. Inappropriate increase in doctors, that too semi trained and semi informed individuals will invert this pyramid structure and is not the panacea for the ills aboding rural health.

The Government of India will do well to rethink on the whole concept. We cannot afford to act in haste and regret in leisure. Sixty years of the republic have not brought quality health care to the doorsteps of common man. Resources and time should be used diligently and intelligently. We, the custodians of nation's health have legitimate concern in this regard. The Government may ignore it at its peril.

END NOTE

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