

NOTE

## Killing the Quacks

**Bharat Jhunjhunwala writes :**

Reports of medical mis-treatment by barefoot medical practitioners appear frequently in the media sometimes even leading to death of the patient. But similar mistreatment is often done by registered medical practitioners (RMPs) as well. One teacher suffered a minor fall in the school. The doctor told her that there was a hairline fracture and terrorized her by saying that she would become lame if she did not have a full cast put on. The poor lady paid two thousand rupees to put the cast. Back home her husband showed the X-Ray to another RMP friend. He said there was no fracture at all. There was only an injury to the vein. He removed the cast and told them to do regular hot fermentation. Soon the pain was gone. It is clear that mistreatment is done both by barefoot- and registered doctors. But mistreatment by a barefoot doctor is considered a crime while same mistreatment by a RMP is passed off as a mishap.

It is also well known among medical circles that RMPs prescribe many unnecessary tests because they get commissions from the labs. A lab owner in Delhi told this writer that Rs 20 out of every X-Ray costing Rs 100 goes to the doctor. They get commissions of Rs 500 to Rs 2500 on every CT or MRI scan.

The situation of RMPs in government hospitals is no better. WHO's World Health Report 2000 had pointed out that employees of the government hospitals serve themselves more than the public; they use government hospitals as a window for charging illicit fees; and being in command of more information they mislead and fool the public into paying more. The WHO says that they "have serious shortcomings when it comes to the provision of health services. Bureaucracies are vulnerable to pressure by the vested interests of the bureaucrats and providers who work in them. They are often associated with abuse of monopoly power (such as collection of rents in the form of informal charges) and information asymmetry." The Report further adds that government employees very frequently engage in illegal private practice during duty hours, charge illegal fees and use government hospitals to promote their private practices.

The solution, only is not to put a lid on barefoot doctors and give oxygen to RMPs. Need is to establish an independent regulatory authority that redresses grievances against all medical practitioners. This function cannot be truly discharged by the government doctors who invariably come from the RMP stream. Worse, giving regulatory function to the Chief Medical Officer is putting the accused on the seat of the judge. Complaint against a Government RMP is heard by another fellow Government RMP. Thus there is an all-encompassing regulatory failure in the system. It is necessary to establish an independent regulator for all medical practitioners along the lines of *Lokayukta*.

Barefoot doctors are providing cure in distant rural areas. Government doctors are unavailable because they prefer postings in metros where they can earn big commissions by writing CT and MRI scans. Putting an end to the services provided by

barefoot doctors will deprive these areas of all medical cure. Worse, reduced competition from barefoot doctors will enable RMPs to increase their charges. It is seen that the call for action against barefoot doctors is coming mainly from RMPs and not from the affected patients. RMPs want to remove competition from these barefoot doctors so that they can charge exorbitant fees from patients who have no alternative.  
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