Homeopathy or allopathy ?
Is the present debate related to the right to health care ?

There is a history behind the "cross practice" controversy, writes **Arun Bal**

The recent decision of the government of Maharashtra to allow doctors trained in homeopathy to prescribe allopathic medicines has created an intense controversy. This issue has been raised a number of times in the last few years because of various government decisions and court judgements. However, the debate has been conducted in a manner that is detrimental to the common man's interests, and beneficial only to political vested interests.

The current debate centres around the question of whether homeopathic doctors should be allowed to use allopathic medicines or, put differently, whether "cross practice" is ethical and legal. In my opinion, the only relevant questions are whether every citizen has a right to health care, and whether it is ethical or legal to deprive citizens of health care facilities. In order to answer this question, it is necessary to review government and legal decisions in the light of developments in the field of health care over the last 50 years.

The Bhore Committee

At the time of Independence, 90 percent of the population of India was rural. Diseases like malaria were major killers. The government appointed a committee, which came to be known as the Bhore Committee, to present a programme for the health care system of independent India. The Bhore Committee went into details of various aspects of the country's health care needs. Its report contained many practical and valuable recommendations. One of the recommendations relevant to the issue under discussion was to change the pattern of medical education to suit the needs of the country. The committee also stated that independent India needed "socially committed" doctors and recommended that all inexpensive but useful therapies in the various disciplines practiced in the country be incorporated into the medical education system. (It is worth noting that two members of the committee, who were doctors, appended a dissenting note, stating that the "socially committed doctor" envisaged by the committee would create destitution amongst doctors. The seeds of the present sad scenario in health care were probably sown at the time the Bhore Committee's report was written.)

Though the government accepted the report, the critical recommendation relating to medical education was not implemented. The Indian National Congress had also appointed a parallel committee to formulate health care services in independent India. This committee, the Sokhey Committee, also recommended the integration of medical education. However, in 1946 a Health Ministers conference took the decision to appoint yet another committee, this one to recommend various measures to develop the Indian systems of medicine. This committee, the Chopra Committee, also recommended the integration of modern and indigenous systems of medicine. The committee recommended that indigenous medicine graduates undergo six-month training programmes in modern medicine for practice at the primary health care level.

Different states, different courses

In 1956 the government appointed the Dave Committee in the face of demands for integrated medical education. This committee recommended a five-and-half-year graduate course in integrated medicine. However, this recommendation was not accepted by all states, as a result of which different states developed different courses. Around this time, the government created the Central Council for Indian Medicine which was supposed to regulate various indigenous disciplines.

The Bhore and Sokhey Committees' recommendation for the creation of a single, unified course integrating all useful indigenous elements remained unimplemented. This created a multiplicity of courses . It also created different classes of medical professionals.

Private medical colleges

The situation has become more chaotic in the last 15 years with the creation of private medical colleges. Almost all these medical colleges are owned by politicians. Instead of becoming part of the health care infrastructure, medical colleges have become a source of political and financial power for various political interests. Many of these medical colleges were started without any infrastructure, and the education imparted in these colleges is substandard. However, they charge exorbitant capitation fees. The medical graduates of this colleges are poorly trained and more inclined to practice in urban areas.

The large-scale use of allopathic medicines by these doctors, without training, led to a hue and cry. This prompted some state governments to issue a notification under the Drugs and Cosmetics Act (Section 2) permitting the use of allopathic medicines by non-allopathic medical graduates. The Supreme Court, in Ashwin Patel v/s Poonam Verma,

Arun Bal, *Flat 6, Mallika, Makranth housing society, SVS Marg, Mahim, Mumbai 400 016.*

decided that practicing any type of medicine without the requisite knowledge and qualification would amount to "negligence per se" and described it as quackery. This prompted some FDA authorities to issue orders preventing chemists from selling allopathic drugs when prescribed by non-allopathic doctors. This led to another round of court cases.

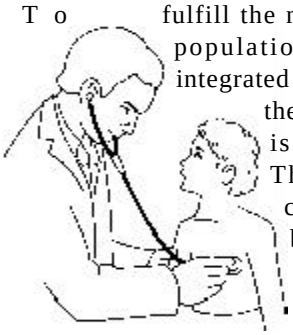
The issue was finally decided by the Supreme Court in 1998. In Dr. Muktiar Chand v/s State of Punjab, the court upheld the validity of the notification under the Drugs and Cosmetics Act. However, the court placed a different interpretation on the CCIM resolution of 1987 which allowed the non-allopathic curricula to include modern medicines. The court decided this resolution only allowed practitioners in non-allopathic disciplines to use modern investigations like X-rays, MRI scans, etc. This interpretation of the resolution is technical and the court failed to take into account the overall ground level situation. Therefore, the court decision has further complicated the situation.

"Cross practice" is inevitable

The ideal doctor-patient ratio recommended by Bhore Committee was 1:2,500. At present this ratio is 1:300 for urban areas and 1:900 for rural areas. In urban areas only 30 per cent doctors are allopaths. This percentage is as low as 10 per cent in some rural areas. Most of the rural population has to depend on non-allopathic doctors for their health care needs. The government health care infrastructure caters to only 25 per cent of the population. Under these circumstances, "cross practice" is inevitable. People have to go to non-allopathic doctors for injuries, inoculations, snake bites, etc., for which non-allopathic disciplines have no effective therapy. Preventing a homeopath from administering a tetanus toxoid injection because homeopathy does not include injections would amount to depriving a patient of essential health care.

The prevalent situation is the outcome of the mismanagement and wrong policies of the last 50 years. The solutions offered by the government and the medical profession in this debate are *ad hoc* and do not take into account the needs of the people and the evolution of health care services over the decades. The health parameters of our country are still dismal. The infant mortality rate is still much above the 21/1,000 live births which had been agreed upon as a target for Health for All by 2000 AD. Incidentally, one of the recommendations of the Alma Ata conference was to integrate various indigenous disciplines to achieve its goal of Health for All.

The plan envisaged by the Bhore Committee and the Sokhey Committee for the medical education pattern in India is the real solution. To fulfill the needs of the population, an integrated approach to the health care is required. The present crisis should be tackled in stages. In the first stage, primary health care needs to be strengthened by creating a cadre of health workers, or, as envisaged by the Chopra Committee, by training non-allopathic doctors working in the rural areas in essential modern medicine according to the WHO's list of essential drugs. Health care workers and non-allopathic doctors should be allowed to use drugs which are essential for primary health care needs. A broad consensus can be evolved about the number and type of drugs.



In the second stage, within a specified time, a graduate-level integrated course in medicine should be started. This course should be designed according to the original recommendations of the Bhore Committee. Pure ayurvedic, unani, homeopathic education should be offered only as post-graduate education.

Medicine for financial gain

However, this will require tremendous political will. It is doubtful whether the present political leadership of any political party has this will. Moreover, medicine is being viewed by politicians as an avenue for political and financial gains. The best example of this is the formation of the Maharashtra University of Health Sciences. In spite of the recommendations of various committees against a unified centralised system of medical education, the government has gone ahead with the formation of this university. Similarly, the decision of the government of Maharashtra against "cross practice" applies only to homeopathy graduates. Thus, graduates of other indigenous disciplines have not been included. Further, the list of drugs which these graduates are permitted to use is drawn without any scientific basis. This will start another round of court cases.

The solution to the present crisis has more to do with politics and people than medicine and doctors. The courts cannot solve this problem. Every court case makes the problem more complicated, leading to more *ad hoc* decisions. Every citizen of this country has a right to health care. This right may not legally absolute. However, it is part of every human's right. Any system, regulation or law which deprives people of their right to health care needs to be changed. The need of the hour is to make health a political subject and revamp the medical education system completely, instead of offering piecemeal solutions like the Maharashtra government's order.