

LETTER FROM CHENNAI

Doctors' strike: *déjà vu*

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Medical students and interns in Tamil Nadu were on strike for a month since April 22, 2003. The main reason was the present government's move to permit more private medical colleges in the state. The strike was called off on May 22, without the government conceding this main demand.

Other grievances were against the proposal to increase fees and reduce the stipend paid to interns and postgraduates. Several rounds of talks between the government and students' representatives have proved fruitless because the government is unwilling to give an assurance that no new private medical colleges will be permitted. On May 3, the minister for health stated that the government could not give such an assurance since the Medical Council of India could sanction them and the managements would approach the court. However, the students point out that, without the government's connivance, it is difficult to start a medical college as numerous sanctions (for land, building, etc.) have to be obtained.

The Tamil Nadu Medical Practitioners Association, a body of doctors in private practice, has supported the move to open private medical colleges. Its press statement claimed that Tamil Nadu had only half the number of doctors required. Contrary to this, students claim that there is one doctor for every 500 people in the state as against the World Health Organization's recommendation for 1:1,250. The Indian Medical Association has said that no more private colleges are required, but the existing ones may be allowed to increase their intake of students.

Since 1992, when the World Bank published its recommendations for the health sector in developing countries, successive governments have tried to implement its suggestions. Significantly, these include privatisation of medical education and fee hikes. The government's strategy has been to implement the recommendations piecemeal without announcing any change in policy. Thus, user fees was introduced for computerized tomography (CT) and magnetic resonance imaging (MRI) scans. There is currently a move to introduce an outpatient fee.

Simultaneously, the range and quality of services in government hospitals have deteriorated. Here too, the strategy has been to not announce any policy change. Thus,

even though any service including expensive surgery is available in public hospitals on paper, in reality such services are not available due to lack of essential supplies and well-trained staff. Quite often, a department is created merely to accommodate an influential doctor. Without the finances to afford private care, many people die of curable ailments. Others suffer avoidable morbidity. Every doctor who has worked in a public hospital has seen patients like a young man with his leg rotting due to diabetic gangrene simply because he could not afford insulin.

No government has the interest to strengthen the healthcare system. Only the bare minimum, necessary to provide the façade of a caring government, is available. Other facilities are made available on whim; there is no planned development. The very fact that one group of doctors claim that the state requires double the number of medical practitioners while another claims that there are already too many, demonstrates the poor state of knowledge and statistics regarding the health sector. In a caring society, one would expect the government to keep itself and its citizens well-informed and take steps to ensure a steady supply of medical practitioners in all parts of the state.

Of course, everywhere in the world there are places where doctors are reluctant to go, and incentives have to be given. However, the claim that the private colleges will provide doctors for rural areas rings thin. If the aim is to push the doctors out of cities by oversupply, the experience in engineering should provide a cautionary tale. The state is now flooded with engineers from 256 colleges producing about 78,000 engineers every year. Those from the top colleges (almost all run by the government) are able to land reasonably good jobs. The vast majority is doing the work earlier done by diploma holders. A large number are unemployed. This year, some 50 colleges are reportedly for sale.

Meanwhile, existing government medical colleges are running steadily downhill. The once proud buildings housing the basic science departments, the foundation of any college, are in a pathetic state. It looks like the government would do to medical colleges what it has already done to hospitals—make them poor cousins of the private sector. If this happens, it will be a sad day for the state.