

BENEFITS OF GETTING BRIDGE COURSE TO PUBLIC HEALTH AND AYURVEDIC DOCTORS

Neha Rawat¹, Rakesh Roushan^{2*}

¹P.G. Scholar, PG Department of Kriya Sharir, CBPACS, New Delhi, India.

²Assistant Professor, PG Department of Kriya Sharir, CBPACS, New Delhi, India.

Article Received on
23 April 2018,

Revised on 14 May 2018,
Accepted on 05 June 2018

DOI: 10.20959/wjpr201812-12648

*Corresponding Author

Dr. Rakesh Roushan

Assistant Professor, PG
Department of Kriya Sharir,
CBPACS, New Delhi, India.

ABSTRACT

AYUSH and Modern Systems of Medicine have distinct approaches and methods of practice. Since so many years Ayurvedic Doctors are studying integrated medicine as per syllabi i.e., Ayurvedic medicine and Modern medicine then there should not be so much controversies needed for allowing the bridge course to be passed. Bridge course should be introduced for all the ayurvedic practitioners who are studying or practising integrated medicine. A parliamentary panel had been entrusted to review the new National Medical Commission Bill on healthcare in India. The government scrap its proposal for a bridge course to allow AYUSH (Ayurveda, Yoga, Unani, Siddha, and

Homoeopathy) practitioners to practice modern medicine. However, while approving the amendments in the NMC Bill, it was left to the state governments to take necessary measures for addressing and promoting primary healthcare in rural areas. As a result, despite dropping the bridge course from the NMC Bill, the decision has been left to the states. In fact, many states have already allowed AYUSH doctors appointed in Primary Health Centres in rural areas to practice modern medicine during 'emergencies'. Presently 13 states, including Karnataka, Maharashtra, Tamil Nadu, Gujarat, Punjab, Uttar Pradesh, Bihar, Assam, and Uttaranchal have made this legal. If many states are allowing and using this dynamic opportunity to maintain the equilibrium of population and doctors in the country. This bridge course will not only benefit ayurvedic doctors but also give benefit to patients so that they can get the best health care management in rural area.

KEYWORDS: AYUSH, Bridge course, NMC Bill, Integrated medicine, Emergencies.

1. INTRODUCTION

Ayurveda practitioners have come together to support the proposed National Medical Council (NMC) Bill, which provides a bridge course that would allow them to legally practise a list of modern medicine. Approving certain amendments in the NMC Bill, the Cabinet left it to the state governments to take necessary measures for addressing and promoting primary health care in rural areas. Many states have already allowed AYUSH doctors appointed in Primary Health Centres in rural areas to practice modern medicine during 'emergencies'. Presently 13 states, including Karnataka, Maharashtra, Tamil Nadu, Gujarat, Punjab, Uttar Pradesh, Bihar, Assam, and Uttarakhand have made this legal. After completed the four-and-half-year-long Bachelor of Ayurvedic Medicine and Surgery (BAMS) course, followed by a one-year internship that too include the knowledge of both ayurvedic as well as modern medicine and still a doctor is not allowed to practice modern medicine than the main question arises what the use of studying modern medicine syllabi during this 5.5 years course.

2. What is Inside the Nmc Bill

National medical commission (NMC) bill seeks to replace the Medical council of India with National Medical Commission as the top regulator of medical education. The 25 members National Medical Commission will be at the top of a four-tier structure for regulation. The bill sets up under the supervision of the NMC certain autonomous boards which are

- The Undergraduate Medical Education Board (UGMEB) and Post Graduate Medical Education Board (PGMEB).
- The Medical Assessment and Rating Board. (MARB)
- The Ethics and Medical Registration Board.

Each member will consist of a President and two member, appointed by the central government. The Cabinet chaired by the Prime Minister has accepted six amendments to the National Medical Commission Bill suggested by the Department-related Parliamentary Standing Committee.^[1] These amendments are.

1. The proposed National Licentiate Examination has been replaced by a country wide final MBBS examination called the National Exit Test (NEXT).
2. The bridge course to train practitioners from AYUSH (Ayurveda, Unani, Siddha and Homeopathy) in modern medicine has been removed, and it has been left to individual states to take a decision about this;

3. The percentage of seats in private medical training institutions under fee regulation has been increased from 40% to 50%;
4. The number of nominees from the states and Union territories who are members of the Commission has been increased from three to six.
5. The penalties for non-compliance with educational norms for colleges has been modified;
6. The punishment for practising modern medicine without qualification has been made imprisonment up to one year and a fine of Rs 5 lakh.

NMC has been proposed to replace the Medical council of India with National Medical Commission as the top regulator of medical education. Same will be proposed for AYUSH (AYURVEDA YOGA UNAANI SIDDHA HOMEOPATHY) to be replaced by Rashtriya Bhartiya Chikisa Paddati in Monsoon session of Parliament.^[2]

3. Bridge Course

National medical commission (NMC) Bill 2017, was in controversy regarding bridge course for AYUSH doctors. There is nationwide opposition by MBBS doctors for the bridge course for AYUSH doctors proposed in NMC Bill 2017. According to NMC Bill 2017 they proposed a bridge course for AYUSH Practitioners so that AYUSH practitioners will be able to prescribe allopathic medicine after completing bridge course as a result this bill is not accepted and it has been left to individual states to take a decision about this.

Different people have different point of view across the country. On one hand all allopathic practitioners are opposing this bridge course but on other hand all the AYUSH doctors are favouring this Bill and want this bridge course to be implemented for the sake of AYUSH Doctors as well as patients. As we observe in daily life that every person has gone through doctor crises at least once in a life time. In most of the Government hospitals a doctor has to deal with many patients, and due to increasing number of patient's day by day in the present era the demand of doctors is also increased. But due to lack of doctors in our country one doctor has to deal with around 200 to 500 patients in OPD in one single day. As it is not possible to deal these number of patients on daily basis which make it more difficult to doctor in diagnosing and treating the patients and many patients left undiagnosed and untreated. Due to lack of time This clearly indicate that this crisis of doctor needs an urgent check and this demand should be fulfilled within time.

The World Health Organisation's (WHO) 2000 World Health report ranks India's Health care system as 112 out of 190 countries. This is a serious issue regarding demand of doctors.

4. Doctors Patient Ratio and Its Importance

As per World Health Organization (WHO) the density of physicians (total number per 1000 population) of latest available year is 0.500-0.999 of India. which means one physician is available for 1000-2000 population. On an average one physician is available to treat the population of 1,500 which significantly demand more doctors. Available statistics show that over 45% of WHO Member States report to have less than 1 physician per 1000 population.^[3] To accomplish this demand bridge course was proposed in NMC Bill. It has been observed for a very long time that doctors are not ready to go to rural areas of India, may be either due to lack of facilities or demand of better lifestyle that a doctor wants after giving the most precious time of their youth in medical education. Everyone wants a satisfactory life so as doctors which making it difficult for them to take this decision of working in rural areas and hence demand of doctors are increasing every day. It is very important to maintain this doctor patient ratio for the benefit of patients in our country.

5. Benefits of Doctor As Well As Patients

Here we will discuss only about Ayurveda and not about other departments of AYUSH because being an ayurvedic physician it is our right to show the real image of ayurvedic practitioners and to clear the myth regarding ayurvedic doctors in India. To become an Ayurvedic Doctor every student should have, physics chemistry and biology as their main subjects in senior secondary exams. Where every student should get minimum of 50 % marks to appear in National Eligibility cum Entrance Test (NEET) exam which is a road to get entry in Ayurveda medical college. Till now everything is same as like Bachelor of medicine and Bachelor of surgery (MBBS), the criteria and pathway to get admission in MBBS medical college. After this it totally depends on merit of the students to choose their stream either from Bachelor of Ayurveda Medicine and Surgery (BAMS) or MBBS or any other stream. But due to more job opportunities in modern medicine and lack of appreciation of ancient medical science i.e., Ayurveda, students usually prefer MBBS over BAMS. But after MBBS students mostly prefer to choose BAMS over any other stream. After getting admission in ayurvedic medical college, every student has to clear all the four professional examinations during the course of 4.5 years. First three professionals are of one year and last professional is of 1.5 year. After clearing all the exams every student must do one-year compulsory rotatory

internship to get the BAMS degree. So, basically the duration of BAMS course is of 5.5 years which is same as of MBBS course. That means a BAMS student give his youth and dedication to become a good ayurvedic practitioner.

Next comes the biggest myth regarding the subjects of Ayurveda. In BAMS there are total twenty subjects, which not only include its ayurvedic part but modern part as well. So, a BAMS student not only study the ayurvedic aspect but modern aspect as well since the first day of college till the last day. If a student study modern medical science along with Ayurveda science during the course then they may be allowed to practice modern medicine.

Then comes the Internship that is total of 12 months which includes 9 months ayurvedic hospital posting and 3 months modern hospital posting in casualty which gives exposure to deal with emergency cases.

As per Gazette Notification of India Registered No. D.L.-33004/99, the minimum standard requirement for Ayurveda System of Medicine (ASM), requires modern medical staff in 11 department which includes Medical specialist, Surgical specialist, Obstetrician, Pathologist, Anaesthesiologist, Ophthalmologist, Paediatrician, Radiologist, Dentist, X- Ray technician/ Radiographer and Physiotherapist to treat the patients with modern medicine. Students also work with these modern medical staff during their course. So, they are also get exposure to treat patients with Modern Medicine during their course.^[4]

Now it is even more clear that a BAMS student not only study modern medicine but also practice modern medicine on patients during their internship in modern hospitals. After giving the most precious 5.5 years of one's life a student become an ayurvedic doctor with knowledge of Modern Medicine which demands lot of courage, hard work, dedication and practical vision. So, a BAMS doctor have knowledge of both Ayurvedic and Modern sciences after completion of degree. An essential part of BAMS syllabi is integrated syllabi, in which allopathic concepts are not only taught in theory, but doctors are also trained in government modern hospitals. There are certain equipment and procedures that are part of the allopathic system, like giving anaesthesia that even Ayurvedic doctors use to perform their surgeries during their internship in modern hospitals. So, those with a BAMS should not be considered as quacks, as sections of media do the same and there should be no debate on practise of non-allopathic doctors as the Supreme Court is hearing the case on non-allopathic practitioners prescribing allopathic medicines and it is sub-judices.

In Karnataka, recently, the Health and Family Welfare Department decided to fill vacant posts in PHCs with AYUSH doctors as MBBS doctors had not come forward to practise in rural areas.^[5] State Food and Public distribution Minister of Karnataka U.T. Khader said his department was in favour of introducing integrated practice in the State. “Allowing AYUSH practitioners to legally take up integrated practice will not only help in curbing quackery but also ensure that people in rural areas get timely treatment. Following the shortage of doctors and specialists, most people in rural areas do not have access to quality healthcare. They end up visiting quacks which is even more dangerous,” Mr. Khader said.

“Also, several primary health centres in remote areas are still run by AYUSH practitioners. The approach of these ‘doctors’ towards their patients is much better compared to MBBS doctors as they are local practitioners who are residents of the area for long. They know the pulse of the people seeking their services,” he explained. Citing a recent case in Naravi near Belthangady, the Minister said: “The primary health centre there was being run by an AYUSH doctor for many years. Now when we posted a MBBS doctor, people refused to see the doctor and demanded that the AYUSH doctor be allowed to continue,” he said. He also said he had already discussed the issue with prominent doctors in a forum at Dharwad recently. “Except for a few all were open to the proposal,” he said. For the record, several groups of doctors practising traditional systems of medicine have been lobbying with the government for long to allow them to prescribe allopathic drugs during emergencies. Separate proposals have been submitted to the government by the State units of the Ayush Federation of India and National Integrated Medical Association (NIMA) and Ayurveda Horata Samiti in the recent past. According to these organisations, such a system exists in 13 States, including Maharashtra and Tamil Nadu.^[6]

It has been observed since a very long time that AYUSH doctors provide their facilities in rural areas where MBBS doctors refused to go but in rural areas AYUSH doctors are handicapped without essential modern medicines. This bridge course will not only benefit the AYUSH doctors but it also gives benefits to the public too. Uttar Pradesh, Karnataka, Goa, Maharashtra and Uttaranchal states are giving these opportunities to AYUSH doctors for the benefit of patients then it should be allowed by the other states of the country by permitting bridge course for the health benefit of people.

In another report from New Delhi, A provision in the draft National Medical Commission Bill of a bridge course for AYUSH doctors to enable them practice allopathy seeks to address

the "acute shortage" of doctors in the country, the government has said. The health ministry has put up on its website a section 'Frequently Asked Questions' about the bill, a move to address concerns of the medical fraternity about various provisions. The bill has been referred to a Parliamentary Standing Committee after it witnessed opposition regarding different provisions from the medical fraternity. The ministry has also assured that the bridge course would not be unscientific and dangerous. "NMC will be dominated by allopathic doctors. If all of them unanimously approve a bridge course after due consideration, then there is no reason to assume that it will be unscientific and dangerous. The course would be designed in such a manner that it would enable the participants to prescribe a limited set of medicines in a responsible manner," the ministry said to a question whether the bridge course would be unscientific and dangerous. It said the NMC bill seeks to fill in the gaps of availability of healthcare personnel by facilitating trained AYUSH practitioners to expand their skill sets through the bridge course and provide preventive and promotive allopathic care.

It also said with growing incidence of non-communicable diseases (NCD), there is a need to provide holistic prevention and treatment of diseases and AYUSH plays an effective role in integrating the preventive and promotive aspect of healthcare. "India has a doctor-population ratio of 1:1655 as compared with the WHO standards of 1:1000. In addition, city doctors are not willing to work in rural areas as can be seen in the urban rural ratio of doctor density (3.8:1).

"There are 7,71,468 AYUSH practitioners in India who can be leveraged to improve the health access situation of the country," the health ministry said. According to the document on the website, there is already a policy for co-locating AYUSH and allopathy to ensure better utilisation of resources. Further, with the government's target to revamp 1,50,000 sub health centres into health and wellness centres, there is a need of large human resource to meet this challenge. Justifying its stand, the ministry said that countries such as Thailand, Mozambique, China and the US have regularised community health workers and non-allopathic health providers into mainstream health services, with improved health outcomes. Further, it said that various states such as Maharashtra, Assam, Uttarakhand, Haryana, Karnataka and Uttar Pradesh among others have already amended their acts and permitted AYUSH professionals to practice modern systems and prescribe all modern medicines. "We also need to take such kind of steps when we have acute shortage of doctors and specialists. The NMC bill seeks to fill in the gaps of availability of healthcare personnel by facilitating

trained AYUSH practitioners to expand their skill sets through a bridge course," the ministry explained.

The bridge course may help address this demand and better utilisation of resources and make the health sector a bigger provider of employment. The NMC bill also promotes this through more exposure of such Non-Communicable Diseases (NCD) patients to non-allopathic practitioners in addition to allopathic doctors. "Thus, in order to homogenise and regulate the entry of AYUSH professionals towards practicing modern medicine through a strict regime, this bill has provided for the clause.

"Any bridge course will be introduced only by a unanimous vote as provided in Section 49(4) and hence each one of the allopathic doctors in the NMC will have a veto power," it said. "Even if the bridge course is introduced, it will only be for prescribing specified medicines at specified levels. The provision is intended for prescribing a small number of medicines including OTC drugs at the sub-centre/PHC level," it stated.^[7]

We can observe by these reports that many states allow ayurvedic doctors to practice allopathy medicines for the benefit of public health than why not in other states.

6. DISCUSSION

We are doctors and it's a profession that is considered on a special mission and devotion. It calls for improvement, respect and willingness to help all other people irrespective of their caste, gender and socio-economic status. All doctors who holds the BAMS degree should be given equal rights. No matter which pathy any doctor wants to apply. Everyone should remember one thing that it's not the medicine that cures the patient but it's the doctor's vision which he applies on patient to give complete relief to the patient. This war between allopathic and ayurvedic practitioners harm only the patients as many patients left undiagnosed and untreated which increase the mortality rate in India.

7. CONCLUSION

Bridge course should be introduced for the benefits of doctors as well as patients, so that they can provide the best treatment for the public health. NMC bill seeks to fill in the gaps of availability of healthcare personnel by facilitating trained AYUSH practitioners to expand their skill sets through the bridge course and provide preventive and promotive allopathic care. And to maintain Doctors Patients Ratio. The bridge course will help to address this

demand and better utilisation of resources and make the health sector a bigger provider of employment for the people of country.

REFERENCES

1. Press Information Bureau, Government of India. Cabinet approves certain official amendments to the National Medical Commission (NMC) Bill. New Delhi; PIB, MOHFW; 2018 Mar 28[cited 2018 Apr 4]. Available from: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=178176>.
2. National medical commission (NMC) bill seeks to replace the Medical council of India with National Medical Commission as the top regulator of medical education.
3. WHO. (2016). Density of physicians (total number per 1000 population, latest available year). Global Health Observatory (GHO) Data. Retrieved from http://www.who.int/gho/health_workforce/physicians_density_text/en/.
4. www.ccimindia.org/pdf/rul-reg-msr-2016-9-7.pdf pg.53.
5. <http://www.newindianexpress.com/states/karnataka/2016/dec/06/registered-ayush-practitioners-not-quacks-nima-1546112.html>.
6. <http://www.thehindu.com/news/national/karnataka/allopathy-practice-by-ayush-doctors-may-be-allowed-in-state/article5031581.ece#!>.
7. <https://www.ndtv.com/india-news/bridge-course-provision-in-nmc-bill-to-address-shortage-of-doctors-centre-1811326>.