

EDITORIALS

The Medical Council of India – change necessary, apprehensions persist

GEORGE THOMAS

Head of Emergency Services, St Isabel's Hospital, Oliver Road, Chennai 600 004 INDIA e-mail: george.s.thomas@gmail.com

The Government of India superseded the Medical Council of India (MCI) with effect from May 15, 2010 by an amendment to the Indian Medical Council Act, 1956. The supersession followed reports of financial irregularities and corruption in the Council. A board of governors was put in place. By two further amendments in 2011 and 2012, the powers of the MCI continued to be exercised by reconstituted boards of governors. The term of the current board of governors expired on May 14, 2013. An extension of 180 days has been granted and, therefore, the Central Government should reconstitute the MCI by November 10, 2013 at the latest. On March 19, 2013, the government introduced a bill, The Indian Medical Council (Amendment) Bill, 2013, for the purpose (1). However, the government has inserted an escape clause that would allow it not to adhere to the time schedule. This is Section 3AA, which states, "The Central Government shall, *as soon as possible* [italics added], after the commencement of the Indian Medical Council (Amendment) Act 2013, by notification in *The Gazette of India*, reconstitute the Council.....: provided that the Board of Governors constituted under sub-section (4) of Section 3A shall continue to exercise the powers and perform the functions of the Council till the new Council is reconstituted." So, do not hold your breath. With Parliament's recent record of performance, it will be surprising if the Bill gets passed in the monsoon session.

Explicit government control over the MCI

The overriding theme of the Bill is that the Central Government is to have explicit powers over the Council. One can argue that the 1956 Act did grant such power, under Section 32 (Power to Make Rules). Sub-section (1) of this states, "The Central Government may, by notification in *The Gazette of India*, make rules to carry out the purposes of this Act."

A new Section, 30A, has been added in the Amendment Bill. Sub-section (1) provides for the manner of resignation of any member of the Council. Sub-section (2) empowers the Central Government to remove any member of the Council on seven grounds, which are as follows.

- Insolvency
- Physical or mental incapacity
- Being of unsound mind, as declared by a competent court
- Being convicted of an offence judged by the Central Government to involve moral turpitude
- Having a financial or other interest likely to prejudice the exercise of functions
- Abuse of position, as judged by the Central Government
- Being guilty of proven misbehaviour

For removal under the last three clauses, the person involved has to be given a chance to be heard.

The last two clauses are subject to interpretation, which means that the government can remove a person on vague grounds.

Further, by changing subsection (2) of Section 32, the government has explicitly stated that it can make rules on the following.

- The manner of electing the representatives of medical colleges
- The mode of election to the Council of persons holding qualifications recognised in Part I of the Third Schedule of the IMC. These are licentiate qualifications of various state governments and one wonders whether many of them still exist.

Also, the Bill introduces amendments to Section 33 (Power to Make Regulations):

Amendment A 1 states that the Council shall be bound by directions of policy given to it *in writing* [italics added] by the Central Government, though there is a proviso that the Council shall be given an opportunity to express its views as far as possible.

Amendment A 2 states that the Central Government's decision on whether a question is one of policy or not is final.

Amendment B states that the government can direct the Council in writing to make, amend or revoke regulations within a specified period and if the Council fails to comply, the government can make, amend or revoke the regulations as it deems fit.

These, then, are the major changes to be made in the functioning of the MCI.

Another important issue is that the number of members of the MCI is likely to go down from the present 119 to 90 or so, and the number of elected nominated members will be almost the same as that of elected members (2).

The other changes, which are relatively minor, are as follows:

- Doctors have to renew their registration after 10 years.
- Overseas citizens of India with recognised qualifications can practise medicine in India.
- The biometric particulars of all persons in medical registers have to be registered.
- The Indian medical register will also be available in electronic form.
- Specific mention has been made of the obligation to lay down the standards of professional ethics.
- The maximum number of terms in the MCI is two.
- The duration of a term has been reduced from five years to four.

Questions

Is so much control by the government a good idea? I would argue that we have to wait and see. In recent years, the MCI has not acted in a way that inspires confidence in anybody. Governments, at least, are accountable to Parliament.

Is it a matter of concern that the number of nominated persons on the Council should nearly equal that of elected members? On this too, one must reserve judgment. At present, elections to the state medical councils and MCI are dominated by “doctor politicians,” who make enormous efforts to get elected. The majority of the members of the medical fraternity are passive observers and must be faulted for their inertia.

Ultimately, as pointed out by Dr Sunil Pandya (3), the rot in the superseded medical council lay within. When the MCI is reconstituted, we hope that the new members, both elected and nominated, will prove to be worthy of their position and exercise wisdom and circumspection to help foster an expert and caring health workforce.

References

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The murder of Dr Narendra Dabholkar: a fascist attack on rationalism

ANANT PHADKE

Senior Advisor, SATHI-CEHAT, Aman E Terrace, Kothrud, Pune 411 029 INDIA e-mail: anant.phadke@gmail.com

The brutal assassination of Dr Narendra Dabholkar in Pune has been a big blow to the progressive social movement in Maharashtra. A medical practitioner turned activist, Dr Dabholkar was renowned for his more than two-decade-long crusade in the state against superstitions and his efforts to promote broader social reform. However, his untiring campaign, from 1995 onwards, for the enactment of an “anti-superstition/anti-black magic bill” in the state made him the object of hatred for obscurantist forces. This fanatical hatred and the increasing intolerance and aggressiveness of these fascist forces led to his murder on August 20, 2013.

Background of involvement in broader social reforms

Dr Dabholkar was born in Satara, then a small town, in 1945. His family was an illustrious and highly educated one, and many of its members have been renowned for their work in the fields of education and social reform. It is no wonder that in his college days, Narendra was attracted by socialist, egalitarian ideals and in the early 1970s, joined the Samajwadi Yuva Dal, a left-wing outfit of young socialists. During that time, among the causes championed by the new generation of socialists in Maharashtra was the anti-casteist movement. Dr Dabholkar became involved in the *Ek gav, ek panavatha* (One village, one water source) movement led by Dr Baba Adhav, as well as the movement for renaming Marathwada University as Dr Babasaheb Ambedkar University. He continued to be involved in the anti-casteist movement till his death. Recently, he had taken the initiative to mobilise public opinion against the stranglehold of caste panchayats, an issue which came into sharp focus following the brutal killing in Nashik