

counsel had argued that unrecognised courses are routinely conducted in some other universities as well (2). To this, the honorable Madras High Court judge replied that as and when a case was filed against such irregularity, it would be dealt with appropriately (2).

To conclude, medical journals are scientific publications unlike newspapers and magazines. Journals need to take more responsibility for the authenticity of the matter while accepting advertisements. An allopathic graduate or post-graduate doctor venturing outside his field of expertise and using unrecognised diplomas or certificates to practise a specialty is practising a form of quackery, albeit a more disguised one. MCI also needs to be more proactive and vigilant in such matters which concern the quality of medical education.

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The Medical Termination of Pregnancy (Amendment) Bill, 2014 – progressive or regressive?

The Medical Termination of Pregnancy (MTP) Act, 1971, lays down the existing guidelines and criteria for the “who, when, where, how and why” of the medical termination of pregnancy in India (1). Recently, the *Draft MTP (Amendment) Bill* was tabled for deliberations (2). The highlight of the bill is its proposal that the words “registered medical practitioners” be replaced with “registered healthcare providers”. This implies that pregnancy can be terminated not only by medical practitioners with medical qualifications, but also practitioners qualified in homeopathy, ayurveda, unani or siddha, nurses or auxiliary nurse midwives. The draft bill also proposes an increase in the time limit for the termination of pregnancy, from the existing 20 weeks to 24 weeks. In addition, it seeks to do away with any time limit if foetal abnormality is detected.

While there is scope for argument about the pros and cons of the proposed increase in the time limit for the termination of pregnancy, as also the time limit in the case of foetal abnormalities, the crucial issue is that of who can perform the procedures for terminating a pregnancy. There is certainly no merit in allowing those who have no formal knowledge of the relevant medical or surgical methods to carry out the procedures. The drugs that are prescribed can have adverse effects and have contraindications, and the procedures used to terminate the pregnancy have associated complications. Those with no formal training in the allopathic system would find it difficult, if not impossible, to comprehend the medical or surgical methods and manage the patient. Does this move not amount to promoting “unsafe abortions” and “justifying quackery”? Those who argue that the so-called “healthcare providers” are adequately trained to carry out the procedures probably do not appreciate that it takes years of hard work and training to understand the complexity of the human body. Even with years of training, one cannot rule out the possibility of a mishap. It is thus advisable not to treat the “human body in parts”.

The bill will certainly give more women access to abortion, but it is doubtful whether such abortions can be labelled “safe abortions” by those who understand the science behind the procedure. How can we be sure that the provisions of the bill will not lead to an increase in maternal mortality and morbidity? The bill appears to be an attempt to take us to an era predating the enactment of the MTP Act of 1971. The MTP Amendment Bill, 2014, is a regressive step that is not likely to bring any benefits to society. The question to ponder over is whether we can really move forward when looking back.

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