

The jackal, the crocodile, and medical college admissions

In this election year (2001), criticism by the opposition that there has been no increase in number of medical seats in West Bengal during the last 23 years of Left Front rule seems to have triggered off government action, of dubious worth. The government announced enhancements of 50 seats each in three rural medical colleges — Bankura, Burdwan and North Bengal Medical College. It also decided to open an undergraduate section for 50 students in the state's only post-graduate institution, the Institute of Post Graduate Medical Education and Research and the Seth Sukhlal Karnani Memorial hospital in Calcutta, hurriedly spending a few crore rupees to create additional facilities. Thereafter, it invited the Medical Council of India (MCI) for an inspection. The MCI came, inspected and, it is learned, permitted only the Burdwan medical college's extra seats, refusing approval to the others.

Only a year earlier, the government had announced the creation of a fixed number of government medical teaching posts, on the basis of existing medical seats. In the health department, there are two cadres of doctors: the West Bengal Health Service which mans non-teaching hospitals in the districts, talukas and health centre, and the Medical Education Services (MES) to which teachers belong. The number of posts in the MES are fixed, and are related to MCI requirements which stipulate that for every 100 admissions, each department should have a specified number of teachers.

Several posts of medical teachers in various disciplines have been lying vacant for a long time largely because this is a (theoretically) non-practicing post. The increase in admissions has further aggravated the shortage. In order to meet this increased need, the health department decided to recruit medical teachers by organising 'walk-in interviews' instead of the usual procedure of selection by the Public Service Commission. It ensured that only doctors owing allegiance to the ruling party were selected. Persons with lesser qualifications and expertise were selected, bypassing deserving candidates.

Despite these manipulations the government failed to recruit the requisite number of medical teachers. Nevertheless, it has again invited the MCI in January 2001. This time, to fill in vacancies in the medical colleges concerned, teachers from medical colleges where MCI inspection is not due have been transferred to hoodwink the inspectors by adopting the jackal and crocodile policy. (There is a story of the crocodile who deposited her eight offspring with a jackal. The jackal devoured all but one of them. When the crocodile came by to see her children, the jackal showed her the surviving baby. What about the others? asked the crocodile. The jackal replied, "Hold on a minute," went into his cave with the baby, and came out displaying it, pretending it was another one. He repeated this until he had "shown" the crocodile each of her children.)

If one asks why there should be an increase in the number

of medical seats, the truth is that "popular demand" calls for it. However, there is no survey of the current situation. How many seats are needed? What happens to the finished product? Are medical graduates gainfully employed? Is there a dearth of qualified medical personnel in the state?

Yes, there is a dearth of qualified allopathic doctors in the villages, but even if their number is doubled, they will remain in the cities and peripheries, and not go to the villages. A medical graduate becomes one to make money. Why do we expect them to go to the villages to starve? Villages cannot afford to give doctors the money they need. This is the economic explanation. The commodity goes where there is a market. What are a qualified person's expectations? Well, in the health centres, government doctors get a starting minimum of Rs. 13,000 monthly, as well as the money they make illegally from private practice. Any independent private doctor going to the villages will expect to make not just that much, but more – to provide for a pension when s/he retires. Of course, there are also local, non-allopathic doctors, with lower expectations, who cater to the community and charge less. Otherwise, there are very few villages in most parts of the country, let alone in West Bengal, that can pay private doctors according to their expectations.

On the other hand, in places where you can assure a private doctor Rs.30,000 - 50,000 a month, you will find that many doctors will go there, even without other incentives or with poor living conditions.

This brings us back to the fact that there has not been any assessment of the need for new doctors. At the same time, there is no enhancement in the number of posts for government doctors. Given the current structural adjustment programme and lowering of government spending, it is unlikely that new posts will be created for government doctors.

So what will happen to the doctors created by these new seats? Who will they serve? Again, only the private sector, and only in those areas where they are assured to making money. So the government spends many crores of rupees to make a doctor only for the private sector.

If we examine the present education system, we can see how it has deteriorated. There is a lack of supervision compared to 30-40 years ago. Standards are plummeting. Now medical colleges are unable to even fill up their required teaching posts, teachers are already in short supply because these posts are non-practising posts – at least on paper. So several of them lie vacant. Despite this situation, colleges are increasing the number of medical seats without making arrangements for new teaching posts, or knowing where the teachers will come from — just to counter political pressures in an election year. Although the MCI's inspectors denied permission for enhanced seats this time, who knows – they may give their approval the next time they are asked.

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