AYUSH Doctors for Allopathic Care

What is the issue?

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- NMC bill proposed for a bridge course to enable AYUSH doctors to practice allopathic medicine in a limited capacity.
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- While this was a move to bridge the shortage in our health system, opposition to the proposal led the centre to delegate the idea to states for consideration.
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What is the controversy regarding AYUSH practitioners?

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- Our traditional medicine constitutes five major streams namely AYUSH (Ayurveda, yoga and naturopathy, Unani, Siddha and homoeopathy).
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- Practitioners of these streams of traditional medicine have thus far been legally sanctioned to operate within their respective domains only.
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- “National Medical Commission Bill”, has proposed permitting AYUSH doctors to prescribe limited allopathic on completion of a bridge course.
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- This has triggered a controversy as a mere bridge course to enable allopathic practice is seen by some as akin to legitimising quackery.
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- Union government has withdrawn the proposal due to opposition, but it has nonetheless passed the buck to the state governments to consider the same.
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- As the government seeks to overcome manpower shortage through such quick fixes, protestors argue that the risk involved shouldn’t be overlooked.
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What is the state of our health infrastructure?

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- The last mile of healthcare delivery in India occurs through sub-centres and primary health centres (PHCs).
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- 61% PHCs have just one doctor, while nearly 7% are functioning without any
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- 33% of PHCs do not have a lab technician, and 20% don't have a pharmacist.
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- In states like Odisha, more than 3,000 government posts for doctors or about 50% of all government medical doctor posts are lying vacant.
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- India faces an acute shortage of allopathic doctors (about 5 lakh doctors are needed) and the present doctor-patient ratio stands a poor 1:1700.
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- In this context, unqualified medical practitioners have sprouted up in large numbers particularly in states such as UP, Jharkhand and Bihar.
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- While increasing the number of seats in medical colleges is a viable long term strategy, the immediate needs of our population are also too massive.
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Is it logical to see AYUSH practitioners as fillers to address the problem?

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- "Ayushman Bharat Scheme" envisions upgraded sub-centres and PHCs as the fulcrum for delivering primary healthcare.
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- It is but unclear on how the staffing needs of these centres would be met in a uniform manner nationally.
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- Given the paucity of MBBS doctors, it makes sense to leverage the ready availability of large AYUSH practitioners for limited allopathic practice.
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- Appropriate bridge courses for AYUSH doctors, accompanied by sound regulatory mechanisms, will indeed help in them dole out allopathic medicine.
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- The current outrage could've been primarily based on the measly 6 month

duration for the bridge course, an aspect that could be addressed.
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- Notably, in courses like Ayurveda, nursing, physiotherapy or pharmacy, the curriculum has several strands similar to that of a MBBS course.
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- Hence, better course integration through additional training in pharmacology and medicine with clinical clerkships, could sufficiently equip AYUSH docs.
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How has such programs fared worldwide?

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- In the U.S., a 2 year bridge program for “paramedics and nurses” designates them as “Physician Assistant” (PA) once they clear the certification exam.
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- Over the years, the program has grown in scale to address the shortfall in the U.S. health system and more than 8 million patients saw PAs in 2017.
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- Similar programs also exist in U.K. and New Zealand and have made significant contributions to the overall health metrics of those countries.
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- As of 2013 in Bangladesh, three-year training qualifies a sub-assistant community medical officer (SACMO) to practice.
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- Incidentally, 89% of healthcare delivery in rural Bangladesh is being taken care primarily by SACMOs.
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- Assistant doctors in China, clinical associates in South Africa, and assistant medical officers in Malaysia are all based on similar models.
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What is the way ahead?

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- **The Idea -** Considering the enormity of the situation and the worldwide precedents, calling AYUSH bridge course “legal quackery” is a stretch.
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- A properly designed and imparted bridge course for limited allopathic practice and subsequent monitoring could indeed help in improving the

health metrics.
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- Such providers can help in disease prevention, a dire need considering India’s continuing burden of both communicable and non-communicable diseases.
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- Significantly, a strong AYUSH cadre could also help in curtailing irrational medical practice, and existing rampant abuse of drugs such as antibiotics.
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- **Implementation -** As a lot of technicalities are involved in designing the course and regulating it, the centre needs to take primacy in the process.
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- While implementing could be delegated to the states, it is not a prudent approach for the centre to have ceded the entire idea to states due to protests.
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Source: Live Mint

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