

**National Human Rights Commission  
Faridkot House, New Delhi**

....

**Illegal Medical Practice and Health Care Facilities in the Tribal Areas  
New Delhi, January 29, 2010**

The National Human Rights Commission is deeply concerned about the right to health of people of this country. It has consistently taken the view that the right to life with dignity as enshrined in the Constitution, as well as other international instruments to which India is a party, must result in the strengthening of measures to ensure that the people of this country, particularly those belonging to disadvantaged sections of society, have access to better and more comprehensive health facilities. In particular, the Commission has been concerned about illegal medical practices of doctors having fake certificates/degrees, presence of quacks in the medical profession, inadequate health care facilities in the tribal areas, and the production and distribution of spurious medicines/ drugs in the country.

2. In order to ensure that people of our country have access to quality health care, the NHRC decided to organize a one-day Meeting of the Health Secretaries of all States/UTs on **Illegal Medical Practice and Health Care Facilities in the Tribal Areas** on 29 January 2010 at NIHFW, New Delhi. This Meeting was attended by Health Secretaries of the States/UTs, representatives of Medical Council of India, Delhi Medical Council, Members of NHRC's Core Advisory Group on Health, representatives of civil society and Members and senior officers of the Commission.

3. Shri P.C. Sharma, Member, NHRC introduced the subject of the Meeting and its importance to the participants. He stated that the Commission has adopted a pro-active role on the health front and consistently taken the view that the State must ensure that the people of the country, in particular the vulnerable sections, have access to better and more comprehensive health care facilities. He stated that country is facing a paradoxical situation. On one hand super-specialty medical care facilities cater to the needs of the wealthy patients and even being promoted as medical tourism but on the other hand a large number of the population are deprived of even basic health care facilities. He stressed upon the need to

minimize these poignant inequalities in health care and make it accessible to all. He expressed deep concern on the issue of production and distribution of spurious drugs. He asked the Drug Controller of India, Director General of Health Services and Ministry of Health & Family Welfare to devise full proof methods of enforcement to curb this practice.

4. In his inaugural address Justice Shri G. P. Mathur, Acting Chairperson of NHRC stated that right to health is a fundamental right and therefore, the State functionaries are duty bound to make utmost efforts to ensure that all possible medical facilities are made available to every person in the country. He stated that the accessibility, availability and affordability of health care are the issues of prime importance. He expressed his concern over non-availability of health care facilities or even emergency medical care in the rural and tribal areas. He mentioned that the biggest challenges facing quality medical care in our country is that the untrained/ unqualified people or quacks can practice medicines with impunity. While explaining the legal framework available in our country he stressed upon the need to implement it properly and effectively to curb the malpractices prevalent in the health care system.

5. He mentioned that a large number of students are going abroad to the institutions which are not of good standards and many private agencies are sponsoring students to such institution. He mentioned about two important regulations made by Medical Council of India to maintain the standards namely ;( 1) The Indian Medical Council Act, 1956 and (2) The Screening Test Regulations, 2002 (as amended in 2009). He asked the stake holders not to confuse with the MD degree being awarded by institutions in USSR and CIS countries with Post Graduate degree. He stated that this degree is equivalent to undergraduate degree of MBBS, as awarded by the medical institutions in India. He specifically mentioned about the observations made by the Supreme Court in the matter of Sanjeev Gupta v. Union of India (2005) 1 SCC. He expressed hope that the deliberations in the meeting would go a long way in checking the illegal practice by fake doctors/quacks and in providing better health care facilities in the tribal areas.

6. The Meeting through its three plenary sessions deliberated on the following themes:-

- Illegal Medical Practice by Fake Doctors/Quacks in India.

The session was chaired by Shri P.C. Sharma, Member, NHRC. He stated that the main objective of the meeting is to provide a systemic and clear cut legal framework for clinical services in the country. In this session Dr. Ved Prakash Mishra of Medical Council of India and Shri K.V.S. Rao of Union Ministry of Health & Family Welfare made presentations on the issue.

- Health Care Facilities in Tribal Areas: Problems and Gaps.

The session was chaired by Justice Shri B.C. Patel, Member, NHRC. He stated that the health problems and issues are different in the North-eastern and Southern region. In this regard the strategic health planning and schemes should be executed through systemic arrangements of available, accessible and affordable health care institutions. He stressed on the implementation of health programme and schemes in tribal areas. In this session Prof. N. Kochupillai, Member, NHRC's Core Advisory Group on Health and Ms Urvashi Sadhvani, Economic Advisor, Union Ministry of Tribal Affairs made presentation on the issue.

- Spurious Drugs.

The session was chaired by Shri Satyabrata Pal, Member, NHRC. In this session Dr. D. Kanungo. Additional Director General of Health Services and Prof. L.M. Nath, Member, NHRC's Core Advisory Group on Health made presentation on the issue.

7. In the meeting the representatives of States/UTs, experts and representatives of civil society suggested a number of measures which needs to be taken up to tackle the issues.

8. The important suggestions/recommendations which emanated out of the deliberations of the Meeting are as follows:

- (i) There is a need to adopt a uniform, humane and non-discriminatory approach in the existing public health care system so that the tribal, rural and disadvantaged sections of the society are not deprived of basic medical facilities and health care in the country. An approach of this kind would remove inequalities in health care and ensure that health care is available and accessible to one and all.

- (ii) State Governments/Union Territories should gear-up their machinery to take action against illegal medical practitioners and quacks by prosecuting them under the prevalent laws, rules and regulations. Wherever absent, the States/UTs to put in place legal framework for effective action against illegal medical practitioners/quacks.
- (iii) All the States/UTs should put in place a monitoring system for anti-quackery actions. In addition, they should have a system of periodic review of the actions taken on this issue from time to time.
- (iv) In order to check the menace of illegal medical practitioners and quacks, the Central Government should bring out the Anti-Quackery Bill providing provisions for stringent punishment for the people indulging in such medical malpractices.
- (v) The role of professionals in health care, especially in tribal and rural areas should not be underestimated. The current trend followed in many States/UTs of providing training to illegal practitioners/quacks to upgrade their skills and having doctors with different qualifications to substitute doctors in rural and tribal areas should not be promoted as it is a discriminatory action.
- (vi) Lack of qualified medical and para-medical staff in rural areas provides an opportunity to the quacks to exploit people. Therefore, qualified medical and para-medical staff should be provided in rural areas and special incentives may be provided to encourage them to work in rural areas.
- (vii) There should be a review of the existing Acts, Rules and Regulations by the Central Government and the same should be suitably amended to provide for a strong legal framework for an effective and speedy action against malpractices in health care system.
- (viii) Inaccessibility to health care is not the only problem in tribal areas as different tribals living in different geographical regions have peculiar and specific

problems related to their environment. These problems of different tribals spread over different geographical regions need to be addressed with region specific approach while providing basic health care facilities to them. The health care system should be tailor-made to suit local area situations.

- (ix) In order to improve the existing health care facilities in tribal areas in the country, there is a need to provide a multi-pronged approach by various Ministries/Departments of all States/UTs.
- (x) There is a need for convergence of efforts by all the related agencies to promote health care system in the tribal regions of the country like supply of potable drinking water, adequate sanitation and hygiene, healthy food, etc.
- (xi) There is a need to replicate some of the good/best practices in standardized health care facilities, available in tribal areas of some of the States/UTs, in other tribal regions. The concerned Ministries in the Central Government should facilitate this process.
- (xii) State/UT Government should put in place an incentive system to encourage medical and para-medical staff to work in tribal areas. This may include both financial and career progression incentives.
- (xiii) There is need to create awareness among the public and healthcare providers on regular basis.
- (xiv) There is need to strengthen the surveillance and monitoring system to curb the manufacturing and supply of spurious/fake drugs in the country.
- (xv) The drug inspection system also needs to be strengthened and streamlined in the country. The appointment of Drug Inspectors in States / UTs should be in proportion to number of pharmacies which are increasing day by day.

- (xvi) It was recommended that facilities for drug testing laboratories should be augmented with setting up of new labs with latest technologies and wherewithal. This would facilitate testing of samples in a time-bound manner.
- (xvii) A system of seeking feedback from consultants/medical practitioners needs to be evolved for assessing the quality and efficacy of drugs and result of such assessment may be placed in public domain for general awareness of masses.
- (xviii) It is important to spread awareness about the supply of spurious/fake drugs among the public at large. The States/UTs should therefore conduct necessary programmes to create awareness among the masses.
- (xix) There is a need to examine the existing public medicine purchase system. The system of purchasing medicines from reputed manufacturers needs to be encouraged by all States/UTs. The focus should be on the quality of medicines rather than the cost of it.
- (xx) There is an urgent need to monitor the overall functioning of the pharmacies in the country by the concerned authorities.

\*\*\*\*\*