

Integrated Medical Practitioning

What is the issue?

\n\n

\n

- A contentious element of the National Medical Commission (NMC) Bill 2017 is the contemplated bridging of multiple streams of medicine.

\n

- While there are sticky issues, a pluralistic and integrated medical system involving “AYUSH and Allopathy” remains a solution worth exploring.

\n

\n\n

What is the proposal?

\n\n

\n

- NMC bill is an attempt to revamp the medical education system in India to ensure an adequate supply of quality medical professionals.

\n

- A clause in the bill proposes a joint sitting of the NMC, the Central Council of Homoeopathy and the Central Council of Indian Medicine.

\n

- This sitting is for deciding on the approving for specific bridge course to enable practitioners to prescribe basic medicines across domains.

\n

- The debates surrounds the ability of Ayurveda, yoga and naturopathy, Unani, Siddha and homoeopathy (AYUSH) practitioners to cross-practise.

\n

- It also highlights the current restrictions on allopathic practitioners from practising higher levels of caregiving by co-opting other domains.

\n

\n\n

Why is the situation demanding?

\n\n

\n

- Significantly, the pressure in the primary health system is huge, which is struggling with a dismal physician-population ration of 0.76/1000.
\n
- This is amongst the lowest in the world and is due to a paucity of MBBS-trained primary care physicians which is particularly severe in rural areas.
\n
- Notably, the Urban-rural disparities in the face of an increasing burden of chronic diseases make health care in India both inequitable and expensive.
\n
- There is hence an urgent need for a trained cadre to provide accessible primary-care that covers minor ailments, and health promotion services.
\n
- Additionally, risk screening for early disease detection and appropriate referral linkages, are essential to ensure that people receive timely care.
\n

\n\n

What is the current level of integration?

\n\n

- AYUSH cross-prescription has been a part of public health and policy discourse for over a decade and NMC 2017 merely calls for its mainstreaming.
\n
- There are more than 7.7 lakh registered AYUSH practitioners currently and their current academic training is pretty intergrationist.
\n
- Notably, it includes conventional biomedical syllabus, that covers anatomy, physiology, pathology and biochemistry.
\n
- Also, efforts to gather evidence on the capacity of bridge-trained AYUSH physicians to function as primary-care physicians is already underway.
\n
- Hence, the call for a structured, capacity-building mechanism is only logical.
\n

\n\n

What do various studies say?

\n\n

- A report of the National Health Mission in 2010, noted high utilisation of AYUSH physicians in primary health centres (PHCs) across many states.

\n

- While their deployment at PHCs was to rationalise resource allocation, a lack of appropriate training in allopathic drug dispensation was a major deterrent.

\n

- Also, the 2013 Shailaja Chandra report on the status of Indian medicine, noted several areas where AYUSH physicians were the sole care providers in PHCs.

\n

- The report also made a call for the appropriate skilling of this cadre to meet the demand for acute and emergency care at the primary level.

\n

- Hence, a capacity-building strategy using AYUSH physicians through a bridge-training programme is needed to meet the demand for primary care.

\n

- Along with the use of evidence-based protocols, the delivery of quality and standardised primary health care can prove a game changer in the sector.

\n

\n\n

What is the way ahead?

\n\n

\n

- Capacity-building of AYUSH practitioners is only one of the multi-pronged efforts required to meet the objective of achieving universal health coverage.

\n

- Other efforts include training personnels such as nurses, Auxiliary Nurse Midwives (ANM) and rural medical assistants, and ASHA activists.

\n

- All these will create a cadre of mid-level service providers as anchors for the provision of comprehensive primary-care services.

\n

- Hence, further discussions should focus on substantive aspects of this solution rather than bringing its logic into question.

\n

- Aspects of “program design, implementation, monitoring, audit, technical support and legal framework” need to be debated to streamline things.

\n

\n\n

\n\n

Source: The Hindu

\n

