



Reforming the medical education

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(Mains GS 2 : Government policies and interventions aimed at development in various sectors and issues arising out of their design and implementation & Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources)

Context:

- India's health systems have been confronting numerous challenges specially in the wake of Covid-19 pandemic.
- In order to effectively address these challenges, our health systems must be strengthened.
- One of the critical building blocks of the health system is human resources which faces unexpected challenge specially in wake of Covid-19.

Lack of human resource:

- The serious shortage of health workers, especially doctors, in some northern States is a major impediment for achieving the health-related Sustainable Development Goals.
- Health workers are critical not just for the functioning of health systems but also for the preparedness of health systems in preventing, detecting and responding to threats posed by diseases such as COVID-19.
- If urgent action is not taken, the shortage will amplify and health systems will get further weakened.
- The workforce crisis has been aggravated by the imbalances within the country.
- For instance, the doctor-population ratio in northern States is far short of the required norm, while the southern States, barring Telangana, have enough doctors in possession.
- There is also a general lack of adequate staffing in rural areas.

Shutting out the poor:

- These health system challenges will remain largely unaddressed with the government's market-oriented approach towards medical education.
- There is no denying that in order to meet the significant shortfall of qualified doctors in northern States, scaling up of medical education is warranted.
- However, certain proposals, such as the NITI Aayog's proposal of allowing private entities to take over district hospitals for converting them into teaching hospitals with at least 150 MBBS seats, may sound attractive but there are reasons to be deeply concerned.
- The implementation of such a policy, the private sector in medical education will be encouraged.
- It will also directly aid the corporatisation processes of healthcare provisioning while the under-resourced public health system will be a collateral damage.

Risks of allowing private entities to take over district hospitals:

- District hospitals are considered as the last resort for the poor but this will need to change.
- But the corporatisation will make the services very costly and exclude them from getting care.
- Even from the perspective of producing more doctors to meet the shortages in under-served areas, corporatisation is unlikely to yield the desired result as private players treat medical education as a business.
- Thus, it would shut the door on a large number of medical aspirants who would otherwise have a strong motivation to work in rural areas but do not have the means to finance themselves.
- Additionally, the medical graduates trained in such private sector 'managed' medical colleges will prefer to find employment in corporate hospitals and not in rural areas to regain their investment.
- Further, NITI Aayog's proposal is not aligned with India's national health policy goals like achieving universal health care and health equity and even it will widen health inequalities further.

Strong policy support needed:

- Solving doctor shortage needs long-term thinking and commitment from the political leadership.
- The government should learn from previous cases of public-private partnerships (PPPs).
- In the past, contrary to the expectation that markets would help increasing access to primary and tertiary care for the poor through private players, the evidence supporting their effectiveness is very limited.
- In fact, many PPPs had to be shelved owing to the non-compliance of the agreement conditions by the private sector under which they were also supposed to cater to the non-paying patients.

A public good:

- An unfettered market approach or a regulated market with medical colleges that are publicly funded but privately operated, providing competition for traditional government medical colleges, is not the answer to the health workforce crisis.
- Medical education is a public good as its purpose is to improve the population health and decrease disease burden.

Conclusion:

- The pandemic has provided us an opportunity to make medical education a public good once again.
- Thus by establishing new medical colleges, the government can increase student intake as well as enhance equitable access to medical education.
- And allocate adequate financial resources to strengthen the overall capacity of existing medical colleges to enrich student learning and improve output.