

Becoming a doctor in India: once a cherished dream, no longer cherished though

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Unlike last century when medicine was the most sought after profession and was the first choice of most brilliant students in high school, currently many pupils prefer to opt for other streams like information technology, engineering, management courses etc. This is for several reasons. This article intends to highlight the major difficulties faced by the medical students and trainee doctors in India.

The problem starts with the limited number of seats in medical schools, which is fiercely aggravated by the problem of reservation for various castes and communities in both central and state government colleges, as imbibed in the constitution of India. As an instance, the unreserved category got 337 seats out of total 672 MBBS (Bachelor of Medicine and Bachelor of Surgery) seats in seven AIIMS (All India Institute of Medical Sciences) Institutions at New Delhi, Bhopal, Patna, Jodhpur, Rishikesh, Bhubaneswar and Raipur in 2015 (1). Also, in Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), another centrally governed institute of national importance, out of total 150 bachelor degree seats, only 73 are open for the unreserved sections of society (2).

With regard to state government medical colleges, which come under various state governments, the reservation norms of respective states are applicable to under-graduate and post-graduate seats since health is a state subject. However, these state medical colleges, except in the states of Andhra Pradesh, Telangana and Jammu and Kashmir, have 15 percent seats open to students from all over India, also known as All India Quota, for which similar rules of reservation to scheduled castes, scheduled tribes and other less developed castes apply, as they are applied on the centrally governed institutes illustrated above (3). Apart

from the 50 percent reserved seats, the fees charged for application and during the duration of course is less for the reserved candidates than that paid by unreserved candidates. Also, the rules relating to age limit and qualifying marks required to enter the exams are relaxed for the reserved candidates (4).

Reservation, as called in India, positive discrimination in United Kingdom and affirmative action in other countries should ideally be based on economic status or for differently abled persons and not on the basis of race/caste alone as voiced in many international articles (5). India, being an ancient civilization with inhomogeneous, vibrant, pluralistic society with legacies of discrimination, has maze of laws. However, many of the present day government decisions are based on vote-bank politics and in reality, many economically backward upper caste, middle class people, who really deserve reservation do not get the benefit and most of the population, who has actually taken the benefit once, continues to take reserved seats based on their caste, in spite of improved economical status, since independence of India in 1947, when the affirmative action was first introduced more than 60 years back. Reservation in specialty and subspecialty courses also leads to inhomogeneous clinical acumen among doctors. This positive discrimination does not stop till education in medical courses, but continues in job selection and promotion of medical teachers/consultants and faculties. This preferred treatment based on caste and not merit, encourages many of the meritorious students to pursue their future career outside India.

India is the only country where medical seats are officially sold, therefore, acknowledging the importance of

money power over merit (6). In private medical colleges significant numbers of seats are paid seats at undergraduate and post graduate levels, which are beyond the payment capacity of a common person. For example the illegal capitation fee for one MBBS seat ranges from 50 lakh to one crore Indian rupees (74,800 to 149,600 US dollars), while the price of the radiology training seat which was sold at one crore Indian rupees five years ago has now been sold at four crores (149,600 to 598,400 US dollars) (6,7). These seats are mostly taken by the offsprings of rich businessmen or practicing doctors who want their next generation to take over an existing practice. The competition for a common man who belongs to unreserved category and has no intention to pay is quite high both for graduation and post-graduation seats and the only option left for them is through highly competitive entrance exams (7,8).

Furthermore, the work conditions for these highly trained young doctors in many public hospitals are quite miserable. Trainee doctors who form the backbone of the system have to labor unreasonably long hours (9-13). Moreover, many public hospitals are underequipped with inadequate facilities. This is because the health care system is highly privatized to satisfy both powerful medical elite and political elite. Overcrowding and poor doctor to patient ratio further adds to the stress. Sometimes junior doctors are required to see almost 20 patients in an hour. The doctor to patient ratio in India is almost 1:1,700 (14,15). The number of doctors per thousand people in India is 0.7 compared to 1.9 in China, 2.1 in Korea and 2.5 in USA (16). In addition, the salary that they get does not cover their basic needs and is not as per the inflation. On top of it, there is no safety and incidences of assaults on the resident doctors by patients or their relatives are quite common (17). The conditions of accommodation provided to the doctors who should be considered precious human resource are pathetic too in many medical colleges. These all factors have led to significant discontent among junior doctors. And thus every few years they are forced to protest against the unjust system (10-13). Although, the Ministry of Health and Family Welfare, Government of India has sent instructions to all the states and Union Territories after the directives of the Supreme Court that continuous active duty for resident doctors will not normally exceed 12 hours at a stretch and 48 hours per week, the implementation of the same is not being done at many medical schools.

Despite all the above mentioned hurdles, medical profession is still considered as the noblest profession by the young generation, parents of the medical doctors and the

people. Government is taking several measures to address all the issues. The numbers of seats in various medical schools are being increased and many new medical colleges are also being planned to set up. It is rightly said by Alfred Lord Tennyson "Hope smiles from the threshold of the year to come, Whispering 'it will be happier'..."

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Footnote

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