

[श्री राम रतन शर्मा]

को इस में सुधार करने का प्रयत्न करना चाहिए। माननीय सदस्य का दल शासन में है। इसलिए वह इस में सुधार करने के लिए बेहतर स्थिति में है। उसे इस बात का ध्यान रखना चाहिए कि उस के जो भी कैंडीडेट चुनाव लड़ें, वह निर्धारित लिमिट के अन्दर पैसा खर्च करें। इस बारे में जो आरोप लगाये जाते हैं, वे उस दल के कैंडीडेट्स के बारे में ही अधिक लगाये जाते हैं।

माननीय सदस्य ने कहा है कि राज्य सभा पर 114 लाख रुपये खर्च होते हैं। मैं समझता हूँ कि देशहित में यह कोई बड़ा खर्च नहीं। अगर हम चाहते हैं कि हमारा संसदीय संविधान बना रहे, तो देशहित में जितना भी खर्च करना पड़े, वह कम है। इसलिए इस विषय में खर्च का सवाल साने की आवश्यकता नहीं है।

माननीय सदस्य ने कहा है कि राज्य सभा की उपयोगिता नहीं है और सरकार को सुबुद्धि भानी चाहिए। सरकार को सुबुद्धि कभी नहीं आयेगी।

सभापति महोदय : माननीय सदस्य अब खत्म करें।

श्री राम रतन शर्मा : इन बातों को ध्यान में रखते हुए मैं इस प्रस्ताव का विरोध करता हूँ।

18.02 hrs.

BUSINESS ADVISORY COMMITTEE TWENTY-EIGHTH REPORT

THE MINISTER OF PARLIAMENTARY AFFAIRS (SHRI K. RAGHU RAMAIAH): I beg to present the Twenty-eighth Report of the Business Advisory Committee.

18.03 hrs.

DISCUSSION RE: AGITATION BY DOCTORS IN DELHI HOSPITALS

MR. CHAIRMAN: Now, we take up the discussion under Rule 193.

Prof. Madhu Dandavate.

PROF. MADHU DANDAVATE (Rajapur): The subject matter of the discussion is not merely of an academic importance, but it is a vital matter to us all because we are greatly concerned with the interests of the Medicos on the one side and the health and hygiene of the capital of the country on the other. The threatened strike which is likely to affect five prominent hospitals in this city is a very grave matter and I think with a constructive mind we must approach the problem and see that on the one side, the largest area of agreement is arrived and at the same time, the health and hygiene of this city is ensured.

Very often a criticism is heard against the Medicos that these medical graduates are well-placed in life and they come from a better strata of society and that compared to the emoluments which other sectors of our society get, their emoluments are much better and, therefore, why such sections of the society should hold the society to ransom and resort to actions like strike?

It is a matter of pride that I had been a University teacher and I had tried to find out what qualitative changes are taking place in the last few years as far as the composition of students taking up the professional courses are concerned. There was a time in this country when only sons and daughters of the aristocratic families could take up the professional education. But, thanks to the gradual democratisation of the educational system in our country, even the sweepers' families throw up doctors and engineers and, therefore, the entire composition of the students joining professional courses is undergoing a vast change and even students from the lower strata of our society manage to get into these professional courses. I know a number of families who by drawing loans to a very great extent send their children to the medical

colleges and engineering colleges and thus the lowest of the lowest in this country are able to get into the medical college and the engineering college and naturally, when such students take out their degrees and enter avocation, naturally, they have to shoulder the responsibility of the repayment of the large loans which their parents have taken. Students therefore expect that the emoluments that would be offered to them would be comparable to the expenditure that they had incurred, that it should be commensurate with the cost of living. The doctor's dilemma in Delhi is how to link up their emoluments with the rising cost of living, the rising prices. If they demand more emoluments, if they demand the acceptance of the principle as full-fledged doctors, I don't think that we can blame them at all for that. They have decided to go on strike. The number of medicos is 4000 and as far as the people who would be affected is concerned, the patient community alone comes to 10,000. There will be 5,000 who are in beds inside hospitals and there will be another 5,000 out-patients. So, in all 10,000 patients will be involved. As far as deaths are concerned, one of the journalists who has gone round various city hospitals, has estimated that in all these five hospitals there are 20 deaths on an average per day. Because of the medical facilities available it is now 20 but if the hospitals are closed because of this strike in that case the rate of deaths per day will come to 50 per day.

Sir, as one connected with the trade union movement I would like to applaud the constructive point of view which they have taken up. The doctors' Action Committee announced that when they strike work tomorrow from midnight, from that very moment, they will set up parallel out-patient departments near the hospital. If the authorities permitted this parallel outdoor department will be started within the premises of the hospitals. They have already collected Rs. 25,000 and in a few days they propose to

collect Rs. 40,000 not for donations to be given to those on strike, but for the purpose of purchasing the drugs and medicines for those who come to the hospital seeking medical treatment. This is the constructive attitude that they have taken. For this constructive and human approach that the Joint Action Committee of the Doctors have taken, I congratulate them.

With the conscience of the Lok Sabha and with the good offices of the hon. Health Minister we should try to find a solution to this problem. The Joint Action Committee met the Secretary of the Health Ministry and on the 28th and 29th of this month they had a series of discussions. They had taken a constructive attitude. They told the Secretary: We know the difficulties; we know that the economy is in doldrums; but our only demand is that we should be treated on par with full-fledged doctors. They have made a very constructive approach provided you accepted their basic demands about emoluments. The Secretary told them that so far as treating them as doctors is concerned, those demands will not be accepted, the financial position is very bad, etc., Then they said that they were prepared to negotiate, you may grant certain interim relief and all that. How best the principle involved in these increased emoluments can be accepted is to be worked out and if that is done they are prepared to postpone their action and accept interim relief. I think a very constructive proposal has been given by them. They have said:

"The Action Committee is prepared to negotiate the actual figures of pay scales and accept interim relief. But there should be an assurance of the acceptance of the principle behind the demands."

I do not want to elaborate. The matter is very clear. To put it in a nuts hell. Accept the principle that the medicos can be accepted as full-fledged doctors. They would be given

[Prof. Madhu Dandavate.]

gradually the scales of the government servants and because of the quantum that is involved if there is some difficulty regarding the mobilisation of the resources and allocation of resources in the mean-time give some interim relief to the doctors and negotiate their demands. Do not take a bureaucratic attitude. This is my submission. As far as this House is concerned we will not allow this House to be divided on the party lines as far as the humanitarian cause and just demands of the employees are concerned. Don't allow the midnight of 31st to become the midnight of disaster. On the contrary let it be a midnight when a new liberal policy will be evolved. If that attitude is taken, I am sure the Joint Action Committee can be persuaded to postpone the action otherwise this strike is going to be inevitable.

SHRI BHAGWAT JHA AZAD (Bhagalpur): Mr. Chairman, I am surprised and shocked that the interns, postgraduates and registrars have to go on strike from tomorrow midnight. It is strange that these young boys or the old ones now experienced who are in service and are the best part of the society are forced to go on strike. As is clearly evident from the statement they have been forced to take this step and they have not taken this step or going to do this all of a sudden. They have met the Minister; they have met the Secretary and they have met the Director General. They have met everybody. But what treatment did they get at their hands? Of course, the Minister promised them to look into the demands No. 1 and 2. As financial implications are involved he wants to consult the others. It is all right. I hope he will not insist on the argument that he has given in this statement about the postgraduates, about the interns and others. Is it not a fact that these interns after five years experience are well qualified and they are doing the same job as the qualified doctors are doing. No doubt, they get experience

in the course of it. But it is also true that they are serving the patients so well as they will serve after one year or as others are serving. So, why this technical point on this that they should not be given. Same should apply in the case of post-graduates also. About the demands No. 3, 4 and 5, I want the Health Minister to view it from this angle. In Delhi this is a non-practising job. In Bihar it is a practising job where doctors are earning not few hundreds but a few thousands. If the government want them to become non-practising doctors why should they not think in terms of conferring to them the status of a government servant. What do these government servants like Director General, Assistance Director General, etc., do who are controlling them? At one time they were the same. Now they are in the government. Why should these non-practising doctors who will do service all the time not be considered a government servant and given the same facilities as the government servants are given. What right society or Government will have on these doctors to call upon them to serve society all the time like government servants without conferring on them the benefits of government service?

Therefore, I would say that demands Nos. 3, 4 and 5 are worth considering. I know the Minister cannot here and now give a categorical reply. But he can certainly say that he would like to consider these. I am sure you want in this country social security to be the maximum. Health service is most important here, as it is in UK. In case doctors are by and by being made non-practising, if they are made non-practising, why should not they get the same facilities as you are giving to government servants?

As regards demand No. 8, I do not agree with the doctors. This is about the rural health service. In this country, 80 per cent of the health budget of the Central and State Governments combined is spent on a system which

serves only 20 per cent of the population whereas 20 per cent of the entire budget is being spent on the other systems of indigenous medicine like Unai, Homoeopathy and others which serve 80 per cent of the population. What a lopsided view we have in this country? Therefore, as regards demand No. 8, I cannot say that it should be considered, but the other demands should be considered.

I want to know why they have been forced to come to this stage. As Prof. Madhu Dandavate has very nicely put it, why this cream of society, the MBBS serving for a long time should be forced to give up their duty from midnight tomorrow, a step which will adversely affect 10,000 patients in the capital city of India?

There are 2,500 doctors. I am sure 2,000 will join the strike. 250 senior non-clinical doctors may be called upon to serve with only 250 doctors at their disposal. Do they propose to man the health service system in the city? They are already discharging in-patients. They are already not admitting OPD patients. They are already doing this in advance. As Prof. Madhu Dandavate said—it may be a little more or a little less—on the average 20 persons is the figure of casualties. With 250 doctors plus 250 senior non-clinical doctors, this may go up. Who will be responsible for this?

When they met the Secretary, he agreed that 'you have this status; you are full-fledged doctors, but we cannot give you the other fixed scales'. What is the logic behind this argument? On the one hand, you say they are full-fledged doctors; on the other, you say you will not give them the benefits. On the one hand, you say that that they must not be practising, they must be non-practising; on the other, you say you will not give them the other benefits. What is the logic of this? What is the logic of this Ministry?

I say the health directorate of this Government is functioning very inefficiently for some time. There are

certain big brass, bureaucrats, in the health directorate, who are inhuman. They treat doctors not nicely. Though one can see the smile of the Director General in the Gallery, he is the most bureaucratic in the whole department who is treating some doctors with favour and others with frown. How callous he is? In the morning, when we demanded a clarification about him from the Minister in the outer lobby, he was imputing motive on the intention of a member. I know. I shall prove by evidence to you for a privilege motion unless this officer apologises within 36 hours. He has said that the members who were talking about him have got certain favour....

SHRI S. M. BANERJEE (Kanpur): There is enough evidence.

DR. SARADISH ROY (Bolpur): This is a serious matter.

SHRI BHAGWAT JHA AZAD: This officer had the cheek to say that the member.... He was talking about him because the Member wants favour from him.

THE MINISTER OF HEALTH AND FAMILY PLANNING (SHRI R. K. KHADILKAR): As you know, there is a procedure in the House. If he wants to say something of this nature on the floor of the House, before that, he has to fulfil certain conditions. He must bring it to the notice of the Speaker and then alone he can refer to it.

SHRI BHAGWAT JHA AZAD: We do not want to tolerate the bureaucrats. We are a sovereign Parliament.

MR. CHAIRMAN: How that person can come to the lobby?

SHRI S. M. BANERJEE: Sir, on a point of order. Shri Bhagwat Jha Azad has brought it to your notice that an official has spoken like that about Members and that if he does not apologise within 36 hours, he will bring a privilege motion. I support

[Shri S. M. Banerjee.]

him. I know what the Director-General means.

SHRI R. K. KHADILKAR: This controversy leads to certain criticism of the officials. If there is legitimate criticism, certainly I will welcome it. But because the officer concerned was not in the inner lobby—he must have been perhaps passing by the outer lobby perhaps—

SHRI BHAGWAT JHA AZAD: He was standing in the outer lobby. Let the Minister deny the allegation and shall accept his denial.

SHRI R. K. KHADILKAR: If you want to give a twist to the whole debate, I have no objection. But I would request him to follow the practice and procedure and some decorum. This is not the way....

MR. CHAIRMAN: There is one thing. Whatever has happened, please give in writing. That will be sent to the hon. Speaker. He will take a decision.

AN HON. MEMBER: The hon. Minister is diverting.

SHRI BHAGWAT JHA AZAD: I am not diverting. I am giving an example, to show how doctors have been treated at the hands of this bureaucrat who has the cheek to say just in the outer lobby about the Members. I will give an example. He has made the whole CGHS system in the State worthless. He is responsible for all these things which were functioning so well. He has got his favourites, his favours and frowns. If the Minister says on his behalf, "Well, he has not said those things", all right, I will accept it. But let him say that. Then I will forgive. Otherwise, I know and I can produce evidence as to what he has spoken about Members of this House, not one Member but Members.

Let me leave it at that.

To conclude, I would say that the Health Minister should intervene and we also on our behalf would speak to the doctors that they should not go on strike from tomorrow. Let the doctors give time to the Health Ministry and the Health Minister personally, who himself being a trade unionist in favour of such friends, should look into the matter.

About demand Nos. 1 and 2, he has already said he is talking to the Finance Ministry. About demand Nos. 3, 4 and 5, about conferring the status of Government servants, since they are non-practising, I hope he will sympathetically consider them. About demand No. 8, I said I do not agree. I hope that it is very natural in this welfare society—socialist society, why welfare society—that these persons who are serving round the clock and are non-practising, should demand from the Government the status which they deserve, which they have earned by dint of their labour and which they are worthy of.

***SHRI KRISHNA CHANDRA HALDER (Ausgram):** Mr. Chairman, Sir, we are discussing a very serious matter today because in the capital of India from midnight of tomorrow nearly 5000 doctors including registrars, post-Graduates, House Surgeons, interns etc. will be compelled to go on strike. The hon. Members of this House—Prof. Madhu Dandavate and Shri Bhagwat Jha Azad have already enumerated the demands of the doctors and as such I will not reiterate them. I would only like to say Sir, that the doctors belong to the intelligentsia and they render a humane service to the ailing patients. The Government should keep this aspect of the matter while approaching the problem and instead of trying to make a prestige issue they should come forward to solve it amicably. From the Times of India dated the 30th March, 1973 I find that the Joint Action Committee of the doctors had made two demands and I quote, "The

*The original speech was delivered in Bengal.

committee had made two requests to the ministry. First, that registrars, post-graduates, house surgeons and interns should not be treated as "trainees" but as "doctors in service in hospitals". Second, that adequate status be accorded to them as doctors and "suitable" graded pay scales be introduced." From the Minister's statement we find that he does not differ much on these two issues. To-day everyone will concede that prices have gone up abnormally high and I am sure the doctors cannot be held responsible for this phenomenon. The other countries of the world have succeeded in sending their rockets to the moon but in our country only the prices are rocketing high and no wonder one day it may perhaps reach the moon too. The hon. Minister in his statement has said that the Delhi doctors are paid stipend which is higher than those paid to their colleagues in other States. Even it be so can it be denied that prices of every commodity in Delhi is higher than any other part of the country? Is it not a fact that the house rent is prohibitive? Is it not a fact that transport is costlier? Is it not a fact that the problems of day to day life are far more complicated and acute than elsewhere and if it is so surely the doctors are not responsible for them. Mr. Chairman Sir, last year the hon. Health Minister had given an assurance in this very House that doctors and employees of the Safdar-jang and other Government hospitals will be provided with Government accommodation. I would like to know specifically from the hon. Minister if that assurance has been fulfilled and if not why it remains unattended to. You will agree with me Sir as soon as the grievances are voiced it is necessary to attend to them as any delay or any lukewarm attitude would only allow the problems to grow and take alarming proportions. Sir, on behalf of my party I must say that we are feeling seriously concerned because as a result of the proposed strike the entire health services in the

capital will be thrown off the rails. Whenever there is any agitation in this country, however just it may be, it has become a fashion with the government to dub all such movements as labour troubles. But surely the strike of the doctors cannot be treated as a labour strike. Here the intellectuals are being forced to take to the path of strike and that only shows how we have driven our intellectuals to this path. This is the trouble which is the creation of the bureaucracy and every section of this House irrespective of its party affiliation or differences in ideology, would request the Minister to find an amicable solution of the problem. I would like to know from the hon. Minister if he attaches more importance to the bureaucracy or the contentious of opinion of the Lok Sabha. Unless a peaceful solution of the problem is found, I am sure that all democratic minded people of the country will support the cause of the doctors and will stand by them. It is necessary that the Minister should exercise his good offices to impress upon the doctors to desist from the proposed strike. He should also eschew the path shown by the bureaucrats for finding a solution of the problem and far from making it a prestige issue he should honour the sentiments expressed in this House in dealing with the problem. With this expectation and my supporting the demands of the doctors I conclude my speech.

SHRI VASANT SATHE (Akola):
Mr. Chairman, Sir, it is a matter of grave concern that an eminent profession who is known for his ethics and morality of service to humanity should be required to reach a point of more or less no return and go on strike from tomorrow night.

I really feel shocked that such a state of affairs should have been reached—shocked for two reasons, firstly, because of the inaction or intransigent attitude on the part of officials in the Ministry.

[Shri Vasant Sathe]

Sir, as far as the Minister is concerned, he has recently taken over charge of this Ministry. And therefore, he may not be fully aware of all that has passed behind or all negotiations that must have taken place in the past. Therefore, he may not have been in the picture. I can understand the difficulty of the hon. Minister personally and knowing his attitude, as a trade union leader of employees of whatever categories they may be, I know that he must have considered sympathetically the reasonable demands. But, I fail to understand as to why can't the bureaucracy among whom, I am sure, there must be doctors who must have been eminent in their own fields, sit with their colleagues and try to iron out the differences. I cannot conceive any point which cannot be solved across the table, particularly, because, the high intellectuals—the cream—of this country are involved here. There must be something wrong somewhere. In our bureaucracy there are some who have some wooden attitude or some wrong attitude in some people. Sometimes our bureaucracy gets bogged down in some red-tape that there would be some repercussions somewhere or there would be some chain reactions somewhere. All sorts of things come in the way and therefore they get influenced.

As far as immediate problem is concerned, we know fully well what the doctors can do. The prices are sky-rocketing; they are affected by them. They are not trade unionists. They are not like Air India pilots who get about Rs. 2,000 or 3,000 per month. This is not a commercial venture. In the hospitals they work and so they are not trade unionists in that sense. But, that does not mean that we should not have a sympathetic attitude and consideration towards them. If you see their demands, I personally do not see that they have made any extravagant claim when they say that the interns should be given Rs. 300 per month. I request

you kindly to prepare a budget for Rs. 300 for yourself and you will find that you cannot even meet your minimum requirements, of yourself, your family or dependents. Interns' parents have paid their life's savings to make them doctors and they expect them to render help and support them. How can they support any family or their members when they get only a meagre amount of Rs. 300 per month? In Bihar one who is doing his house surgeonship is paid only Rs. 400. This is not a fantastic demand. You immediately start telling us that if this Rs. 300 is multiplied, it may come to a very high figure. In a country like ours, do you think that this is too much of a burden?

I would request that let us not take an unrealistic attitude. One thing that I would like to say is this. As far as interns are concerned, I agree with the hon. Minister when he said that it is a part of their education. They do not get their M.B.B.S. degrees till they complete the internship. What is their work as an intern? This young man is working practically for all the 24 hours in a day and he is at the disposal of the Hospital working as a full-fledged doctor, giving treatment. Therefore, let us look into their work and see that the interns are paid.

In Maharashtra also, I think they are paid. My hon. friend, the Minister, must be knowing this. Why should Delhi also not give? This is a very reasonable demand. In some cases, when they demand that they should be treated as Government servants, you say that ultimately you may employ only a few of them and what will happen to the rest? There is a way out. This country is shortage of doctors, particularly in the rural areas. You are having fantastic schemes of sending quacks and sub-standard people to serve in the rural areas. The rural people also need qualified, full-fledged doctors. Why don't you send these doctors there by giving them Rs. 400 and a house? Why do you want to accom-

modate them only in big city hospitals? If they refuse to go there, they will lose the sympathy of the people.

I would make an appeal to the doctors. They might have been pushed to it, but under no circumstances should doctors go on strike and endanger the life of the people. They will be failing their profession and their oath if they were to endanger the life of even one patient under their charge. As a trade unionist having full sympathy for them, I appeal to them: Let them postpone this drastic step for 15 days. In the meantime, the minister can sit with them, iron out the differences and reach an amicable settlement.

SHRI S. M. BANERJEE (Kanpur): Sir, I fully support the demand of the medicos. Demand No. 8 is debatable. I fully endorse the view of Prof. Dandavate when he gave a warning to the Government that unless they have negotiated settlement, they are endangering the life of thousands of people of the capital. In page 4 of his statement, the minister says:

"After some preliminary discussion, I informed them that their main demand in regard to the stipend/honorarium etc. was already under active consideration of the Government but since this involves financial implications with possible repercussions in the various States of the country they should wait for the decision of Government till the 31st March, 1973.

Accordingly the matter was examined in great detail in consultation with the Finance Ministry."

The doctors have said:

"We even offered to accept whatever suitable graded pay-scales Government would give in view of the country's financial stringency or even to accept an interim relief pending the implementation of an

agreed decision within a specified period."

They are the only people who have considered the financial condition of the country. The other sections of workers say that the Government is solely responsible, because they are not able to hold the priceline for 25 years and why should the people care about the financial stringency? But these doctors, these medicos were concerned even with that. But the Ministry was not ready to concede their reasonable demands. So, it is really the Health Ministry which is in the dock.

Much has been said about the Director-General. I would not repeat what was mentioned by my hon. friend, Shri Azad. But I would urge upon the Health Minister to have a probe into the charges against the DG. I do not wish to refer to them without knowing the charges.

I am not one of those who go to the CGHS. I have never been to Wellington Hospital. I know that the moment I go to that Hospital, there will be a bye-election in the country. I never go there.

SHRI R. K. KHADILKAR: Satya Sai Baba will help you.

SHRI S. M. BANERJEE: I never go either to Satya Sai Baba or Ali Baba and 40 thieves.

Today the Joint Council of Action are prepared to have a discussion, for a negotiated settlement. I hope Shri Khadilkar who is known for his persuasive powers, who is known for settlement of labour problems, will do something in the matter. I know that when he was in the Labour Ministry he was able to avert many strikes in the Safdarjung and Wellington Hospital. What has happened to him today. His deputy, Shri Kisku, has met the employees of the Wellington Hospital today. I hope the hon. Minister will meet them and find a lasting solution. This time if the

[Shri S. M. Banerjee.]

strike takes place it will be dangerous to the patients who are seriously ill and lying in the various hospitals.

These people may be considered as novices, not full-fledged doctors, but they are the doctors who are attending to most of the work in the hospitals even now. They are young people who paid Rs. 20,000 for admission to a medical college and Rs. 10,000 as capitation fee with the hope of earning fairly good salaries when they become doctors and thus serve the country. These boys and girls are the gems of the country. They are now receiving a paltry sum. So, I would urge upon the hon. Minister to call them in a conference. I am sure that with his power of persuasion he will be able to solve the problem.

I would also request him to concede the legitimate demands of these people, I am prepared to sit with the representatives of the employees and try to bring about a settlement. Because, I do not want the strike to take place because then the patients in hospitals will suffer and the emergency ward patients will be in great difficulties.

Let us see the last portion of his statement, where he says:

"I still hope that wiser counsels would prevail and that sober sections of these persons would refrain from taking the extreme step."

He uses the word "sober". Suppose in relation to Members of Parliament he says sober section of this House, it will mean that the others are insane. So, why refer to a particular section? Why not refer to all? He should make an appeal to the doctors to wait for 15 days or 20 days. I am sure they will respond to his appeal, because the country is greater than the doctors and I am sure the doctors do not want the suffering humanity to be left in the lurch. So, let the hon. Minister make a clear appeal. Let him not be guided by the DG or others, whose job is only to appoint

or dismiss these people. They will only misguide him. Let him take guidance and not misguidance of some people. I do not impute any motive on any official. But in all humility, I would say that there should be a thorough probe into the working of the Hospitals and the C.G.H.S. Department because it is going to be extended to other States also. It must be looked into, rectified and corrected. Otherwise, there is going to be a serious trouble and the Minister will be held responsible.

With these words, once again, I appeal to him to adopt an attitude that he adopted when he was the Labour Minister and, if he does that, I am sure, he will succeed.

श्री जगन्नाथ राव जोशी (शाजापुर) :

सभापति महोदय, सब से पहले मेरे विश्वास को जो धक्का लगा है वह मैं यहां प्रगट करना चाहता हूं, जैसे मेरे कई मित्रों ने भी बताया है कि अधिक क्षेत्र में काम करने की वजह से हड़ताल किस मनोवृत्ति से पैदा होती है, उस से रास्ता कैसे निकालना चाहिये इस का इतना अनुभव आरोग्य मंत्री, श्री खाडिलकर जी को होने की वजह से कम से कम मेरा विश्वास था कि यह स्ट्राइक नहीं होगी। और आज भी मैं उन से अपील करना चाहता हूं, क्योंकि अभी समय गया नहीं है, और यह बड़ी महत्वपूर्ण बात है इसलिये रास्ता निकालें, उन के साथ बैठें, ऐश्वान कमेटी के नेताओं के साथ विचार विमर्श करें और जो होने वाली हड़ताल है वह न हो ऐसा कुछ कर के दिखायें।

एक बात यह आती है कि 1969 की अप्रैल में हम ने इसी हड़ताल के बारे में यहां पर चर्चा की थी और उस समय यह पता चला कि करमारकर समिति की रिपोर्ट 1966 में आने के बाद भी 1969 तक उस पर कोई प्रमल नहीं हुआ था, कोई विचार नहीं हुआ था। निवास की व्यवस्था कितनी खराब है इस के बारे

में उन्होंने ने जो बात कही थी कि 18 महीने के अन्दर अन्दर यह सारा मामला खत्म होना चाहिये। किन्तु आज भी जब हम देखते हैं तो पाते हैं कि स्थिति अच्छी नहीं है। आज भी सुबह वक्तव्य में यह बताया था कि उन को फ्री ऐकोमोडेशन मिलती है। किन्तु मेरी जो जानकारी है उस से पता चलता है कि लेडी हाउसिंग में भी उन को ऐकोमोडेशन के लिये देना पड़ता है। ऐकोमोडेशन फ्री नहीं है। आप देख लीजिये क्यों कि मेरी जानकारी है, इसलिये मैं बता रहा हूँ।

दूसरी बात यह है कि मौलाना आज़ाद मेडिकल कालेज हॉस्टल में एक एक कमरे में चार, चार, पांच, पांच डाक्टरों को साथ रहना पड़ता है। अब हम उन से चाहते हैं कि 18 घंटे वहां काम करें, रात दिन वहां काम करें और उन के रहने की व्यवस्था अच्छी नहीं है, खाने पीने का प्रबन्ध अच्छा नहीं है। भूतः इन्टर्न्स से 200 रु० में से 150 रु० खाने के लिये लेते हैं बाकी 50 रु० में वह क्या करें? जैसा मेरे कई मित्रों ने बताया कि इतना बड़ा भारी पैसा खर्च करने के बाद जब वह इंटर्न्स भी हों, और उन में भी कई कैटोगरीज हैं, सब को एक साथ में ला कर हम सब के लिए एक ही नियम लागू नहीं कर सकते। जैसे इंटर्न्स हैं, फिर जो हाउसजीब करता है बाद में जो पोस्ट ग्रेजुएट है और रजिस्ट्रार है, सब को एक साथ हम जोड़ नहीं सकते। इंटर्न्स को आप छोड़ भी दें, किन्तु जो हाउस जीब कमप्लीट कर के जब वह पोरट ग्रेजुएट करता है, तो कुछ अध्ययन भी करना चाहता है। उस समय वह फुलफ्लैज्ड डाक्टर का काम करता है, इतना ही नहीं डिग्री भी उस ने पायी है, जिस भी बजय से वह डाक्टर बना है। इतना होने के बाद भी केवल उस को यह समझ कर के कि वह अभी पूरा विद्यार्थी

है, डाक्टर नहीं बना है, कुछ अध्ययन करना चाहता है, इस लिए आप उस को कुछ स्टैण्डर्ड देते हैं, उस पर उपकार करते हैं, यह भावना ठीक नहीं है।

मैं इस से सहमत नहीं हूँ कि लोबी टाक जो भी हो उस को यहां कोट करें, लेकिन एक बात जरूर प्रतीत होती है कि इन के साथ जो बड़े लोगों का व्यवहार हुआ है वह ठीक नहीं है। वह जो मनोवृत्ति है वही इस संकट की स्थिति को पैदा करने की कारण है। मैं खुद लोबी में हुई बात को कोट नहीं करता हूँ मैं तो चाहता हूँ, कि न कोट करें, क्योंकि हम भी जो आउटर लोबी में बोलते हैं, सेन्दल हाल में बोलते हैं उस को यहां कोट करने के पक्ष में मैं नहीं Let us hate the sin and not the sinner करें जो प्रवृत्ति है इन के साथ व्यवहार करने की, खुद जानता हूँ, वह अच्छी नहीं है।

जब उन्होंने बताया कि इतने कम रुपयों में कुछ नहीं होता तो उन से सवाल किये गये कि तुम क्या करते हो। फलाना करते हो, तुम ठिकाना करते हो, सिनेमा देखते हो they are also respectable citizen आखिर उन के साथ व्यवहार अगर अच्छा होता, उन को ठीक से समझाने की कोशिश होती तो मुझे लगता है कि यह स्थिति न होती। क्यों कि उन्होंने कई चीजें की, और मेरे पास भी कई लोग आये, मैं ने उन को विश्वास दिलाया कि श्री खाडिलकर स्वास्थ्य मंत्री बने हैं तो कोई रास्ता जरूर निकालेंगे। इसलिये मुझे दुःख होता है कि आप ने मेरे विश्वास को धक्का लगाया।

तो जब डिस्ट्रिक्मिनेशन होता है, जैसे ऐकोमोडेशन की व्यवस्था थी, वैसे ही पोस्ट-ग्रेजुएट कोर्स करने वाले को इंडियन मेडिकल इंस्टीट्यूट में कुछ अलाउन्स मिलता है, तो जो उन की मांग है कि उन को 'प्रेक्टिस करने के लिये जब अनुमति नहीं है और वह फुलफ्लैज्ड डाक्टर हैं, डाक्टर का काम करने

(श्री जगन्नाथ राव जोगी)

के बाद भी, उन की सद जिम्मेदारी होने के बाद, दायित्व होने के बाद भी जब उन को प्रैक्टिस करने की अनुमति नहीं है तो उन को नान-प्रैक्टिसिंग घलाउंस मिलना चाहिये, जैसे कि घाल इंडिया मेडिकल इंस्टीट्यूट में मिलता है। यानी सब के लिए अगर एक ही प्रकार का नियम हो जाता तो बात भलग थी। आज की विपरीत परिस्थिति में, 1968 में जो आप ने कुछ बढ़ाया करमारकर समिति की सिफारिश को ले कर, उस के बाद आज हम 1973 में पहुंच गये हैं। इतनी असमानता कीमतों में आई है उसको देखते हुए भी उनके बेतन और एलाउंस में बढ़ोतरी आपको करनी चाहिये।

पोस्ट ग्रेजुएशन करने के बाद जो अध्ययन करने के लिए जाता है आखिर उसका भी अपना परिवार होता है और उस परिवार का वह अनिग मैम्बर भी रहता है और उस परिवार की भी कुछ अपेक्षा रहती है। इतना बड़ा भारी खर्चा करने के बाद जो डाक्टर बन गया और कुछ आपे भी अध्ययन करना चाहता है तो केवल उन्हीं की दृष्टि से नहीं बल्कि उनके परिवार की दृष्टि से भी आपको देखना चाहिये। उसको परिवार का पालन पोषण भी करना पड़ता है और उसका भी आपको खयाल करना चाहिये।

उनकी आठ मांगें हैं। आखिरी जो मांग है वह विवादास्पद है। उसका मैं इस बास्ते समर्थन नहीं करता हूं। उसको छोड़ कर बाकी जितनी मांगें हैं मैं प्रार्थना करता हूं कि कल रात तक यदि कोई फैसला न किया गया तो हड़ताल पर वे अगर चले जाएंगे तो मरीजों की क्या हालत होगी, इसका अनुमान आप लगा सकते हैं। यह सरकार की दृष्टि से भी अच्छा नहीं है। इसका लांछन उस पर आएगा। आप हमेशा सोते रहते हैं। करमारकर समिति

की सिफारिशें घाने के बाद भी आप सोते रहे और तब तक सोते रहे जब तक स्ट्राइक का नोटिस नहीं दे दिया। जब तक कोई स्ट्राइक न करे तब तक आप ध्यान ही नहीं देते हैं। यह बात मेरी समझ में नहीं आती फरवरी से उन्होंने इस मामले को चलाया हुआ है और मार्च का आखिर आ गया है। क्यों नहीं इस बीच आपने पहले हो कोई रास्ता निकालने की कोशिश की। मेरी प्रार्थना है कि कल रात से पहले पहले आप कुछ न कुछ रास्ता निकालें और उनकी मांगों का पूर्ण करने की कोशिश करें।

SHRI K. S. CHAVDA (Patan): Mr. Chairman, Sir, I am entirely in agreement with what has been said by my hon. friends during this discussion.

I wrote a letter to the hon. Minister, Mr. Khadilkar on March 28, regarding the Medicos and enclosed a pamphlet written by the Indian Medical Council. I feel that the remuneration that the Government pays to Registrars with post-graduate qualifications and to House Surgeons and Interns is inadequate and does not compare with the remuneration paid in other profession with equivalent qualifications and the nature of duties and responsibilities assigned to them. A doctor is on duty at all odd hours and in the exigencies of service he has even to do overtime. For example, the House Surgeon has to work compulsorily for 36 hours thrice a week and sometimes 72 hours continuously but the Minister says in his statement that they are not doctors but they are students and, therefore, stipends are paid to them. On page 11 the statement says that there are no comparable responsibilities between these categories and among themselves and regular Government doctors. But when these people have to appear before a court of law, they are considered as regular doctors. It shows that the Government say that they are students when it does not suit them and say that they are regular doctors when it suits them.

Sir, nearly 4000 doctors of the five hospitals and the medical colleges have decided to go on a strike from the 1st of April onwards and if the and if the strike materialises, then a large number of out-door patients and indoor patients will be affected. Therefore, I feel that the Government should do something to avert this strike.

Thank you, Sir.

THE MINISTER OF HEALTH AND FAMILY PLANNING (SHRI R. K. KHADILKAR): I have very carefully listened to all the speeches of the hon. Members and I do share their concern about the doctors as well about the patients.

I am sorry to say that after making a very comprehensive statement, I have to pinpoint the issue. What is the issue? The issue as I have stated is that after they take out their degrees and come out of the colleges, should they be considered students?

The question is this. When they want to pursue their studies further in hospitals as housemanship interns as registrars, post-graduates, etc. then, from the very beginning, should they be considered as Government servants? This is the main issue at the present juncture. Sir, I would like to mention this point. We are spending lakhs of rupees for their education, and that is, at Government expense. They are the cream of society, the youths of our society. Will this be possible? Can we imagine this? Are we not concerned for their conditions of life? But you must bear one thing in mind. You must remember that there is stiff competition. They want housemanship. They want to get better qualified. They want to get better experience. Keeping this in view, they get the clinical experience for some time. Then, because of this preparation, they can enter the post-graduate education. We provide them with stipends. I am sorry there is a confusion that stipends and payments are not given. Do you mean to say that as soon as they finish their

internship, if they want to opt for housemanship for further studies, that they should be considered as Government servants, with all the other benefits, with city compensatory allowance, with non-practising allowance. They should be allowed. Is it done anywhere else? Is it possible? This is one thing.

So, Sir, let us consider this point dispassionately. Every year we are turning out in our country 12,000 medical graduates at present. Those who are fortunate enough to be picked up for housemanship are to be given some special training initially. Others can go on and take jobs and practise. There is no dispute about it. This is one aspect. What I have argued and this is the main contention is that in the given situation, when they are under, what I would call in service training, it is certainly an opportunity, in a way, a privilege, which we give to them to better themselves, to better qualify themselves, and go out as specialists. Do you want to say on the one side that out of these 12,000 persons a few are to be selected and they are to be given this advantage, and they must be made full-fledged Govt. servants? Is it feasible, I would like to ask you

Professor Madhu Dandavate who has a close contact with the academic world, and who himself was a teacher, said about this. I know the difficulties that are experienced by those who are still in their academic lives. There is a growing sense of frustration, if I may say so. Frustration is all-pervasive. We admit it. But, in a given situation, we have got to bear in mind this aspect, namely, a certain class of people fortunately, are given an opportunity to train themselves further. And, for post-graduate, we have provided them with some special scholarships. Mr. Jagannath Rao Joshi, I think, said this. When Government is spending for their higher education so much, is this to be considered as payment, that is, as Government service payment? Or, is it stipend? It is meant to help them so that they could study more, intensive study in the

[Shri R. K. Khadilkar]

field of not only the clinical side, but even for the sake of research. Bearing these things in mind, you will appreciate our stand in what we have proposed in the given situation, increase their stipends a little.

Now, so far as this aspect is concerned, I am not saying that I will not examine it. But, here and now am I to declare. From tomorrow morning you will be entitled to all the advantages and all the benefits of a Government servant? No, no, no.

AN HON. MEMBER: Nobody said that.

SHRI R. K. KHADILKAR: My officers made one thing clear when they met them. On other points, if you have some viable, practicable, alternative, certainly we are ready to consider it. So, that door is open. That is not bolted. That is one aspect.

19 hrs.

Another aspect you must bear in mind today that all our sympathies are with them and more with their parents because along with government parents should also share the burden of their education. No doubt, most of them come from the upper strata but quite a few come from lower strata struggling to get this professional status because in our society medical profession has its own prestige. Is it in keeping with that prestige I would ask Prof. Dandavate should the doctors resort to strike when the authorities are prepared to discuss everything keeping in view the present financial position? We are prepared to discuss about their status. We are prepared to discuss other things. The total number of all put together interns, house surgeons, registrars and post-graduates is 1886. This is the total. I do recognise that house-surgeons are really giving their best service. They are sharing the burden of running the hospital. Their job is strenuous.

My officers had met them and I hope they will have some second thought. Leave aside the stipend part, we are ready to consider other things, if they

want. Let them come forward. Even I will go a step further and ask independent people in the medical profession to see how we can adjust in a given situation their demands without any financial implications. I am prepared to do that. Can you just say once you admit it is a stipend, it is a help for them to further studies to anyone who is not that privileged, we are giving about 300 and odd scholarships all over India worth about Rs. 300 or so? People will ask who are these privileged people you are giving scholarships for higher studies. We are doing it in order to see that our medical profession is kept up at the highest level. I am proud to say in India today because of these teaching institutions and central institutions in the field of medicine whether it is research or training our standards are very high.

People might run about and say 'I go to this country and that country' which is absolutely not necessary. These who have money run about.

So keeping all this in view, let me say why we have invested this much. It is because in the medical profession, one of the noble professions, we must have the highest standards. When we have some selective method, they should also realise this and co-operate with Government and should not hold the community to ransom, the word used by Prof. Dandavate (*Interruptions*) There is no question of prestige at all.

I do not want to go into details. I have said and I repeat it here and now that if they want to come forward with an alternative, we are ready, but when they come with a threat, I expect this House will give unanimous support to what Shri Sathe said in the first instance that they should desist from strike.

Secondly, as a responsible body, you can say: 'Look here. They have listened to our appeal. Now what do you propose to do? Your hands would be strengthened'. At the present juncture in our country when

there is a sort of multi-dimensional revolution going on all fronts within the democratic framework, Prof. Dandavate will understand that this House should exercise some sort of moral authority and restraint and influence the situation. Instead of that, if you say like Shri Banerjee, 'Strike, yes, my support', this is not the way to go about it.

PROF. MADHU DANDAVATE: After changing your portfolio, do not change your perspective.

SHRI R. K. KHADILKAR: I have not changed my perspective. Am I a person who will stand on prestige?

SHRI S. M. BANERJEE: I am not a professional striker. But if the Minister refuses to meet the employees' representatives, they will go on strike.

SHRI BHAGWAT JHA AZAD: All the members have appealed to them not to strike. But the Minister remains silent. Does he want them to go on strike? This is the impression he is creating.

SHRI R. K. KHADILKAR: I am sorry. I have said, and I repeat, that I expect at the present juncture this House to exercise some moral weight of public opinion even outside....

SHRI BHAGWAT JHA AZAD: We are doing.

SHRI R. K. KHADILKAR: When such a situation arises, if they exercise restraint, if they advise some restraint, coupled with their moral authority, I think things could be easily settled. But I have never said that because you have appealed, I will do nothing. No. I said we will discuss alternatives, how we can look at the problem again afresh. He referred to what happened during Shri Karmarkar's time. That is an old story. After that five or six years have passed. We have gone much farther.

We must remember one thing. What we do has repercussions on those in the States. A number of States are

not paying anything; if I do something here, immediately the State Health Ministers will come forward and say 'Well, you are doing it'. Even among the government employees, as you know, these repercussions are always there. The State Governments are always cautioning the Centre 'be very cautious'. I am not magnifying things. I tell you the medicos particularly in this city are getting a better deal than anywhere else in the country you examine it even from the financial point of view, even from the teaching level point of view. They should not resort to it. Therefore, not going into the details, as I have said, even at the end, I would repeat.

SHRI S. M. BANERJEE: What is your suggestion?

SHRI R. K. KHADILKAR: I would repeat that an advance in their stipends (*Interruptions*).

SHRI SHYAMNANDAN MISHRA (Beguarai): Excuse me for my interruption for a while. There is this unanimous appeal coming forth from this House to the medicos, provided the hon. Minister is prepared to withdraw this irrational qualification that it will involve no financial implications.

SHRI R. K. KHADILKAR: The hon. Member who was a member of the Government and also a member of the Planning Commission must keep in mind one thing. I have said in my statement, "serious financial implications". I have used those words very cautiously as he used to do once. "Avoiding serious financial implications." (*Interruption*) I am prepared to consider everything. So, I do not want to repeat what I have stated in my statement. I take it that the House entirely agrees that, in the first part, they should withdraw the strike and we should keep the door open for further talks.

19.15 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Monday, April 2, 1973/Chaitra 12, 1895 (Saka).