Should India’s quacks be trained to deliver basic patient care?

Special report asks whether unqualified practitioners could help ease India’s doctor shortage

Should unqualified practitioners be trained to deliver basic patient care to alleviate India’s doctor shortage, asks a special report published by The BMJ today?

Unqualified practitioners posing as qualified doctors, and who administer potentially dangerous treatments to patients - so called quacks - are numerous throughout India, particularly in rural areas, writes Bangalore journalist Priyanka Pulla.

Although punishment for quackery can be up to seven years in prison, officials from state medical councils say state governments and police aren’t taking action to reign in the problem.

Quacks proliferate for two main reasons, explains Pulla. Firstly, India simply does not have enough physicians, at 0.7 doctors for every 1,000 people, compared with a World Health Organization recommendation of at least one doctor for every 1,000 people.
Secondly, they are popular with the public and local political leaders, especially in rural areas where they are often the only medical workers available.

But members of state medical councils say the damage caused by quacks is serious.

Anil Bansal, former chairman of the anti-quackery cell at Delhi Medical Council, said quacks overuse intravenous drugs because these fetch them higher fees from patients. Meanwhile G S Grewal, president of the Punjab Medical Council, attributes the high incidence of hepatitis C infections in Punjab to the unhygienic overuse of syringes by quacks.

But Bansal told The BMJ that efforts to bring these offenders to book “have been thwarted by inaction from the local police and the state government’s own anti-quackery cell.”

Meanwhile, P Venkateshwara Rao, the district medical and health officer of Hyderabad, Telangana, said the poor state of Indian public hospitals and the high cost of private hospitals forced poor patients to see quacks. As a result, he said, his office rarely received any complaints against unqualified practitioners.

But the critical gap in India’s public healthcare system has led many public health researchers to argue that quacks ought to be trained to supplement the government system, writes Pulla.

She spoke to Jishnu Das, lead economist at the development research group of the World Bank, who advocates a system of training unqualified doctors so that they can administer basic care to patients while referring patients with more difficult problems to qualified doctors.
Experiments in such training are already taking place in India, notes Pulla, and a few state governments too are considering training unqualified healthcare workers to improve rural healthcare.

Yet she points out that such programs have met stiff resistance from medical councils who argue that short training courses will only produce more quacks and that there is no replacement for studying medicine.

Others believe that although such ideas seem good in theory, it would be difficult, in practice, to ensure that unqualified medical practitioners stuck to their job description.

But Jishnu Das says that such opposition from doctors ignores the reality that there aren’t enough qualified practitioners in rural India. “What is the other option?” he asks, “If you shut down informal providers, you will shut down 80% of our medical workforce.”

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Note to Editors
Feature: Are India’s quacks the answer to its shortage of doctors?
http://www.bmj.com/cgi/doi/10.1136/bmj.i291

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