International Multidisciplinary Research Journal 2011, 1(7): 41-44
ISSN: 2231-6302
Available Online: http://irjs.info/

INTERNATIONAL MULTIDISCIPLINARY RESEARCH JOURNAL

IRMJ: Medicine Update

Non licensure practices in allopathy hospitals of Southern India - Infamous conduct

Dr. Balaji P.A. MD, PGDMLE (NLSIU) [1], *Dr. Syed Sadat Ali, MD,DHHM[1], Dr. Karthik S.K. MD[2], Dr. Jayaprakash G. MD[3], Dr. Mohan V.J.[4]

[1]*Assistant Professor, Dept of Physiology, Dr. B.R. Ambedkar Medical College, Kadugondana Halli, Bangalore – 45, India*
[2]*Assistant professor, Dept. of Forensic Medicine, Dr. B.R. Ambedkar Medical College, Kadugondana Halli, Bangalore - 45, India*
[3]*Professor of Forensic Medicine, Dr. B.R. Ambedkar Medical College, Kadugondana Halli, Bangalore - 45, India*
[4]*Postgraduate, Dept. of Forensic Medicine, DR. B.R. Ambedkar Medical college, Kadugondana Halli, Bangalore -45, India*

Abstract

Health is a basic and primary need of a human being. With increase in population the health needs of the people are on rise but in many cases they are inadequately met. To maintain health in India different systems of medicine such as allopathy, homoeopathy, ayurveda, siddha, unani, etc are practiced. Indian law states that, a person trained and registered under a particular system of medicine should practice only that system and not the alternate system. But in recent times non-allopaths who are not licensed to practice have started practicing allopathy which is infamous conduct. [1] A survey was carried out in 40 allopathy nursing homes at bengaluru city. We found that on an average only 18 [12.41 %] of the duty doctors in the wards and casualty were holding medical degrees in MBBS and a maximum number 116 [87.59 %] were Ayurveda, homeopathic and unani degree holders and only 170 [34.94 %] of the nurses were qualified while maximum 280 [65.05%] were unqualified (meaning they had no degrees of any kind and they were just given some informal training in the hospital). In spite of presence of qualified consultants, this type of non licensure practice may hinder the quality of medical services.

Keywords: Infamous conduct, Non licensure practice, Allopathy, Indian system of medicine

Abbreviations Used: MBBS: Bachelor of medicine and Bachelor of surgery, BHMS: Bachelor of homeopathic medical sciences, BAMS: Bachelor of ayurvedic medical sciences, BUMS: Bachelor of unani medical sciences, BNYS: Bachelor of naturopathy and yogic sciences

INTRODUCTION

Medicine and law have always been related to each other from ancient times. Non licensure practice raises many medical and ethical issues for the law, community and the medical profession.[1] The Medical Council of India, with the previous approval of the Central Govt. has made detailed regulations relating to the professional conduct, Etiquette and Ethics for registered medical practitioners and these have been published in the Gazette of India dated 06 April 2002 (part III – Section 4) and are in force from the said date. [2] Further as per Karnataka private medical establishments act, 2007, all private medical establishments should be adequately staffed with qualified doctors, qualified and trained paramedical personnel. [3]

Infamous conduct

As per Medical Council of Indian Amendment Act No.24 of 1964, the council has specified a warning notice that violation of this code shall constitute “Infamous conduct in a professional sense” that is, it will be professional misconduct. It is defined as that conduct which is considered as reasonably disgraceful or dishonorable by the professional brethren of good repute and competency. Association with unqualified or unregistered/non licensed assistant is one of the professional misconduct as said in the above law. [2] In case of professional misconduct, the MCI will conduct an enquiry and if charges has been proved the council vote again and decide whether the name of the practioner should be removed from the register (penal erasure) or he should be warned, not to repeat the offence. Penal erasure is also called as the professional death sentence. The main cause for erasure is serious professional misconduct. [4]

In recent trend of medical practice, we come across few judgments from honorable courts regarding the matter of Non licensure practice. [5, 6, 7, 8, 9] This brings us to notice that infamous conduct is being carried out by many non-allopaths. At present many ayurvedic, homeopathic, unani doctors are getting employed in allopathy hospitals. Non licensed people are employed as nursing staff in hospitals with informal training. E.g; Permanent injury to sciatic nerve during intramuscular injection in the gluteal region by an unqualified nursing staff employed in a hospital. [10]

This can be assumed because of irregularities shown by regulatory bodies to inspect and verify the staff’s eligibility, qualifications and capabilities on a regular basis. We can also assume that there is less awareness of the medical law/ethics among the hospital staff and the patients. Very few studies have

Received: September 10, 2011; Revised: September 30, 2011; Accepted: September 30, 2011

*Corresponding Author

Dr. Syed Sadat Ali
Assistant Professor, Dept of Physiology, Dr. B R Ambedkar Medical College, Kadugondana Halli, Bangalore - 45, India

Tel: +91 9964318714 (Mob)
Email: drsadatali@gmail.com

been done on this view. Hence, an attempt has been made to survey nursing homes with regard to Non licensure practice.

METHODOLOGY:

In this study about 40 allopathy hospitals were visited in Bangalore city, south India during March 2011 - September 2011. The basic facilities like casualty, consultations, in patient admission, laboratory investigations were available in these hospitals. The bed strength ranged from 10-60 in these hospitals. The details about the nursing homes regarding its location, bed strength and staff pattern were enquired and entered in respective Performa. Staff pattern included the number of staffs under different categories such as specialist /consultants, duty doctors and nurses. Personal details of each staff member were obtained. The data was analyzed using simple statistical methods – measures of central tendency.

RESULTS

Table 1 indicates the staff pattern and bed strength in hospitals.

Table 2 indicates that eighteen hospitals had single MBBS graduate as duty doctor and rest of the hospitals did not have MBBS doctor as duty doctor.

Number of hospitals employed: Two BAMS doctors= 14, Single BAMS doctor= 26.

Number of hospitals employed: Two BHMS doctors=6, Single BHMS doctor=30.

Number of hospitals employed: Two BUMS doctors=6, Single BUMS doctor=14.

Number of hospitals employed: Single BNYS doctor=2.

Table 3 indicates the number of hospitals employed:

Nine unqualified nurses =6, Eight unqualified nurses =10

Seven unqualified nurses =8 Six unqualified nurses = 12

Five unqualified nurses =2 Four unqualified nurses =2.

All consultants had allopathic qualifications.

Table 4 indicates that only 18 [12.41 %] of the duty doctors in the wards and casualty were holding medical degrees in MBBS and a maximum number 116 [87.59 %] were Ayurveda, homeopathic and unani degree holders and among nurses only 170 [34.94 %] of the nurses were qualified while maximum 280 [65.05%] were non licensed.

Table 1: Staff pattern and bed strength of the hospitals

Characters	Number of hospitals	%
Number of consultants		
0-5	26	65
6-10	10	25
11-15	4	10
Number of duty doctors		
1	Nil	0
2	2	5
3	28	70
4	6	15
5	4	10
Number of Nurses		
0-3	Nil	0
6-10	10	25
11-15	30	75
Number of beds		
10-20	12	30
21-30	6	15
31-40	10	25
41-50	10	25
51-60	2	5

Table 2: Number of hospitals employing duty doctors

Qualification	Number of Hospitals		
	0	1	2
#			
MBBS	22	18	0
BAMS	0	26	14
BHMS	4	10	6
BUMS	24	14	6
BNYS	38	2	0

= Number of Doctors

Table 3: Number of hospitals employing nurses

Qualification	Number of Hospitals									
	0	1	2	3	4	5	6	7	8	9
*										
GNM	2	10	10	16	2	0	0	0	0	0
CERTIFICATE	4	10	18	8	0	0	0	0	0	0
BSc. NURS	30	6	4	0	0	0	0	0	0	0
MSc. NURS	40	0	0	0	0	0	0	0	0	0
UNQUALIFIED	0	0	0	0	2	2	12	8	10	6
GNM	2	10	10	16	2	0	0	0	0	0

* = Number of nurses

Table 4: Distribution of staff in studied hospitals

	Qualification	%
Duty doctors	MBBS	12.41
	Others (BAMS, BHMS,BUMS, BNYS)	87.59
Nurses	Licensed Nurses	34.94
	Non licensed nurses	65.05

DISCUSSION

The present study has shown that in the recent medical practice, cross practice is occurring at a large scale and there is association with unqualified or non licensed assistants (nurses) in nursing homes.

A comparative study conducted by Krishna D Rao & et al., in the state of Chhattisgarh between July and September 2009 between medical Officers [MBBS] and non physician clinicians [include AYUSH doctors, Rural Medical Assistants (RMA) and paramedical health workers (pharmacists and nurses)] has shown that non-physicians are increasing as a preferable means of delivering primary health services in a cost effective manner in rural setup where there is scarcity of physicians. Similar findings are found in sub-Saharan Africa. [11]

Another multimethod comparative case study conducted by Virginia Aita & et al, found that Practices are staffed with a range of clinical personnel including registered nurses, licensed practical nurses, certified medical assistants and trained and untrained medical assistants. Each of these has specific educational preparation that potentially qualifies them for different patient care roles; however, staff roles were determined primarily by local needs and physician expectations rather than by education, training, or licensure. Still, the overall majority of practices used non-nursing personnel as the predominant patient care staff. [12]

In a study conducted by Mc Quilkin DJ has shown that nursing require “independent knowledge synthesis, skill and judgment that only licensed personnel can provide”. Managing risk and patient safety, as well as maximizing provider productivity require these skills. [13]

Further our study findings has been supported by referring to various judgments by honorable courts which simulate the tip of iceberg and it indicates that a large number of cases regarding professional misconduct may still be hidden and un noticed in the society. The case which originated from Bombay, involved a homeopathic doctor who treated a patient with allopathic medicine, and when the patient deteriorated, transferred him to a nursing home, where he died. The consumer courts consulted medical experts and came to the conclusion that there was no negligence involved in the treatment. However, a supreme court bench consisting of two judges ruled that the cross practice per se violated the Indian medical council act and not only attracted imprisonment, fine or both, but also constituted medical negligence. They awarded a compensation of Rs.300, 000 and costs of Rs.30, 000. [14]

Yet in another case between Poonam Verma vs Ashwin Patel, the Supreme Court of India has directed that, a person trained and registered under a particular system of medicine should practice only that particular system or pathy. He cannot practice any alternate system as he does not possess the requisite training, skills and qualifications in it, neither can he be registered under the alternate medical council. In other words “cross practice” is not permitted. [15]

LIMITATIONS

1. The number of hospitals surveyed were less and no corporate hospital was involved.
2. Hospitals of rural setup were not involved.

CONCLUSIONS:

1. Currently many of the allopathy hospitals are encouraging cross practice.
2. They are employing unqualified/ non licensed staff as nurses and assistants.
3. Both the above acts constitute as infamous conduct and may hinder the quality of medical services.

RECOMMENDATIONS

1. There should be strict vigilance of the qualifications of the medical staff in all hospitals by regulatory bodies and if found with infamous conduct disciplinary action should be taken as per law.
2. To develop a system based on both modern and traditional methods together in its teaching, training, treatment, research and national implementation which could bridge the existing gap between different disciplines of medicine.
3. Future research:
   If the study is carried out at larger scale involving hospitals in different states, it may provide health authorities the magnitude of Non licensure practice in our country.

Acknowledgements: Our special thanks to Dr. Stanley John, Principal, Dr. B R Ambedkar Medical College, Bengaluru for his continuous support and feedback during the course of study.

REFERENCES

[1] Prateek R. Raghavendra Babu YP, Animesh J, Shilpi R. Cross practice: a dilemma. Journal of South India Medicolegal Association 2011; 3:34-35.

[2] http//www.forensicindia.com/icfmt/web/vol1no1/ethics.htm june 30 2011.

[3] The Karnataka medical establishment act, 2007. http//dp.kar. nic.in/ pdf-files/21 of 2007(E).

[4] Narayan Reddy K S. The essentials of Forensic Medicine and Toxicology 29 th Edn. Hyderabad: K. Suguna Devi Publisher, 2010, P - 22.

[5] Url:http//www.expresshealthcaremgmt.com/20020815/legal1. shtml. June 14 2011.

[6] Shenoy GN. Non-allopaths can practice allopathy if they hold the declaration stating so. URL:http://www.expresshealth caremgmt.com/20030831/legalities01.shtml.

[7] Url:http//medind.nic.in/jab/t02/i4/jabt02i4p271.pdf

[8] Drugs and cosmetic act 1940 Url:http//medind.nic.in/jab/ t02/i4/jabt02i4p271.pdf

[9] A Lal. Pharmaceutical Drug Promotion: How it is being practiced in India? JAPI, Vol. 49 Feb 2001.

[10] http//e-medical practices.com/nurse-malpractice.june 30, 2011.

[11] Krishna D Rao, Saujanya K, Neha K, Puni K, Aarushi B and Garima G. Which doctor for primary health care? Report on Assessment of primary health care providers in Chhattisgarh, India. Public health foundation of India and National rural health mission. June 2010.

[12] Virginia Aita & etal. Patient Care Staffing Patterns and Roles in Community-Based Family Practices. J Fam Pract 2001; 50:889.

[13] Mc Quilkin D J, Risk management and profitability through practice staffing with licensed clinical personnel. ACMPE, Oct 2007.www/kmgma.org/source/acmpestudygroup/week9/practicestaffing.pdf.august 1st 2011.

[14] Jesani A. Cross practice at the cross roads. Issues Med Ethics 1996:4:103

[15] Kaushal AK. Medical negligence and legal remedies. 2nd Ed. New Delhi: Universal Law Publishing Co. Pvt. Ltd., 2001.p.147.