



MCI circular on generic medicine impractical

Dr Gopal Dabade

The Medical Council of India (MCI), a statutory body that registers and regulates the medical doctors in order to protect and promote the health and safety of the public, issued a circular dated April 21 that all doctors should prescribe medicines in generic only as far as possible and if a doctor violates the same, then suitable disciplinary action would be undertaken by the MCI.

It is to be noted that MCI itself is embroiled in huge corruption and controversial charges. Hence, this circular really did not attract much attention. Subsequently, the news did create a flutter when the prime minister issued a statement just few days prior to the MCI circular at a public event in Surat that the government may bring in legal framework so that doctors prescribe in generics only.

This triggered a series of actions wherein the associations of allopathic doctors, drug manufacturers and chemists ganged-up stating that the circular was impractical because "we cannot assure quality of a drug if prescribed in generics".

The medical profession is also of the

strong view that the judgement to choose a drug vests exclusively with the doctor and this is their right. This means that for 'quality drugs' there should be brand names but alas, this has no scientific basis at all. On the contrary, there are studies that have proved beyond doubt that brand names have nothing to do with the quality of the medicines.

A recent study titled "National Drug Survey 2014-2016" by the National Institute of Biologicals, under Ministry of Health and Family Welfare, Government of India, has proved it. The report is based on the results of a survey in which 47,954 samples of drugs were tested across the country revealing that only 13 samples (that is 0.024%) were spurious and as many as 1,850 samples (that is 3.16%) were not of quality.

Interestingly, this report is on their website and makes it clear that even internationally renowned drug manufacturers can produce drugs that are not of quality. For example, the report highlights that Pfizer's 56.52% were Not of Standard Quality (NSQ).

This multinational drug company is the world's biggest company with its head-



quarters in New York with revenue of \$53 billion. Similarly, Cipla, an Indian generic company revealed that 3.51% of their drugs were of NSQ.

This company has revenue of \$1.6 billion and is one among the top in India. The report also presents that 10% of drugs are substandard in government pharmacies, whereas 3% in retail outlets. Thus, the biggest global and the big one in India are all involved in manufacturing medicines which are questionable in nature.

The only real solution for getting rid of

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such medicines from the market is that they should be periodically tested by reputed drug laboratories. Such of those manufacturers found to be manufacturing spurious or drugs not of quality should be heavily penalised. All this is part of good governance and no doctor can ever say anything about a drug's quality.

This highlights that the practising physician is not able to identify if a drug is of good quality or not. It needs a good and reputed 'drug testing laboratory' that can pinpoint if a drug is of quality or not. Most doctors would shun this and insist that "in my last several years of experience, I find that only this particular brand has effective action". Unfortunately, such a statement has no scientific validity.

But what the medical and other bodies failed to notice was that none of the drug companies in India manufacture drugs in generic name. So even if a doctor takes initiative and prescribes medicines in generic name, the chemist will have no choice but to say 'no'. So, the circular by the MCI for all its purpose is impractical.

The core issue is that medicines have to be made available at affordable cost to the consumer. This undoubtedly needs that

medicines should be made available in generics. But that is just one important step and should include among its fold a comprehensive list of essential drugs that is updated regularly.

Also, removing from the market irrational and unscientific medicines that constitute at least around 65% of the market as per government's own assessment and strengthening of the public sector.

Also, irrational and unscientific medicines that constitute at least around 65% of the market as per government's own assessment should be removed from the market while strengthening the public sector. And above all, there needs to be in place an effective drug price regulation mechanism that is cost-based rather than on the average.

Affordable healthcare

It is unquestionably the priority of the government to make healthcare affordable. More so because the National Health Policy 2017 mentions that 63 million people in India are pushed into poverty due to out-of-pocket expenditure and shockingly the cost of the medicines is a major contributing factor.

The current circular by the MCI puts the entire onus on the prescribing doctors instead of looking at the issue holistically. It is this piecemeal approach by the government that often does more harm to issues that are beyond doubt useful tools for public health.

Let us not forget that in India, the 1975 Hathi Committee had recommended that all brand names in the market should be removed in a phased manner and only generic drugs should be manufactured. The World Health Organisation (WHO) advocates the use of generic medicines as a part of strategy for access to universal healthcare.

India exports generic medicines to around 200 countries including the USA and European countries. Medical students are taught about medicines in generic name only all over the world.

People definitely need healthcare at affordable cost and generic medicines are undoubtedly an important component, however much it may be opposed by the profit-making industries and other lobbies. Is the government listening?

(The writer is president, Drug Action Forum — Karnataka)

Supreme Court sets aside order on PG medical seats in AMU, BHU

Says that Allahabad High Court overstepped its jurisdiction

LEGAL CORRESPONDENT
NEW DELHI

Noting that the Allahabad High Court "overstepped" its jurisdiction, the Supreme Court on Wednesday set aside the High Court's decision to remove the 50% institutional quota for admission to postgraduate medical courses in Aligarh Muslim University (AMU) and Banaras Hindu University (BHU).

A Bench of Justices Ashok Bhushan and Deepak Gupta further extended the time for filling the seats till June 12.

"The High Court did not take into consideration the fact that the State [Uttar Pradesh] had no power to control admission to these universities. Therefore, we

are clearly of the view that the High Court overstepped its jurisdiction and the order of the High Court is erroneous and is liable to be set aside," the court decided in a 21-page judgment.

The court said the issue of the 50% reservation of seats was not before the High Court when it passed order on May 29. The Bench also found that AMU, BHU, Medical Council of India (MCI) and the Union of India were also not parties before the High Court.

The court held that in Central universities 100% admissions to MBBS course are based on all-India examination. There is no State quota for seats in Central universities like the AMU and the

BHU or other Central institutions like the All India Institute of Medical Sciences (AIIMS).

"These seats have to be filled up on the basis of merit and institutional preference could be given to the extent permissible, i.e., 50% , as has been held by a catena of decisions including the Constitution Bench judgment of this court in the case of Saurabh Chaudri," the court observed.

Incentive marks

The court also set aside the direction of the High Court denying incentive marks to MBBS doctors who had served in remote and difficult areas even though they had cleared their MBBS examination from outside Uttar Pradesh.

NEET result delay: Medical aspirants considering other

With counselling for engineering courses set to begin soon, students plan to take up the course, but are wary of not getting a refund if they op

EXPRESS NEWS SERVICE
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THE delay in announcement of National Eligibility cum Entrance Test (NEET) 2017 results has forced medical and dental seat aspirants to opt for other courses including Engineering and BSc.

As per the original schedule announced by the Central Board for Secondary Education (CBSE), the agency to conduct NEET, the results were supposed to be an-

nounced on Wednesday. But, there is no official communication from CBSE authorities about result date so far. However, CBSE sources say the results will be delayed by 15 days.

While the Madras High Court has issued a stay against announcing the results, petitions have also been filed at the Gujarat and Madurai court about the same issue.

The impact of this delay in results will be on students aspiring for medical and dental seats. As

the Karnataka Examinations Authority (KEA) and Consortium of Medical Engineering and Dental Colleges of Karnataka (COMEDK) have scheduled their counselling dates, students have no other option but to opt for engineering seats.

The students say they do not have a problem with joining an engineering course, but the issue is about engineering colleges refusing the refund the fees paid by them when they opt for a medical or dental course.

"There were many such incidents during NEET 2016. Even last year, the counselling for engineering courses started much before medical and dental courses and students opted engineering seats. But, after getting medical or dental seats, they surrendered engineering seats. But, colleges

Q As the results have not been announced, I have applied for BSc. I don't want to waste my rank in NEET, I will have to waste it.

Yashi C N, A student aspiring for a me

NEET result delay: Medical aspirants considering other

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"There were many such incidents during NEET 2016. Even last year, the counselling for engineering courses started much before medical and dental courses and students opted engineering seats. But, after getting medical or dental seats, they surrendered engineering seats. But, colleges

did not refund the fees in most cases," said a senior COMEDK official.

As per the announced schedule, COMEDK and KEA will begin option entry of engineering courses from June 09 and June 14 respectively.

Though both the authorities

wanted to postpone counselling for engineering seats.

"We cannot do it. As per a Supreme Court direction, admission for engineering courses must be completed by July 31 and in case of Medical and Dental it is August 31. If we delay counselling, we cannot meet the deadline," explained a COMEDK official.

Yashu C N, a medical seat aspirant said, "As the results have not been announced yet, I have taken an application for BSc. I

don't want to take a risk because if I get a lesser rank in NEET, I will have to waste one year."

Another student said, "To be on the safer side, I have decided to opt for an engineering and veterinary science through CET. By the time they declare NEET results, I think the counselling for other courses would be over."

Students say engineering colleges should consider refund the fee of those students who opt for medical seats after NEET results are announced.



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ನಗದು ರೂಪದಲ್ಲಿ ವಿವಿ ಶುಲ್ಕ ಬೇಡವೆಂದ ಕೇಂದ್ರ

ನವದೆಹಲಿ: ಡಿಜಿಟಲ್ ಹಣಕಾಸು ವ್ಯವಹಾರವನ್ನು ಉತ್ತೇಜಿಸುವ ನಿಟ್ಟಿನಲ್ಲಿ ಮತ್ತೊಂದು ಹೆಜ್ಜೆ ಮುಂದಿಟ್ಟಿರುವ ಕೇಂದ್ರ ಸರ್ಕಾರವು ದೇಶದ ಎಲ್ಲ ವಿಶ್ವವಿದ್ಯಾಲಯ ಹಾಗೂ ಉನ್ನತ ಶಿಕ್ಷಣ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ನಗದು ರೂಪದಲ್ಲಿ ಪ್ರವೇಶ

» **ಯುಜಿಸಿಗೆ** ಶುಲ್ಕ ಪಾವತಿಸಲು ಅನುಮತಿಸದಂತೆ
ಎಚ್‌ಆರ್‌ಡಿ ನಿರ್ದೇಶಿಸಿದೆ. ಉನ್ನತ ಶಿಕ್ಷಣ ಸಂಸ್ಥೆಗಳು
ಸೂಚನೆ ವಿತ್ತೀಯ ವ್ಯವಹಾರವನ್ನು ಡಿಜಿಟಲ್
ಮಾದರಿಯಲ್ಲಿ ನಡೆಸಲು ಸೂಚಿಸುವಂತೆ

ವಿಶ್ವವಿದ್ಯಾಲಯ ಧನಸಹಾಯ ವೇತನ ಆಯೋಗಕ್ಕೆ (ಯುಜಿಸಿ) ಮಾನವ ಸಂಪನ್ಮೂಲ ಅಭಿವೃದ್ಧಿ ಸಚಿವಾಲಯ ತಿಳಿಸಿದೆ. 'ಶಿಕ್ಷಣ ಸಂಸ್ಥೆಯ ಎಲ್ಲಾ ಆರ್ಥಿಕ ಚಟುವಟಿಕೆಗಳನ್ನು ಆನ್‌ಲೈನ್ ಅಥವಾ ಡಿಜಿಟಲ್ ತಂತ್ರಜ್ಞಾನದ ಮೂಲಕ ಕೈಗೊಳ್ಳುವಂತೆ ತಿಳಿಸಲಾಗಿದೆ' ಎಂದು ವಿವಿ ಮುಖ್ಯಸ್ಥರೊಬ್ಬರು ತಿಳಿಸಿದ್ದಾರೆ.

ಹಾಸ್ಟೆಲ್ ಶುಲ್ಕ, ಕ್ಯಾಂಟೀನ್, ಕಾಲೇಜು ಕ್ಯಾಂಪಸ್ ಗಳಲ್ಲಿರುವ ಉದ್ಯಮಗಳಲ್ಲಿ ಭೀಮ್ ಆಪ್ ಮೂಲಕ ಆರ್ಥಿಕ ಚಟುವಟಿಕೆ ಕೈಗೊಳ್ಳುವಂತೆ ಸೂಚಿಸಲಾಗಿದೆ. ನೋಡಲ್ ಅಧಿಕಾರಿ ನೇಮಿಸಿ, ಮಾಸಿಕ ವರದಿಯನ್ನು ಯುಜಿಸಿಗೆ ರವಾನಿಸುವಂತೆಯೂ ಸೂಚಿಸಲಾಗಿದೆ. -ಪಿಟಿಐ

ಗ್ರಾಮೀಣ ವೈದ್ಯ ಸೇವೆ ಕಡ್ಡಾಯ

- ಸರ್ಕಾರಿ ಕೋಟಾ ಸೀಟು ಪಡೆದರೆ ಅನ್ವಯ
- ರಾಜ್ಯ ಸಂಪುಟ ಸಭೆಯಲ್ಲಿ ಹಸಿರು ನಿಶಾನೆ

ಬೆಂಗಳೂರು: ರಾಜ್ಯದ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳಲ್ಲಿ ಎಂಬಿಬಿಎಸ್ ಪೂರ್ಣಗೊಳಿಸಿದ ಎಲ್ಲಾ ಅಭ್ಯರ್ಥಿಗಳು ಗ್ರಾಮೀಣ ಸೇವೆ ಸಲ್ಲಿಸುವುದನ್ನು ಕಡ್ಡಾಯಗೊಳಿಸಿ ಕೈಸುಟ್ಟುಕೊಂಡಿದ್ದ ರಾಜ್ಯ ಸರ್ಕಾರ ಇದೀಗ, ಸರ್ಕಾರಿ ಕೋಟಾದಡಿ ವೈದ್ಯಕೀಯ ಕೋರ್ಸ್ ಪೂರ್ಣಗೊಳಿಸಿರುವ ರಾಜ್ಯದ ಅಭ್ಯರ್ಥಿಗಳಿಗೆ ಗ್ರಾಮೀಣ ಸೇವೆ ಕಡ್ಡಾಯಗೊಳಿಸಲು ನಿರ್ಧರಿಸಿದೆ.

ಅದಕ್ಕಾಗಿ 2012ರಲ್ಲಿ ಕರ್ನಾಟಕ ವೈದ್ಯಕೀಯ ಕೋರ್ಸ್‌ಗಳ ಪೂರ್ಣಗೊಳಿಸಿದ ಅಭ್ಯರ್ಥಿಗಳ ಕಡ್ಡಾಯ ಸೇವೆ ವಿಧೇಯಕಕ್ಕೆ ತಿದ್ದುಪಡಿ ತರಲು ಸಂಪುಟ ಸಭೆಯಲ್ಲಿ ನಿರ್ಧರಿಸಲಾಗಿದೆ. ಸರ್ಕಾರಿ ಕೋಟಾದಡಿ ಕೋರ್ಸ್ ಮುಗಿಸಿದ ರಾಜ್ಯದ ಅಭ್ಯರ್ಥಿಗಳು ಒಂದು ವರ್ಷ ಗ್ರಾಮೀಣ ಸೇವೆ ಪೂರ್ಣಗೊಳಿಸುವವರೆಗೂ ಅವರಿಗೆ ಬಿಡುಗಡೆ ಪತ್ರ ನೀಡದಿರಲು ತೀರ್ಮಾನಿಸಿದೆ.

ಸರ್ಕಾರಿ ಕೋಟಾದಲ್ಲಿ ವೈದ್ಯಕೀಯ ಪಡೆದವರು ಸರ್ಕಾರಕ್ಕೆ ದಂಡಪಾವತಿಸಿ ಖಾಸಗಿಯಾಗಿ ಉದ್ಯೋಗಕ್ಕೆ ಹೋಗಬಹುದು ಎಂಬ ನಿಯಮ ಹಿಂದೆ ಇತ್ತು. ಆದರೆ, ಸರ್ಕಾರದ ಎಲ್ಲಾ ನೆರವು ಪಡೆದರೂ ಅಭ್ಯರ್ಥಿಗಳು ದಂಡ ಪಾವತಿಸಿ ಸರ್ಕಾರಿ ಉದ್ಯೋಗಕ್ಕೆ ಸೇರದಿರುವ ಕಾರಣ ಗ್ರಾಮೀಣ ಪ್ರದೇಶದ ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳಲ್ಲಿ ವೈದ್ಯರ ಕೊರತೆ ಕಂಡುಬಂತು. ಇದನ್ನು ಬಗೆಹರಿಸಲು 2012ರಲ್ಲಿ ಕಾಯ್ದೆ ತಿದ್ದುಪಡಿ ಮಾಡಿದ್ದ ಸರ್ಕಾರ ರಾಜ್ಯದಲ್ಲಿ ಎಂಬಿಬಿಎಸ್ ಪೂರ್ಣಗೊಳಿಸಿದ ಅಭ್ಯರ್ಥಿಗಳು

ಬಾರ್‌ಗಾಗಿ ಹೋದ ಹೆದ್ದಾರಿ ಸ್ಥಾನಮಾನ

ರಾಷ್ಟ್ರೀಯ ಹೆದ್ದಾರಿಗಳ 500 ಮೀಟರ್ ವ್ಯಾಪ್ತಿಯಲ್ಲಿನ ಬಾರ್‌ಗಳನ್ನು ರಕ್ಷಿಸಲು ರಾಜ್ಯ ಸರ್ಕಾರ ಮಾಸ್ಟರ್ ಪ್ಲಾನ್ ಮಾಡಿದ್ದು, ನಗರ ಪ್ರದೇಶ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಬರುವ ರಾಷ್ಟ್ರೀಯ ಹೆದ್ದಾರಿಗಳನ್ನು ಡಿಮೋಲಿಷನ್ ಮಾಡಿ ನಗರದ ಸ್ವೀಕೃತ ರಸ್ತೆಗಳನ್ನಾಗಿ ಪರಿವರ್ತಿಸುವಂತೆ ಕೇಂದ್ರ ಸರ್ಕಾರಕ್ಕೆ ಶಿಫಾರಸ್ಸು ಮಾಡಲು ತೀರ್ಮಾನಿಸಿದೆ. > ವಿವರ: 13

ಗ್ರಾಮೀಣ ಸೇವೆ ಮಾಡುವುದನ್ನು ಕಡ್ಡಾಯಗೊಳಿಸಿತ್ತು. ಗಮನಾರ್ಹವೆಂದರೆ ಇದಕ್ಕೆ ಆಕ್ಷೇಪ ವ್ಯಕ್ತಪಡಿಸಿದ್ದ ಹೊರ ರಾಜ್ಯದ ವಿದ್ಯಾರ್ಥಿಗಳು ಹೈಕೋರ್ಟ್ ಮೆಟ್ಟಿಲೇರಿದ್ದರು. ಸರ್ಕಾರದ ಆದೇಶಕ್ಕೆ ಹೈಕೋರ್ಟ್ ತಡೆಯಾಜ್ಞೆ ನೀಡಿದೆ.

ಇದರಿಂದ ಎಚ್ಚೆತ್ತ ರಾಜ್ಯ ಸರ್ಕಾರ ಇದೀಗ 2012ರ ಕಾಯ್ದೆಗೆ ತಿದ್ದುಪಡಿ ಮಾಡಿ ಕರ್ನಾಟಕದ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಮಾತ್ರ ಸೇವೆ ಕಡ್ಡಾಯಗೊಳಿಸಲು ಮುಂದಾಗಿದೆ.

ಈ ಕಾಯ್ದೆ ಜಾರಿಗೆ ಬಂದರೆ ಗ್ರಾಮೀಣ ಪ್ರದೇಶದಲ್ಲಿ ವೈದ್ಯರ ಕೊರತೆ ನೀಗಿದಂತಾಗುತ್ತದೆ ಎನ್ನುವುದು ಸರ್ಕಾರದ ಲೆಕ್ಕಾಚಾರ. ಈ ಕುರಿತು ಇದೇ ಅಧಿವೇಶನದಲ್ಲಿ ಕಾನೂನು

ತಿದ್ದುಪಡಿ ತರಲು ಬುಧವಾರ ಮುಖ್ಯಮಂತ್ರಿ ಸಿದ್ದರಾಮಯ್ಯ ನೇತೃತ್ವದಲ್ಲಿ ನಡೆದ ಸಚಿವ ಸಂಪುಟ ಸಭೆಯಲ್ಲಿ ತೀರ್ಮಾನಿಸಲಾಗಿದೆ ಎಂದು ಮೂಲಗಳು ತಿಳಿಸಿವೆ.

ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ರಕ್ಷಣೆ ಅಡಿಯಲ್ಲಿ ಎಲ್ಲ ಆರೋಗ್ಯ ಯೋಜನೆಗಳನ್ನು ಒಂದೇ ಸೂರಿನಡಿ ತಂದು ಆರೋಗ್ಯ ಇಲಾಖೆಯ ಮೂಲಕ ಜಾರಿಗೊಳಿಸುವ ಕುರಿತು ಕೇಂದ್ರ ಸರ್ಕಾರಕ್ಕೆ ಪ್ರಸ್ತಾವನೆ ಸಲ್ಲಿಸಲು ಸಂಪುಟ ಒಪ್ಪಿಗೆ ನೀಡಿದೆ. ಇದಕ್ಕೆ ಕೇಂದ್ರ ಮತ್ತು ರಾಜ್ಯ ಸರ್ಕಾರ 60:40 ರ ಅನುಪಾತದಲ್ಲಿ ಅನುದಾನ ನೀಡುತ್ತಿವೆ.

ಕೇಂದ್ರ ಸರ್ಕಾರ 380 ಕೋಟಿ ರೂ. ಮತ್ತು ರಾಜ್ಯ ಸರ್ಕಾರ 250 ಕೋಟಿ ರೂ. ಒದಗಿಸುತ್ತಿದೆ.

ಇದಲ್ಲದೇ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳ ನಿಯಂತ್ರಣಕ್ಕೆ ಕರ್ನಾಟಕ ಪ್ರೈವೇಟ್ ಮೆಡಿಕಲ್ ಎಸ್ಟಾಬ್ಲಿಷ್‌ಮೆಂಟ್ ಕಾಯ್ದೆಗೆ ತಿದ್ದುಪಡಿ ತರಲು ನಿರ್ಧರಿಸಿರುವ ಸಂಪುಟ ಸಭೆ, ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ದೊರೆಯುವ ಸೇವೆಗೆ ದರ ನಿಗದಿ ಪಡಿಸಲು ಸರ್ಕಾರ ದಿಂದಲೇ ಸಮಿತಿ ರಚಿಸಲು ಮುಂದಾಗಿದೆ. ಆ ಸಮಿತಿ ನಿಗದಿಪಡಿಸುವ ದರವನ್ನು ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳು ರೋಗಿಗಳಿಂದ ಪಡೆಯಬೇಕು. ಈ ಬಗ್ಗೆ ಎಲ್ಲ ಆಸ್ಪತ್ರೆಗಳೂ ಕಡ್ಡಾಯವಾಗಿ ದರ ಪಟ್ಟಿಯನ್ನು ಪ್ರದರ್ಶನ ಗೊಳಿಸುವಂತೆ ಕಾನೂನು ತಿದ್ದುಪಡಿ ಮಾಡಲು ತೀರ್ಮಾನಿಸಿದ್ದು, ಇದೇ ಅಧಿವೇಶನದಲ್ಲಿ ವಿಧೇಯ ಮಂಡನೆ ಯಾಗುವ ಸಾಧ್ಯತೆ ಇದೆ.