INDIA’S RESPONSE TO PANDEMIC IMPEDED BY ACUTE SHORTAGE OF QUALIFIED DOCTORS: A CRITICAL ANALYSIS OF RELEVANT POLICIES

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ABSTRACT
The response to the Covid-19 pandemic in India was severely impeded by the lack of adequate number of doctors. Many lives, which could’ve been otherwise saved, were lost due to appalling shortage of health professionals in the country. The inadequacy in the number of government medical doctors in India results in unavailability of the medical treatment to 33% of the rural population and 26% of the urban population which solely depend on the public sector for their healthcare needs. AIIMS spends around Rs.1.7 Crore on producing one doctor, while charging Rs.1628 to the student. The dual toned objective behind such massive aids and grants is not only to provide subsidised medical education but also to graduate doctors who will serve the nation for when the time comes. All such students enrolling in government aided medical colleges are required by law to sign a bond agreement to join the state services and serve in any of the rural areas of the state for the minimum period as may be prescribed. However, that is hardly the case as most of them pay the bond amount and get off such obligation imposed thereupon.

This article aims to bring in force few legislative interferences through amendment and policy decisions to increase the number of government medical colleges in the country, bring uniformity in terms of the minimum service period nation-wide, make such minimum service period mandatory by removing the monetary clause in such agreements and make stringent compliance measures in place, so that no life is lost unattended.

INTRODUCTION
The first case of the Coronavirus, which is a family of viruses that causes a range of illnesses from the common cold to the Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS)-CoV, was reported in India on January 30, 2020.1 The viruses, which were communicable in nature, quickly swept across the entire nation and soon enough, by September 16, 2020 the daily cases touched 93,617 marking the peak of the first wave of the pandemic. The people who were inflected by this virus, were classified as Asymptomatic, Mild, and Severe. The people that are severely affected by the virus are usually people who were at high-risk category such as the elderly and those who have co-morbidities. These people require immediate medical assistance, failing which it could end up

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detrimental to their lives. The acute shortage of doctors in India resulted in deaths, which could’ve been averted if adequate number of qualified doctors would have been available to treat the said illness. India is one of the very few countries which spends a minuscule percentage of its GDP on public healthcare. “Pew Research Centre”, has estimated that the number of poors in India has doubled to 134 million from 60 million in just one year due to pandemic crisis,\(^2\) which means now a considerable share of the total population solely dependent on the state for its healthcare needs. With this state of affairs, the total number of MBBS graduates servicing to a population of 1.36 Billion falls far below the WHO recommendation of doctor-population ratio, hugely endangering the very survival of the citizens.\(^3\)

In addition to the inadequacy of doctors, is the reality of MBBS graduates, who have availed the aids and grants offered to governmentised medical colleges, in the form of subsidised fees and are required by law to sign a compulsory bond agreement to serve in any of the rural areas of the state, breaching such agreements and failing to do so.

The solution is to hedge against such exposure, through legislative amendments and policy changes by the government. India unquestionably needs more number of doctors, primarily. For this, the government needs to significantly scale up their public healthcare expenditure.

In the interim, the government needs to bring about policy changes to bring uniformity to the minimum service period for MBBS graduates under such bond. At present, the minimum service period and the bond amount vary from state to state, ranging on the low end from 1 year, all the way up to 5 years and from 1 lakh , all the way up to 1 crore, in case of breach, to free the students from adhering to the obligations arising out from the terms of such service bonds, while some states/union territories do not impose upon any such service bond.

In addition, the service bonds need’s to made compulsory by removing, from such agreements the monetary clause in case of breach of terms of the bond. This is because, more than half of the graduating MBBS students, simply pay the meagre bond amount and relieve themselves from fulfilling the obligations arising out of such bonds.\(^4\)

However true that such monetary clauses, indemnifies the government from the expenditure incurred on the education for such students, breaching the terms of the

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bond, the reality is that it takes 5.5 years and an additional year of internship to graduate one MBBS doctor\(^5\), before he or she could be licensed to practice medicine. Therefore, such monetary clauses, freeing the students from the obligations arising out of such service bonds is in fact detrimental to the objective behind such service bonds, which is to have a pool of qualified doctors at any given point of time to serve for the healthcare need's of the citizens of the country.

Finally, there needs to be stringency in the compliance measures for such service bonds, in as far as to increase compliance and reduce fallout.

**INADEQUACY OF GOVERNMENT MEDICAL COLLEGES**

At present, in India, there are 562 medical colleges, out of which 286 are government medical colleges and 276 are private medical colleges, offering a total of 84649 seats per year. The population of India is 1.36 Billion, which means India has just 7 doctors for every 10000 people. The value of public health expenditure by states and union territories together amounted to 1.58 trillion Indian rupees in 2018, which was just 1.28 per cent of the country’s GDP. In comparison, the United States budget outlaid 17 per cent of its GDP to public health expenditure during the same period.\(^6\) The problem as well as the solution is in plain sight, India has a dire shortage of doctors and the government has to bring about the equilibrium between demand and supply by increasing the number of medical colleges in the country, thereby also increasing the number of doctors, being directly proportionate. Prior to the onset of the coronavirus pandemic, these were just startling figures, which were rather alarming.

But now, the bell has rung, it’s time for India to work on war footing in combatting such deficiencies.

Now to answer the question as to how much more, drawing inference from the WHO recommendations on doctor-population ratio, which is 1:1000, we need in the very least 4 lakh more doctors. This cannot be achieved overnight, we would need to at the very least double the current number of government medical colleges. To achieve this objective, the government would need to increase its budget allocation for public healthcare expenditure by a significant margin.

In addition to the problem of inadequate number of government medical colleges, is the problem of emigration. We not only not have enough number of doctors, we aren’t even able to retain the those we already have. More than 1,00,000 doctors trained in India were employed overseas, with around half working in the U.S, followed by U.K, Canada and Australia, according to a study published by

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the WHO in 2008\textsuperscript{7}. The brain drain has only worsened ever since. The biggest contributor to such outflows is the wage differentials between the said countries, wherein if not for a significant increase in wages from the current levels, it’s unlikely to have any major impact. In view of this, the government should implement policy measures to slowdown and eventually reverse the outflow of doctors.

**LACK OF UNIFORMITY IN BOND POLICY**

There is lack of uniformity in the bond policy, wherein students are made to execute bonds with different amounts, students are allowed to undertake the course after having submitted undertakings and different conditions with regard to compulsory bonds prevail in different states. The Hon’ble Supreme Court took cognizance of this in its judgement in *Association Of Medical Super Specialty Aspirants And Residents & Ors. V Union Of India And Ors.* (2019) 8 SCC 607\textsuperscript{8} and had directed the Union of India and the Medical Council of India to have a uniform policy regarding compulsory service to be rendered by doctors. The Union of India constituted a committee in September 2019 to formulate a uniform policy on compulsory bonds and after deliberations with 19 state authorities, certain recommendations were made by the committee. However, the same has not been implemented till date and is pending consideration with the Central Government. The dire need for uniformity in bond policy cannot be stressed upon enough, as uniformity brings about clarity and in turn enables ease of execution and enforcement.

**NEED FOR REVIEW OF TERMS OF BOND AGREEMENT**

The compulsory bonds that are to be signed by the MBBS students taking admission on subsidised fees in government medical colleges, come with a clause in terms of such agreement wherein on payment of a stipulated amount, the said students would be freed from the obligations of the bond, in case of breach. The objective of such compulsory bonds is to join the State Services and serve in any of the rural areas of the state for a minimum period of time, which may vary from state to state, on competition of which the said bond is to become void.

However, this is hardly the case, most students pay the said bond amount and go on to join the high-paying private hospitals or go abroad to study further or in search of employment. The percentage of qualified doctors in rural settlements in India is as low as 18.8\textsubscript{9}, equating to 1 government doctor for every 10189 people\textsuperscript{9}. The plight is self-explanatory.

Government has to bring about policy changes in order to either completely remove the monetary clause in such bond agreements and call for strict compliance or increase the bond amount to a level wherein, it is economically

disadvantageous, not to comply with the obligations of the bond.

**NEED FOR STRINGENT COMPLAINCE MEASURES**

The need for stringency in compliance measures in place, ought to be provided for. Less than 50% of the MBBS graduates have applied for the compulsory bond service in the year 2020\(^\text{10}\). While the country is fighting a global pandemic on multiple fronts, the last of its concern should be whether or not, there are enough number of doctors to monitor the cure.

The compliance measures currently in place, are very lenient in their enforcement of the service bond. This has to be accounted for and the government needs to bring in policy changes and legislative amendments to ensure strict compliance with the obligations arising out of the terms of such bond agreements. It has been statistically proven that stringent laws pave way for better compliance and in the light of that, the government should address such shortfall on a more serious note, with the punishment for the breach of terms of such service bonds, ranging all the way up to the suspension of the medical license. The objective behind measures suggested is not to penalise doctors but to ensure the minimum medical treatment to the maximum numbers and specifically in the situations like pandemic.

**CONCLUSION**


The rapid spread of the Coronavirus pandemic has brought to light, key issues which needs to be immediately addressed by the government by legislative amendments and policy changes. There is a severe shortage of doctors in India, the doctor-patient population ratio in India is worse than countries like Pakistan, Algeria and Vietnam, the private medical institutes charge a hefty amount of fees which makes it almost impossible for a large number of aspiring and qualified students to join such institutions. Many countries like the US, UK and the United Arab Emirates were better equipped in tackling the pandemic because of their well-funded public health care system, which provided for an adequate number of doctors at immediate disposal to service to their citizens. It is the government that needs to step in and avert the very much possible disaster that could result in deaths of millions, if not acted upon immediately.

The Covid-19 pandemic made it the need of the hour for the government to work on war-footing in remedying such dire state of affairs. Not only does the government needs to build infrastructure by scaling up their public healthcare expenditure, to increase the capacity for the number of doctors that can graduate on a yearly basis but also have the added responsibility to retain the qualified ones that we already have because all said and done, medicines can cure diseases, but it is the doctors who can cure patients.

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