

Quacks And Rmp's: Game Changers In Public Health

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Abstract

The following paper is an attempt to look at the reality of the rural life as far as public health is concerned. The number of doctors are not sufficient enough to cater to the health need of such a huge population. Due to this reason certain quacks come forth and play with the lives of the innocent people usually in the rural area. The present paper attempts to look at the problem and also provide a solution for the same.

Keywords: Quacks, RMP'S, ANM, Health, Government Introduction

The population of India is approximately 131 crore out of which nearly 83.5 crore live in the villages situated in the northeast mountains of Ladakh to the remotest areas in the Thar desert. There are around 649481 villages in India as per the 2011 census. It is a Herculean task to provide medical facilities to such a huge population in the rural areas. According to the data provided by the Ministry of Health, Government of India, there are 24855 Primary Health Centres in the rural areas and 5190 Primary Health Centres in the urban areas. In all there are 30045 Primary Health Centres all across the country (as on 31.03.2019) and 29800 doctors providing their services in these Health Centres. The present infrastructure in Health Care is not sufficient to cater to the needs of the citizens living in the rural areas. This has given rise to the "Quacks" in the rural areas. As per the dictionary, Quacks are a fraudulent or ignorant pretender to Medical Skills. A person who pretends, professionally, to skill, knowledge, or qualification he or she does not possess. Since the people in the villages are not so educated to differentiate between a genuine doctor and a quack, they usually reach out to these quacks who are easily available to them. In a state like West Bengal, there are more than 1 lakh quacks being reported. Similarly, in the neighbouring states like Bihar, Jharkhand and Uttar Pradesh, one can find a huge number of quacks. One can easily find "Bengali Dawakhana's" in the villages of Uttar Pradesh and Bihar. A large population of the villages depend on these quacks for treatment. As time goes by, some of these quacks become so experienced that they also perform surgery and begin to act like obstetrician. Such quacks, if left without any regulations, can cause a large damage to

the rural society. So the question that arises here is that How can these people be regulated and can be used in a scientific and a proper way? The National Rural Health Mission of the Government of India has the answer to the above question.

National Rural Health Mission (NRHM):

According to the Government of India plan the rural Health Care Infrastructure is divided into three tier system.

- a. Sub Centre: It is the most peripheral structure (first tier) to provide Health facilities in the rural areas catering to an average population of 4000. It is managed by a minimum of one auxiliary nurse mid-wife (ANM)
- b. Primary Health Centre (PHC): It is the second tier of the rural Health Care System and this is the place where the rural population comes in contact of the Medical Officer.
- c. Community Health Centre (CHC): It is the third tier of the rural Health Care System. The CHC is a thirty-bedded centre with the Operation Theatre, Labour Room, X-ray Machine etc. with the specialized doctors and other paramedical staff.

As we have discussed earlier, there is a huge requirement of Sub Centres, PHC's and CHC's so the NRHM has planned certain supplementary strategies. One of such strategies is the regulation of private sector including the informal rural practitioners to insure the availability of quality services to the citizens by providing the Medical Education to support rural Health issues and to ensure Medical care and Medical ethics. Keeping the above regulation/strategy in mind an Accredited Social Health Activist (ASHA) has been developed. Presently only the females are being allowed and trained as ASHA. The role of the ASHA is to act between the sub centre/ ANM and the villagers. These ASHA workers are in the direct control of village panchayat and ANM and compensated on the basis of their performance. Basically, they are the volunteers who provide their services in the villages to facilitate Medical facilities like vaccination, polio eradication and eradication of other communicable diseases. Since the strategy focuses mainly on the child-birth, its vaccination and the complications involved with the mother and the child during the delivery of the child, the other general problems related to health such as flu, diarrhoea, fever etc. are not taken care of. These related health issues which are not taken care of by the ASHA workers/sub-centre are finally attended by the quacks. The other important issue as far as the ASHA worker is concerned is that they are largely female workers taking care of the health

related issues of children and women only, thereby, neglecting the male members of the village. The large number of quacks present in the rural areas all across the country providing Medical services to a large population can be very useful if they are also developed as “male Accredited Social Health Activist” (male ASHA). The quacks once become an ASHA (male/female) worker or a Social Worker should be trained and educated in such a way that they can provide the basic Medication and advice to the patients. They should also be allowed to charge reasonably so that the Government has not to pay for their services and they can take care of themselves. In this way these unregulated and unregistered quacks will become registered and can be regulated accordingly. Once they are registered, they should be allowed to practice at the village level. In this way, every village will have its own Registered Medical Practitioner (RMP).

Role/Advantages Of RMP In The Rural Health Care System:

As discussed above, quacks are already present in the Health Care System and are practicing on the basis of mere experience without any formal medical education or training. If they are provided with the formal medical education, the efficiency of these quacks will surely increase and they shall be able to provide better medical treatment and advice to the people. These RMP's should be provided with the periodic training and education. The Government can also facilitate short term courses and orientation programmes to such RMP's. The RMP's shall act as a bridge between the villages and the peripheral health organizations and workers like ANM/sub-centre.

These RMP's will not be limited only to the children and women; instead, they shall be available to the entire population of the village irrespective of the gender. They can be very useful if allowed to assist the specialized doctors of CHC or PHC in the Operation Theatre or the OPD. Some of these RMP's can be allowed to develop a *village clinic* in their own village. They can be developed as eyes and ears for the health department. These educated, skilled and trained RMP's can be very useful in bringing reforms in the society and can help the Government in the eradication of alcohol consumption, drugs, tobacco chewing, smoking and various other health issues.

Financial Support/Stipend To The RMP's:

Since no system can work properly without financial support these RMP's or the village clinics shall also require financial assistance. As the Government is already paying the ASHA workers based on their work performance, the proposed male ASHA workers may also be provided with

the same financial benefits and other facilities as provided to the ASHA workers. To make the village clinics/RMP's self-sustained units the Government may provide a fixed initial amount to start and allow the clinic or the RMP charge a fixed minimum amount from the patient. The Government can help these clinics or the RMP's in providing free medicines and other necessities required at the village level for primary treatment. They may be provided with a minimum stipend for the initial period of time from the date of registration.

Disadvantages Of A Registered Medical Practitioners/Village Clinic

Some of the disadvantages of such quacks-turned-RMPs are:

1. It may be possible that these quacks may not fulfil the basic knowledge of Human Anatomy. In the worst cases, even an illiterate may be trained.
2. It is quite possible that the RMP may mention himself as Medical-Degree-Holder and thereby misleading the poor villagers.

Conclusion

The government spends a lot of money in providing infrastructure and education to the students so that they become doctors, physicians and specialists. Despite this, the government fails to produce so many doctors as will cater to the needs of such a large population. On the other hand these Medical-Degree-Holder doctors do not wish to serve in the rural and the remote areas because their lust for name, fame, and money. Because of the above-mentioned reasons it has become quite difficult to provide proper health care to the villagers. It is here that the RMP's may come handy. However, it will still be the responsibility of the government to keep a check while training the quacks and making them RMP's. The government will also have to create proper infrastructure to monitor their training and audit their finances and stocks.

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