National Medical Commission Set to Replace Medical Council of India after Gorakhpur Episode: A Case for Quality Assurance

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Non-medicos (scientists) joining the national medical commission (NMC) is likely to facilitate scientific advancement in medical practice in India by propelling indigenous research. This is likely to result in affordable tests and therapies, as doctors in India are unfortunately not trained for research unlike those in West (as curriculum of MBBS, MD/MCh, DM, etc., does not include basic research syllabus). This bill was likely to be tabled in Monsoon session on Indian Parliament but this case for quality assurance appears to have been delayed. This will impact expansion of genetic testing services nationwide whose revenue would have been re-invested in training of medical graduates and generation of genetic database for cure of genetic disorders. The adoption of NMC will accelerate translational research and improve the provision for integrated health care which may provide solutions of incurable disorders as well as innovative means to address Gorakhpur like episodes. Further, inclusion of Ayurveda, Yoga, and other alternative medical approaches in health care delivery will reduce patient rush and generate comparative data between modern medicine and alternative medicine, thus paving the way for regulation of costs of healthcare and save the precious lives.

Engagement of individuals from quality assurance in NMC is likely to ensure patient feedback and check out-

sourcing of investigations/tests through installation of treatment, testing, and patient cost audit protocols something, which could have been easily prevented in Gorakhpur episode in which more than 36 children died. This will ensure continuous monitoring of patient services through clinical audit, thereby improving the quality of patient service.

Patient cost audit will further ensure reducing “out of patient” expenses of patients as health economists have also been included in NMC which can evaluate the effect of private practice. This can additionally be achieved through audit of company sponsored conferences generated from unnecessary investigations/branded prescriptions that are suspected to be ploughed into conferences kitties for fun and frolic.

One example (of role of non-medicos in NMC) is to install IT tool enabled provision for surgicals, in house tests through the institute inventory management system, as also developed by Dr. Wakhlu of King George’s Medical University (who won the SKOCH platinum award for his innovation and implementation of IT tools) thus saving costs of treatment for patients and empowering rural healthcare such as in Gorakhpur. The resources saved can be earmarked for rural healthcare development and prevention of spread of infectious brain diseases.

With the help of inclusion of patient advocacy groups in NMC, it will establish the quality process so that (by engagement of patients engagement in NMC) rapid changes in practice of medicine benefits the patients, not doctors or scientists.

NMC must also include Yoga and alternative medical practitioners in ensuring its seamless integration and patient cost reduction in health budget. This can compensate for weak rural healthcare system for villages. It is only possible by integration of the role of non-medicos (patient advocacy, quality assurance, health economists, and scientists) in reallocating over staffed medical institutes to rural postings in rotation.

The importance of generation of evidence from comparison of treatment outcomes between modern medicine and traditional medicine can be generated through integral healthcare, which was impossible with medical members of MCI.

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