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The Combined General Council Meeting  
on 12th & 13th August 1978  
At Rangaraya Medical College, Kakinada

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**Souvenir**

**Andhra Pradesh  
Civil Assistant Surgeons  
Association**



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The Combined General Council Meeting  
on 12th & 13th August 1978  
At Rangaraya Medical College, Kakinada


**With the best compliments from**

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A. P. Civil Assistant Surgeons Association,  
Combined General Council Meeting  
Kakinada.

To Bro. Adi K. Imani  
Ahmednagar.

Andhra Pradesh  
Civil Assistant Surgeons  
Association



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## Souvenir

Editor : T. P. GANDHI.

Andhra Pradesh  
Civil Assistant Surgeons  
Association



## ACKNOWLEDGEMENTS

We are extremely grateful to Dr. D. Bhaskara Reddy, M. D. F.R.C. path. (Lond) F.C.A.P., F.A.M.S. for readily accepting to be the chief guest and to inaugurate the APCASA General Council Meeting at Kakinada, inspite of his heavy official schedule.

We are deeply grateful to our beloved Principal, Dr. T. Srinivasan, M. D., for his ready help and kind co-operation in every activity concerning our association with special reference to accommodation, transport, conference Venue and utilisation of the audio visual equipment of the college.

We are very grateful to our respected Superintendent Dr. V. Satyanarayanamurty, M. D., for his sympathetic and helping attitude with regard to all the needs of the Association.

We are indebted to Dr. K. Nagabhushanam, M.S. Regional Director of Medical & Health Services, Rajahmundry for his help and guidance.

We are grateful to Dr. (Mrs.) M. V. Seetha, M. B., B. S., D. G. O., D. P. H., former District Medical and Health Officer and to Dr. N. Venkata Subbaiah, M. B., B. S., District Medical and Health Officer, E.G. Dt. for their kind co-operation and help in every activity concerned with the organisation of the meeting.



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## ACKNOWLEDGEMENTS

We are grateful to all the Civil Surgeons who have extended their co-operation and help to us. We are thankful to the post graduate students, the interneers and the under-graduate students for their co-operation in our venture.

We thank all the members of the nursing staff for their co-operation and help and in particular we wish to thank Smt. K. Jayalakshmi, R. N. R. M., Nursing Superintendent for her active role.

We sincerely thank all the private practitioners who have donated liberally for the success of the conference.

We thank the management of Padma Priya theatre for arranging a film-show for our Association.

The A. P. C. A. S. A. most sincerely thanks all those, who contributed to the Souvenir, all the advertisers and all other donors.

Our special thanks are due to Messrs. S. R. M. T. Ltd., for their gracious contribution.

We thank Messrs. Alembic Pharmaceuticals and Dolphin's Laboratories for arranging snacks during the conference.

Our thanks are due to all those who patronised the Association.

We thank all the unnamed who have endeavoured in so many ways to make this conference a success.

We thank deeply Messrs. Durga Press, for bringing out the souvenir in an attractive manner with short notice.

We congratulate all our members who have toiled hard to make this conference a success.



# THE OATH OF HIPPOCRATES

I swear by Apollo Physician, by Asclepius, by Health, by Heal-all, and by all the gods and goddesses, making them witness, that I will carry out, according to my ability and judgement, this this indenture.

★ To regard my teacher in this art as equal to my parents; to make him partner in my livelihood, and when he is in need of money to share mine with him; to consider his offspring equal to my brothers; to teach them this art, if they require to learn it, without fee or indenture; and to impart precept, oral instruction, and all the other learning, to my sons, to the sons of my teacher, and to pupils who have signed the indenture and sworn obedience to the physicians' Law, but to none other.

★ I will use treatment to help the sick according to my ability and judgement, but I will never use it to injure or wrong them.

★ I will not give poison to anyone though asked to do so, nor will I suggest such a plan, Similarly I will not give a pessary to a woman to cause abortion. But in purity and in holiness I will guard my life and my art.

★ I will not use the knife either on sufferers from stone, but I will give place to such as are craftsmen therein.

★ Into whatsoever houses I enter, I will do so to help the sick, keeping myself free from all intentional wrong-doing and harm, especially from fornication with woman or man, bond or free.

★ Whatsoever in the course of practice I see or hear or even outside my practice in social intercourse that ought never to be published abroad, I will not divulge, but consider such things to be holy secrets.

★ Now if I keep this oath and break it not, may I enjoy honour, in my life and art, among all men for all time; but if I transgress and forswear myself may the opposite befall me.



## The Oath and Prayer of Maimonides

"Thy Eternal Providence has appointed me to watch over the life and health of Thy creatures. May the love for my art actuate me at all times; may neither avarice, nor miserliness, nor thirst for glory or for a great reputation engage my mind; for the enemies of Truth and Philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children".

"May I never see in the patient anything but a fellow creature in pain".

"Grant me strength, time and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend infinitely to enrich itself daily with new requirements. Today he can discover his errors of yesterday and tomorrow he may obtain a new light on what he thinks himself sure of today".

"O God, Thow hast appointed me to watch over the life and death of Thy creatures; here am I ready for my vocation".

"And now I turn unto my calling"

"O stand by me, my God, in this truly important task;

Grant me success; For —

Without Thy loving counsel and support.

Man can avail but naught.

Inspire me with true love for this my art

And for Thy creatures.

O grant—

That neither greed for gain, nor thirst for fame, nor vain ambition.

May interfere with my activity

For these I know are enemies of truth and love of men.

And might beguile one in profession,

From furthering the welfare of Thy creatures.

O strengthen me,

Grant energy unto both body and the soul.

That I might e'er unhindered ready be

To mitigate the woes,

Sustain and help

The rich and poor, the good and bad, enemy and friend,

O let me e'er behold in the afflicted and the suffering,

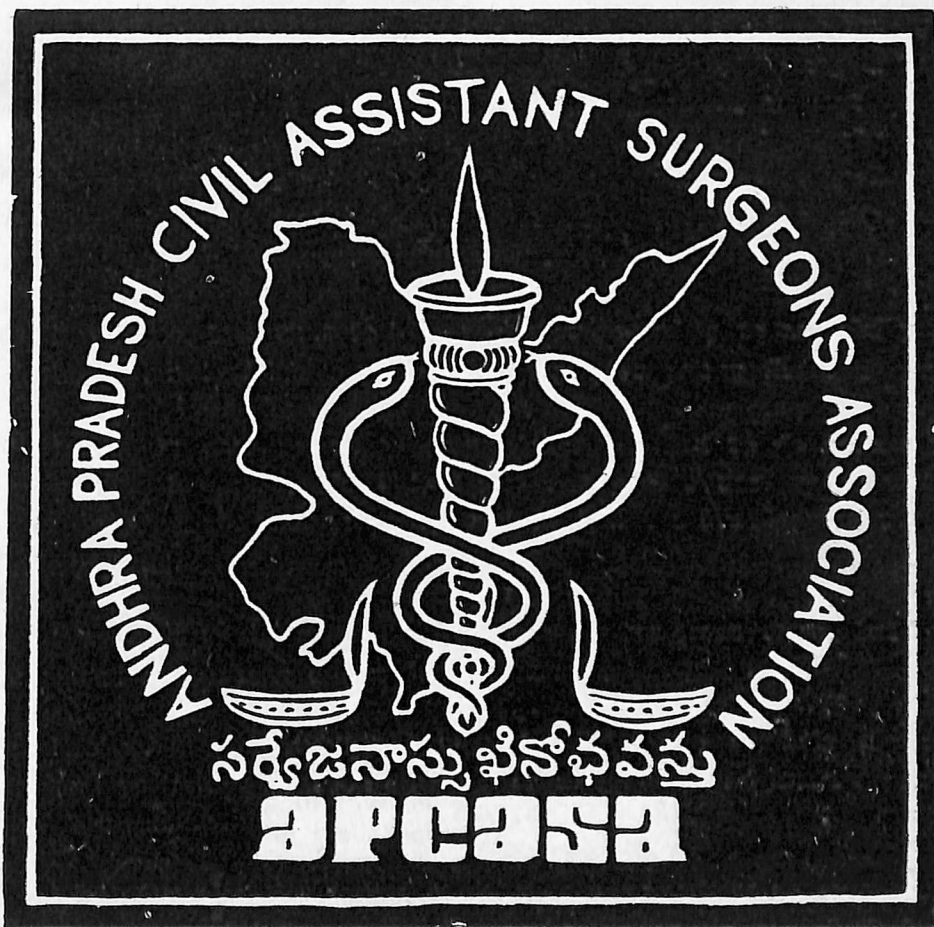
Only the human being."



# EMBLEM FOR CONSIDERATION

BY :

GENERAL COUNCIL



Proposed by : APCASA, G.G.H. & R.M.C. Branch, Kakinada.

Artist : Dr. R. LAKSHMIPATHI RAO,  
Post Graduate in Surgery, R. M. C.



# EMBLEM FOR CONSIDERATION

BY

GENERAL COUNCIL





# INTERNATIONAL CODE OF MEDICAL ETHICS

*Adopted by the third General Assembly of The World  
Medical Association at London, England, October, 1949.*

## Duties of Doctors in General

A DOCTOR MUST always maintain the highest standards of professional conduct.

A DOCTOR MUST NOT allow himself to be influenced merely by motives of profit.

THE FOLLOWING PRACTICES are deemed unethical;

- a) Any self advertisement except such as is expressly authorized by the national code of medical ethics.
- b) Taking part in any Plan of Medical care in which the doctor does not have professional independence.
- c) To receive any money in connection with services rendered to a patient other than the acceptance of a proper professional fee or to pay any money in the same circumstances without the knowledge of the patient.

UNDER NO CIRCUMSTANCES is a doctor permitted to do any thing that would weaken the physical or mental resistance of a human being, except from strictly therapeutic or prophylactic indications imposed in the interest of the patient.

A DOCTOR IS ADVISED to use great caution in publishing discoveries. The same applies to methods of treatment whose value is not recognised by the profession.

WHEN A DOCTOR IS CALLED UPON to give evidence or a certificate he should only state that which he can verify.

## Duties of Doctors to the Sick.

A DOCTOR MUST always bear in mind the importance of preserving human life from the time of conception until death.

A DOCTOR OWES to his patient complete loyalty and all the resources of his science. Whenever an examination or treatment is beyond his capacity he should summon another doctor who has the necessary ability.

A DOCTOR OWES to his patient absolute secrecy on all which has been confided to him or which he knows because of the confidence entrusted to him.

A DOCTOR MUST GIVE the necessary treatment in emergency, unless he is assured that it can and will be given by others.

## Duties of Doctor to each other

A DOCTOR OUGHT to behave to his colleagues as he would have them behave to him.

A DOCTOR MUST NOT entice patients from his colleagues.

A DOCTOR MUST OBSERVE the principles, of "The declaration of Geneva" approved by The World Medical Association



# DECLARATION OF GENEVA

*Adopted by the General Assembly of The World Medical*

*Association at Geneva, Switzerland, September, 1948.*

**AT THE TIME OF BEING ADMITTED AS  
MEMBER OF THE MEDICAL  
PROFESSION :-**

I SOLEMNLY PLEDGE myself to consecrate  
my life to the service of humanity.

I WILL GIVE to my teachers the respect and  
gratitude which is their due;

I WILL PRACTICE my profession with con-  
science and dignity.

THE HEALTH OF MY PATIENT will be my  
first consideration.

I WILL RESPECT the secrets which are  
confided in me;

I WILL MAINTAIN by all the means in my  
power, the honor and the noble traditions  
of the medical profession;

MY COLLEAGUES will be my brothers;

I WILL NOT PERMIT considerations of reli-  
gion, nationality, race, party politics or  
social standing to intervene between my  
duty and my patient;

I WILL MAINTAIN the utmost respect for  
human life, from the time of conception  
even under threat, I will not use my medi-  
cal knowledge contrary to the laws of  
humanity.

I MAKE THESE PROMISES solemnly, freely  
and upon my honour.





# MESSAGES



# DECLARATION OF GENEVA

Adopted by the League of Nations at the World Medical Conference

At Geneva, September 24, 1949

AT THE TIME OF BEING ADMITTED TO THE PROFESSION OF A MEMBER OF THE MEDICAL PROFESSION

I solemnly pledge myself to the highest sense of duty and to the service of my fellow men.

I will not permit my knowledge to be used for the purpose of promoting the interests of my own country or of any other country.

## MESSAGES

TO THE PEOPLE OF THE WORLD

THE MEDICAL PROFESSION OF THE WORLD

THE PEOPLE OF THE WORLD

THE MEDICAL PROFESSION OF THE WORLD







Vice - President

India

New Delhi

July 25, 1978.

I am glad to know that the General Council Meeting of Andhra and Telangana Civil Assistant Surgeons' Associations will be held on 13th August at Kakinada. I send my best wishes for its success.

(Sd.) B. D. Jatti.





Dr. SHANTI  
mass

Director of Medical & Health

Dear Dr. Venkata Rao,

I am very happy to note that two Civil Assistant Surgeon Association will merge into each other and form a single Association styled as "Andhra Pradesh Civil Assistant Surgeon Association". In fact, on every occasion, I had expressed my desire that both the Associations should merge and indeed it is a happy occasion.

Your Association has been a pillar of strength to me, and has extended every possible help to me whenever I have made the request. Your Association and its members did yeoman service during the Cyclone, during which, there was not even a glimpse of an epidemic which is indeed a great achievement and was noticed by almost all the International Public Health Organisations.

I wish your Association a great success and great future.

Yours sincerely,

(23) Shanti Narayan Chakravarti





Dr. D. BHASKARA REDDY, M.D.,  
F.R.C., Path [Lond] F.C.A.P., F.A.M.S.,  
Additional Director of Medical Services,  
(Medical Health & Education).  
Andhra Pradesh.  
Hyderabad.

Dated 3-7-1978.

Dear Dr. Venkata Rao,

I am in receipt of your letter dated 21st July, 1978 regarding the Andhra Pradesh Civil Assistant Surgeons Association's conference to be held on 13th August, 1978 at Kakinada. This conference is unique in that, there is going to be a merger of both the Associations and here after, it will be called as Andhra Pradesh Civil Assistant Surgeons' Association. On this happy occasion, I convey my choicest blessings and best wishes for the successful running of the newly formed A. P. Civil Assistant Surgeons Association.

Yours sincerely,

(Sd.) D. Bhaskara Reddy.





Dr. C. V. RAMANI, M.D., DGO.  
Addl. Director of Medical & Health Services  
(FP & MCO)  
Hyderabad.

Dt. 24-7-1978

Dear Dr. Venkata Rao

Ref : Your letter dated 21-7-'78

I am very happy to learn that you are the combined General Council Meeting of Andhra and Telangana Civil Assistant Surgeons meeting will be held on 13th August '78.

Though Late - I am glad you have at last achieved to make it a single united association

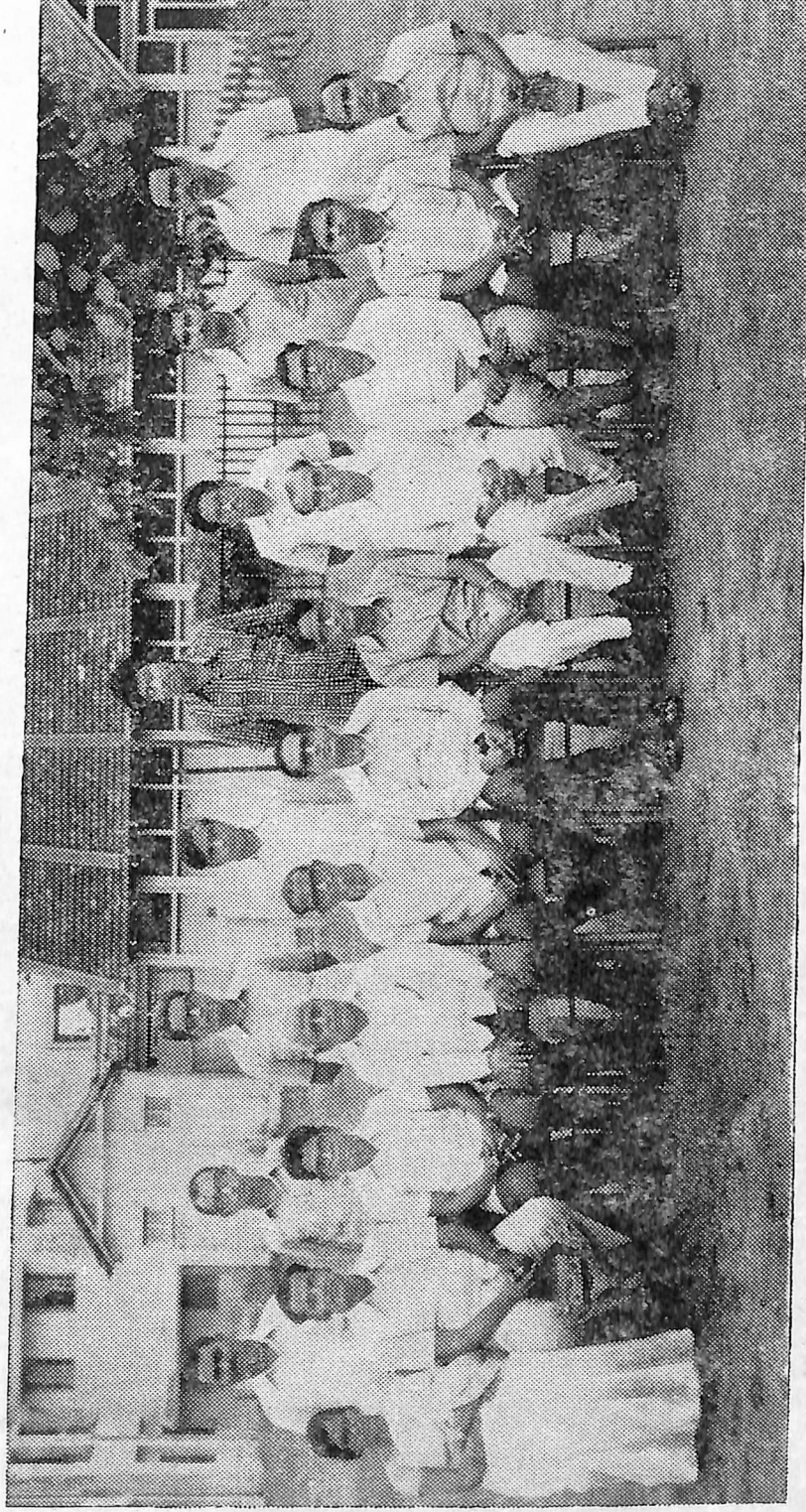
I wish the function all success. I am sure our Asst. Surgeons will be benefitted by this gesture.

Yours sincerely,

(Sd.) C. V. Ramani.



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## TO BE A GOOD DOCTOR

If you love your work, you can do it with love, and anything that is done with love has perfect results. To be a good doctor, always have in mind that to you all patients, good or bad, big or small, are equal.

Treat with as much care and interest a beggar as you would a millionaire, and in case you find you are not paid the price, you must not for a moment think of refusing.

It is simple and practical, and yet a good many doctors don't observe this simple rule. Only if a doctor realises that the One Infinite God is within all, can that doctor work like a saint! I am a doctor of souls. To me, good and bad, all are lovable and I help each according to the need. But although it is simple for you to be a good doctor, it is very difficult to practise it. So many things interfere, reputation, name, money, society, circumstances and so on. It is clear? You can be a good doctor if you take it to mind. You are such a fine soul. I will help you.

— MEHER BABA

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Medical Officer,  
Government Leprosy Control Unit,  
Old Town, ANANTAPUR.

V. Sreenivasulu, M.D., D.M.R.,  
Asst. Professor of Radio-therapy,  
Kurnool Medical College,  
KURNOOL,





# THE ANDHRA PRADESH CIVIL ASSISTANT SURGEONS ASSOCIATION TELANGANA REGION

Office : I.M.A. Building, Sultan Bazar, P. O. Kachiguda-500 027.

*President :*

Dr. Balbeer Singh Yadav, M.S.  
Asst Professor of Surgery, Osmania General Hospital, Hyd.

*Vice-Presidents :*

Dr. C. Madusudhan Reddy, M.S.  
Head Quarters Hospital, Nizamabad.

Dr. K. Ramachandraiah, M.B.B.S.  
Civil Hospital, Zaheerabad, Dist. Medak.

Dr. S. B. Ramloo, M.S.  
Dist. Head Quarter Hospital, Nalgonda.

*General Secretary :*

Dr. C. B. Sreenivas Rao, M.D.  
Asst. Professor of Medicine, Gandhi Hospital, Sec'bad.

*Joint Secretary :*

Dr. T. Chakrapani, M.D.  
M.G.M. Hospital, Warangal.

*Treasurer :*

Dr. (Mrs.) Saraswathi Raju, M.B.B.S.  
E.S.I. Hospital, Khairatabad, Hyd

*Executive Members :*

Dr. N. Suryanarayana, M.D.D.C.P.  
Osmania Medical College, Hyd.

Dr. B. G. Prabhakar, M.B.B.S.  
Gandhi Medical College.

Dr. Prabhakar Rao, M.D.  
M.G.M Hospital, Warangal.

# Andhra Pradesh Civil Assistant Surgeons Association

Rangaraya Medical College & Government General Hospital Branch

## KAKINADA

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Dr. T. Gopala Krishna, M.D.D.A.  
Dept. of Anaesthesia

### VICE-PRESIDENT :

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Asst. Superintendent

### SECRETARY :

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Dept. of Surgery

### JOINT-SECRETARY :

Dr. E. Hemalatha Devi, M.S.D.O.  
Dept. of Ophthalmology

### TREASURER :

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Dept. of Surgery

### EXECUTIVE MEMBERS :

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Dept. of Ophthalmology

Dr. T. Padmanabha Gandhi, M.D.D.C.H.  
Dept. of Paediatrics

Dr. K. V. Rama Raju, M.D.D.V.  
Dept. of S.T.D.

Dr. B. Chandra Sekhar, M.S.  
Dept. of Surgery



# **CIVIL ASST. SURGEONS ASSOCIATION**

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Vice-President : Dr. J. Swarnalatha,  
Secretary : Dr. B. S. V. Sastry,  
Joint Secretary : Dr. P. Narayana Rao,  
Treasurer : Dr. P. V. Rama Krishna Rao,

## **EXECUTIVE MEMBERS :**

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M.O., P.H.C. Yaleswaram.

**Dr. B. Krishna Murty,**

M.O.P.H.C. Rajanagaram.

**Dr. M. V. Subba Rao,**

M.O. Engg. College Dispensary.

**Dr. S. Koteswara Rao,**

M.O.P.H.C. Anaparthi.

**Dr. V. Suryanarayan,**

Ex. Officio.



## **VOLUNTEERS**

- Dr. N. Bairagi Naidu
- Dr. P. Gopala Krishna Murthy
- Dr. K. Visala
- Dr. T. S. S. Manidhar
- Dr. B. Venkata Ratnam
- Dr. S. V. S. S. Viswanadham
- Dr. D. Siva Ram
- Dr. S. Ramachandraiah
- Dr. A. Sri Ramachandra Murthy
- Dr. K. Siva Rama Raju
- Dr. Ch. Dayakar Reddy
- Dr. D. Venkata Ramana
- Dr. B. Prabhakara Rao
- Dr. B. Prabhakara Reddy
- Dr. K. Vishnu Murthy
- Dr. P. V. S. Rambabu
- Dr. B. Rama Rao
- Dr. Mayarani
- Dr. K. Ramesh
- Dr. Venkata Reddi



Dr. V. Satyanarayana

Dr. Zafrulla

Dr. Lakshmi Prasad

Dr. Krishna Prasad

Dr. P. Radha Krishna

Dr. G. Gopala Krishna

Dr. M. Surya Kumari







I am a man of peace,  
I believe in peace,

But

I do not want peace at any price,  
I do not want the peace that you find in stone.  
I do not want the peace that you find in the grave.

But

I do want the peace which you find embedded  
in the human breast which is exposed to the  
arrows of a whole world but which is protected  
from all harm by the power of the almighty God.

Let then

our first act every morning be  
to make the following resolve for the day.  
I shall not fear anyone on earth.  
I shall fear only God.  
I shall not bear ill-will towards anyone.  
I shall not submit to injustice from anyone.  
I shall conquer untruth by truth  
and in resisting untruth  
I shall put up with all suffering.

MAHATMA GANDHI,



and powerful. Let every member take initiative, bestow all possible interest and extend constructive co-operation and active participation instead of indulging in cynical destructive criticism. Then the Association will become the true and effective force that we all intend it to be.

The Civil Surgeons who were once members of this Association totally disassociate themselves with this association once they achieve what they aspired for through the good offices of this Association. Taking the lead of Deputy Civil Surgeons to remain as members of the APCASA, if the Civil Surgeons join the association altering the nomenclature as "Andhra Pradesh Govt. Doctors Association" it will have the numerical strength of all the Assistant surgeons and Wisdom and mature guidance of Civil Surgeons.

Now comes the question of "modus operandi". To achieve our aspirations what method should the association adopt. Should

we adopt trade union methods? Should we adopt the gentle, elitist and socratic method of negotiation? Since doctors are involved in the art of healing and noble task of saving lives are limbs they cannot resort to trade union methods. So it is the endeavour of the Association to highlight the existing disparities and grievances and strive hard for getting their due with the active help of the authorities concerned.

Let the doctors serve with a smile on his face and hope in his bosom, then health and happiness blossom all over the society.

If the Meeting and the Souvenir have looked made the stightest impact on the work of the profession and the Government the various aspects of problems of the Civil Assistant Surgeons and Deputy Civil Surgeons the organisers can congratulate themselves for their endeavour.

Dr. T. P. Gandhi





# ABOUT US AND OUR VENUE.

By **Dr. N. VENKATA RAO, M.S.,**  
Organising Secretary.

We welcome you to the second important port town of Andhra Pradesh with its future Fertiliser Complex with green soil all around, Life-giving river Godavari nearby and surrounded by famous temples at Draksharamam, Annavaram, Mallavaram and Sarpavaram. We are sure that you would find Kakinada to be a quiet town with decent, neat parallel roads and courteous and hospitable people. In religious harmony, Kakinada stands for culture, education and agriculture like. This town teaches many a science through its Medical and Engineering colleges, Polytechnic, Fisheries Training Centre, (Deep sea) and Industrial Training institute. Women enjoy a separate arts college and Polytechnic institute for them. We wish you a happy and memorable stay in this cultural town.

The venue of our meeting is the Rangaraya Medical College, founded in 1958, is now fully equipped with full quota of staff, research and post graduation facilities in almost all the specialities of medical education. The Government General hospital which sprung from the already existing District Headquarters hospital in year 1960 has grown in strength after its attachment to Rangaraya Medical College as Teaching Hospital, and now has a bed strength of 300 with all major specialities fully equipped and well staffed with an average outpatient attendance of 1200 patients per day.

But it is high time for the Government to start Nerve surgery, Thoracic surgery, Urological surgery, Paediatric surgery and

Traumatic units in this hospital to make it much better than what it is now.

Rangaraya Medical College has conducted many meetings and conferences, both at national and state level. It has hosted All India Medical Association Annual conference in 1964, and nearly 1000 delegates took part in the deliberations. In July, 1973 State Indian Medical Association and in September 1973 State Orthopaedic chapter met here and had fruitful discussions. The Fourth Annual Conference of Andhra Pradesh Civil Assistant Surgeon's Association was held in 1969 on a grand scale. In October, 1976 the 3rd Annual conference of the Indian Association of Dermatologists, Venereologists and Leprologists of Andhra Pradesh was held here for two days.

In another four years the Rangaraya Medical College will be celebrating its Silver Jubilee and this college and the hospital are in no way inferior to any of its counter-parts in Andhra Pradesh. We feel that this young college has been rightly chosen as the venue for the happy occasion of Merger of both Andhra and Telangana branches into one association calling it as Andhra Pradesh Civil Assistant Surgeon's Association after a gap of about five long years.

Let us recall on this happy occasion that the Andhra Pradesh Civil Assistant Surgeon's Association was formed in the year 1965 with the sole intention of providing a common forum for the Civil Assistant Surgeon's to put forth their just grievances.



## UNITY.

"So we grow together  
Like to a double cherry, seeming parted,  
But yet a union in partition;  
Two lovely berries on one stem :  
So, with two seeming bodies, but one heart";

This is how ACASA and TECASA worked since 3rd December, 1972. They together acted and bargained to obtain many benefits to Civil Assistant Surgeons in the State.

To-day on August 13th, they are crowned with one crest and united into one body.

I wish this longing dream coming true today, will pave way to solve the rest of problems of Civil Assistant Surgeons.

I hope the Government of Andhra Pradesh will issue orders immediately on subjects of NPPA and regularisation of temporary Civil Assistant Surgeons (which were already conceded) and strengthen the Unity.

Dr. N. S. DAS,

General Secretary, ACASA.



# **THE ANDHRA PRADESH CIVIL ASSISTANT SURGEONS ASSOCIATION**

## **HYDERABAD (Andhra Pradesh)**

### **C O N S T I T U T I O N**

#### **Preamble:—**

In the present socialistic pattern of Society, the social service including the Medical & Health Services, have undergone a very fast expansion with the successful implementation of the Five Year Plans. The dual role of Medical Education and Medical Relief largely rests on the active participation of the Civil Assistant Surgeons who form over 90% of the vital Branch of the State Services. Not only the Government help the scheme and Medical relief plans but also most of the international organisations like W. H. O. UNICEF and CARE are brought to successful fruition by the sincere and active participation of every Civil Assistant Surgeon. It is therefore felt necessary that a forum should be formed within the State wherein Assistant Surgeons could participate as an Uniform body in the solemn cause of the nation building as well as be able to put up their views and problems collectively before the Government.

It is possible only by forming an Association which will serve our objective in a constitutional state and we give ourselves this constitution.

**Article 1:—**The name of the ASSOCIATION shall be "The Andhra Pradesh Civil Assistant Surgeons Association".

Hereafter this Association shall be called as ANDHRA PRADESH CIVIL ASSISTANT SURGEONS ASSOCIATION.

**Article 2 —**The registered office of the Association will be situated at Hyderabad.

**Article 3:—**The Aims and objects:—

1. To foster spirit of unity and fraternity among the Civil Assistant Surgeons.
2. To provide efficient and prompt service to the sick and suffering by close co-operation among its members.
3. To improve service conditions of the Civil Assistant Surgeons.
4. To promote cultural, professional and economic well-being of every one of its members.
5. To secure full recognition and enjoyment of right and liberties to which every Govt. servant is entitled to.



This budding Association had celebrated its first two annual meetings at Hyderabad and the third at Warangal and fourth at Kakinada and fifth at Visakhapatnam. After that division took place due to emotional exchanges among brethren a gap of and after five long years we are meeting here to merge in a calm and quiet atmosphere.

From the very beginning Kakinada units are taking keen interest in the association and we will continue to do the same. On behalf of the Reception Committee we will strive our best to make your stay pleasant and comfortable so that your deliberations will be fruitful and we hope and wish that all of you go with happy memories of Kakinada and Rangaraya Medical College.

Let us consider the position of the doctor in the contemporary society. Doctors were considered Demi-Gods. Acharyas and Gurus. But now the image of a Govt. Doctor in public view is different. Govt. Doctor is considered to be a civil servant getting good salary and fat private practice which is entirely a false notion. The real back-bone of the medical services is the Assistant Surgeon but unfortunately neither the public nor the Government seem to have realised this important fact. Civil Assistant Surgeons are the most underpaid, underprivileged Government Servants. In successive pay revisions he is descending on the ladder of pay scales while others who were below par and on par are placed above. In 1964, Mudaliar Committee has recommended All India Cadre for Govt. Doctors on a par with other administrative services and also recommended special credits for additional qualifications but nothing concrete has emerged so far. Even the class 1 Officer's scale of medical services is lower than the scale of a probationer of All India cadre. Why this

neglect for doctors? The doctor who is helping the afflicted and needy day in and day out is bearing the cross of under-rating and humiliation.

The Assistant Surgeon working in a small town works usually with inadequate staff, insufficient accommodation, nonavailability of proper drugs and the doctor has to bear the blame and not able to satisfy the public with his treatment. He has to live there without proper residential quarters and educational facilities to his children, sacrificing all minimum comforts of modern life. In spite of these adverse conditions of life, he will be constantly criticised by authorities as well as the public.

Will we not be happy to stay in every place while in service for a particular fixed period so as to help our children's education, to help our selves to acclimatise in the new atmosphere? Too frequent transfers and too frequent changes in transfer orders have to be deprecated. People who are academically interested in their assets to any institution and as such they are kept there if necessary with the creation of special teaching cadre, it would help to facilitate research in our state which is at its lowest ebbs.

Our state, with a surplus of medical graduates has no need to get a helping hand from quacks through official doors. Other branches of healing like Unani, Homeopathy and Ayurveda need much uplift from our state authorities. With their help, we need not stoop too low to risk our peoples' health in the hands of the untrained non-technical quacks.

Let the cause of doctors be understood by the authorities and by political leaders. Doctors expect understanding



their problems, sympathy for their difficulties, and a kind word from the leaders. We are very hopeful that our beloved Chief Minister who is a doctor himself understands the disparities and helps in every possible way to improve the plight of govt. doctors and gives the lead to improve and enhance the status of doctors in the contemporary society.

Lastly the pride of our profession is that we find universality in it. We take the advances all over the world and find our selves associated with millions all over. At this crucial juncture, let us unit firmly without any second thought and let us work on a common platform for our justified grievances by which we can root out the frustration and desperation existing in the budding doctors.

J A I H I N D



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## THUS SPAKE GREAT SOULS

The head not bowing before the Lord merits not  
To remain on the shoulders.  
Farid eat thy hard Crust of Bread  
Take simple cold water  
Envy not the delicacies another is enjoying  
Farid strike not back those that strike thee  
In Utter humility and forgiveness turn towards thy home  
As milk taken returns not to the Udder  
So a wasted life is without meeting with Master.  
Be like the grass on the foot path  
some of it is rooted out  
while the other is crushed under the feet of the passers by  
only then thou will have the entry in his devine mansion.

- BABA FARID.



## UNITY.

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Like to a double cherry, seeming parted,  
But yet a union in partition;  
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4. To promote cultural, professional and economic well-being of every one of its members.
5. To secure full recognition and enjoyment of right and liberties to which every Govt. servant is entitled to.



6. To run memorial of any other lecturers and discourses for the benefit of the profession.

7. The assets of the Association shall belong to constituent units if this Association ceased to exist.

8. To help the Government in improving the standard of Medical Education and Medical Care.

9. To assist the Govt. in formulating and planning various schemes for the State (regarding Medical care and Medical Education).

**Article 4:—**Jurisdiction shall extend all over the State of Andhra Pradesh

**Article 5:—Membership :** The membership shall be open to all Civil Assistant Surgeons working in the State.

2. Registration fee is Rs. 5/- and annual subscription of Rs. 25/- shall be charged. The member who pays Rs. 5/- will become a Primary Member and a Primary Member who pays an annual subscription of Rs. 25/- shall become a bonafide Primary Member.

3. Every bonafide member shall have the right of single vote at the constituent unit.

4. Every Civil Assistant Surgeon shall cease to be a member of the Association on his promotion as Civil Surgeon.

5. The working year of the Association shall be from January till the end of December of the subsequent year.

**Article 6:—**

1. The General Council shall consist of the following:—

a. President and General Secretary of the Central Executive of the preceding year shall be ex-Officio members.

b. President and Secretary of the constituent local units or their nominees authorised by the local executive if for any reason they are unable to attend.

c. Central executive.

**NOTE:—**1. The members described under (a) shall have a right to speak and vote on all the problems in the General Council but shall not vote to elect the Central Executive.

2. The members declared under (b) and (c) shall have a right to speak and vote on all the problems in the General Council including election of the Central Executive.

II The Central Executive shall consist of :—



i. Office-bearers.

- a. One President.
- b. Six Vice Presidents (one of them be designated as Senior Vice-President)
- c. General Secretary-one
- d. Six Joint Secretaries (one of them be designated as Senior Joint Secretary)
- e. One Treasurer.
- f. Two executive members from each university area.

**Z O N E:—**1. Consists of the twin cities.

2. „ Districts of Hyderabad, Medak, Nalgonda & Mahboobnagar.
3. „ Warangal, Karimnagar, Nizamabad, Adilabad & Khammam.
4. „ Anantapur, Kurnool, Cuddapah & Chittoor Districts.
5. „ Nellore, Prakasam Dt. (Ongole) Guntur & Krishna.
6. „ East and West Godavari, Vizag & Srikakulam.

**III. A.** Consistent Units shall consists of the following:—

- a. One Unit for each Medical College and Hospital or Hospitals.
- b. One Unit for each district excluding Medical Colleges and its Hospitals.
- c. One Unit for Twin Cities excluding Medical Colleges and its Hospitals.
- d. One Unit for E.S.I. and allied hospitals.
- e. One Unit for Nagarjuna Sagar.

**B.** Each constituent unit shall consist of :—

- a. Local executive Committee.
- b. Primary members.
- c. Office-bearers, viz. 1. President. 2. Secretary. 3. Vice-President. 4. Treasurer. 5. Joint Secretary and four members to be nominated as executive members from the units.

**Article 8:—**Election of Office-bearers.

Any bonafide Primary member can contest for any post of the association subject to the provision of the constitution.

- b. The Office-bearer of the Central Executive shall be elected by the General council once a year by secret ballot.
- c. Each nomination for the office-bearers of the Central Executive shall be submitted to the Returning Officer one month prior to the date of election.



The nomination should be duly proposed and seconded by any bonafide Primary member with the consent of the contestant and such name shall be sent to the Returning Officer who in turn shall circulate all such names to all the constituent units atleast a fortnight before the election.

- d. The Central Executive will nominate the Returning Officer to conduct Central and Local Executive Committee elections.
- e. The Office-bearers and members of the Local Executive shall be elected by the end of November every year.

**Article 9:**—The General Council shall be the supreme powerful body in all the affairs of the Association.

- b. The General Council shall have the power to mend the constitution by two thirds majority of the members present in the meeting.
- c. The quorum shall be 30% of the total existing strength of the General Council for all meetings but if the meeting is held to amend the constitution 50% of the total existing strength of the General Council shall form the quorum. If the member or members fall short of this, the President shall postpone the meeting and announce the next date of meeting, and if there is no quorum for the subsequent date the General Council shall go ahead with the business except amending the constitution.
- d. The date for the General Council meeting shall be fixed by the Central Executive and notice shall thereof be given a fortnight earlier.
- e. The General Council may be called in by the General Secretary or President at the request of 20 per cent of its members as an emergency with a notice of one week.
- f. The General Council shall ratify the audited accounts of the previous year.
- g. All questions shall be decided by vote or by show of hands. If any member present demands a poll by secret ballot and if the Council agrees by simple majority by show of hands it shall be conducted forthwith.
- h. The General Council shall meet once in three months to organise the Association matters.
- i. The General Council shall have power to fill in Vacancies occuring in the Executive Committee during the term of office.
- j. The General Body Meeting of the Primary members of constituent unit shall be called by he secretary in consultation with the Local President with a notice of 15 days.
- k. The quorum for the above meeting shall be one third of the total bonafide primary members. If there is no quorum the President shall postpone the meeting to a further date not later than a week and subsequent meeting will go ahead with the business even if there is no quorum.



- 1 The policy matters sent by the local executive should be circulated by the General Secretary to all the constituent units and their opinion shall be sought and if majority of units agree the same has to be implemented as a policy of the Central Association.

**Article 10: EXECUTIVE COMMITTEE:**

- 1 Shall meet as often as necessary with a notice of a week. In case of emergency the President can call such a meeting at short notice.
2. Shall take such action and such decision as may be necessary to enforce the provision contained in the Constitution.
3. Shall make rules consistent with this constitution for effective functioning of the Association.
4. Shall appoint sub-committees to deal with special problems as and when they arise.
5. The quorum for the executive committee shall be one-third of the total strength.
6. Shall be usually called by the General Secretary.
7. Shall be totally responsible to the General Council.
8. Office-bearers of the Central Executive shall make effective representation of the Association to the authorities for implementation of the decisions.
9. Shall prepare the agenda for the General Council and annual conference and draft official resolutions. It shall also approve the official reports of the President, General Secretary and Treasurer before they are presented in the General Council.
10. The executive shall function for one year or until the next executive is elected whichever is earlier.
11. The Central executive shall have powers to supervise working of the constituent units and renders such advice as and when necessary.
12. The Central executive shall decide and approve the date Venue and programme of the annual conference of the Association and shall inform the constituent units.
13. The official resolution from the constituent units should reach the General Secretary atleast a week prior to the meeting of the General Council and these must be processed by the Central Executive.
14. All official resolutions from any bonafide primary member should reach the General Secretary atleast a week prior to the meeting of the General Council and the central executive shall decide the admissibility of such non-official resolutions.



15. Once resolution is admitted it can be moved in the General Council by the sponsor of such resolutions.

#### **CONSTITUENT UNIT :**

- a) A local executive shall be responsible for proper functioning of the Unit.
- b) The Secretary shall call the meeting of the local executive periodically on special problems as and when they arise at a week's notice.
- c) Shall discuss and draft non-official resolutions and send them to the Central Executive to be discussed in the General Council.
- d) The quorum for the local executive shall be half the strength of which least two members shall be non-office-bearers.

#### **Article II PRESIDENT :**

- a) The President will be the chief executive of the Association and exercise power for the period one year from the date of election or till next President is elected and installed by the General Council.
- b) No single person shall be President for more than two consecutive years.
- c) He shall be responsible for the activities of the executive on the whole, his ruling and interpretation of the laws and bye-laws of the Association shall be final.
- d) He is entitled for a casting Vote.
- e) The President shall have the right to invite not more than three non-members to the Executive Committee on special occasions and for special purposes. Such members shall have the right to speak on any item on agenda but shall have no right to vote.

**VICE-PRESIDENTS:** The Senior Vice-president in the absence of President shall preside over all the meetings of the Executive and exercise all the powers of the President in his absence or when delegated by the President.

**GENERAL SECRETARY:** (a) Shall be responsible for the general administration of the executive's office. (b) shall maintain liaison between the members of the Association and keep them informed of the decisions of the Central Executive and General Council. (c) shall keep himself, the Central Executive and the General Council informed of all matters affecting the interests of the Association and suggest necessary steps to the central executive and General Council.

- d) Shall make all necessary arrangements for the election of the executive.
- e) Shall keep an imprest of Rs. 100/- to defray emergency expenses and contingencies.



- f) for expenditure exceeding Rs. 100/- he shall get the approval of the President and for the expenditure other than routine.
- g) the General Secretary shall be incharge of the working of the Central Executive and General Council and conduct all correspondence organise meetings, lectures and also enroll members and organise local branches when organised by the executive.
- h) he shall circulate the minutes of the previous meeting of the Central executive and General Council and conduct all correspondence with the Secretaries of the constituent units within a fortnight.

**JOINT SECRETARY:** Senior Joint Secretary shall help the General Secretary in discharge of his duties or in the absence of the General Secretary he shall assume the office of the General Secretary.

**TREASURER:**—(a) shall be responsible for the maintenance of all the accounts and investments and receipts of the funds of the Association jointly with the Secretary.

(b) shall prepare annual statements of accounts of the Association, get it audited and present duly audited report to the Central Executive Committee.

(c) shall keep himself informed about the financial soundness of the Association and inform the executive as and when necessary.

**Article 12: SUB-COMMITTEES:** — The following shall be constituted by the Central executive for one year. Each sub-committee shall consist of five members one of whom shall be convenor or Chairman.

- (a) Scientific and cultural sub-committees.
- (b) Accounts sub-committee.
- (c) Editorial sub-committee
- (d) Sub-Committees for specialised branches like Tuberculosis, Radiology, Teaching, etc., to solve their special problems as and when they arise.

**Article 13: NO CONFIDENCE MOTION:** 1. A no confidence motion against any office-bearer of the Central executive shall be carried by two-third of the members of the General Council

2. No confidence motion against office-bearers of local units shall be carried by a simple majority of the respective units.

**Article 14:** The funds shall be derived from the following sources:—

- 1. the registration fee of the members shall go to the Central Association.
- 2. One third of the annual subscription of each constituent of the State will go to the Central Association.



3. Special contributions or donations raised by the Central Association in special circumstances.

**Article 15: LIABILITIES & ASSETS:** The Andhra Pradesh Civil Surgeons Association shall not be liable for any assets or liabilities of its constituent units, nor shall any of its constituent units be liable for any of the assets and liabilities of the Central Association.

**Article 16: Annual Conference:-**

The annual conference shall be conducted under the auspices of the Central Association according to the bye-laws in the Appendix I every year.

**Appendix-I :**

1. The annual conference shall be held under the auspices of the Central Association every year generally in the month of December. The provisional date shall be submitted by the sponsoring unit to the Central Executive for its sanction at least two months before the conference.

2. **RECEPTION COMMITTEE:** The constituent unit inviting the conference shall form the Reception committee either by itself or by combining with neighbouring units.

The local executive shall convert itself into adhoc committee and enlist members of the reception committee.

3. **MEMBERSHIP:** The membership of the Reception Committee will be open to (a) all members of the unit which is sponsoring (b) all members from neighbouring units desirous of joining (c) membership fee shall be fixed by the sponsoring executive.

4. **Office-Bearers of the Reception Committee:** The office bearers of the Reception committee shall be elected by the local executive and will comprise of a chairman, vice-chairman, organising Secretary, Treasurer and members.

5. The Reception Committee will nominate different sub-committees depending on the needs

6. **Members of the Conference:—**(a) Members of the Reception Committee (b) Members of the General Council (Delegates) on payment of a delegate fee of not less than Rs. 25/- (All the bonafide members of the Association.)

**RIGHTS OF THE DELEGATES:—**

Every delegate shall have the right to take part in all discussions and to vote on the resolutions put forward in the conference and such resolutions passed shall come up for voting in the General Council.

**Invitees:—**(a) Prominent public men who are specially invited by the Reception Committee.



(b) Prominent profesional who are invited.

(c) **Rights of Invitees:**—The invitees are allowed to talk or speak on any of the subjects except that they cannot have voting right.

9. **PRESIDENT:**—The outgoing President shall be the President of the Conference.

10. The Reception Committee in conclusion with the General Secretary of the Central Association will draw out the programme.

11. The Reception committee shall bring out a Souvenir on this occasion.

12. The expenses should be borne by the Reception Committee and if they are short of funds they should obtain the same from the Central Association funds.

13. The programme sent by the Central Executive shall be fixed by the Reception Committee according to its convenience.



## STRENGTH

What makes a man stand up and work ?

Strength. Strength is goodness, weakness is sin.

Know that all sins and all evils can be summed up in that one word, weakness. It is weakness that is the motive power in all evil doing; it is weakness that makes men injure other; it is weakness that makes them manifest what they are not in reality. Let them know what they really are; let them repeat day and night what they are.....  
..... Let them suck it in with their mother's milk, this idea of strength - I am He, I am He.

— SWAMI VIVEKANANDA.



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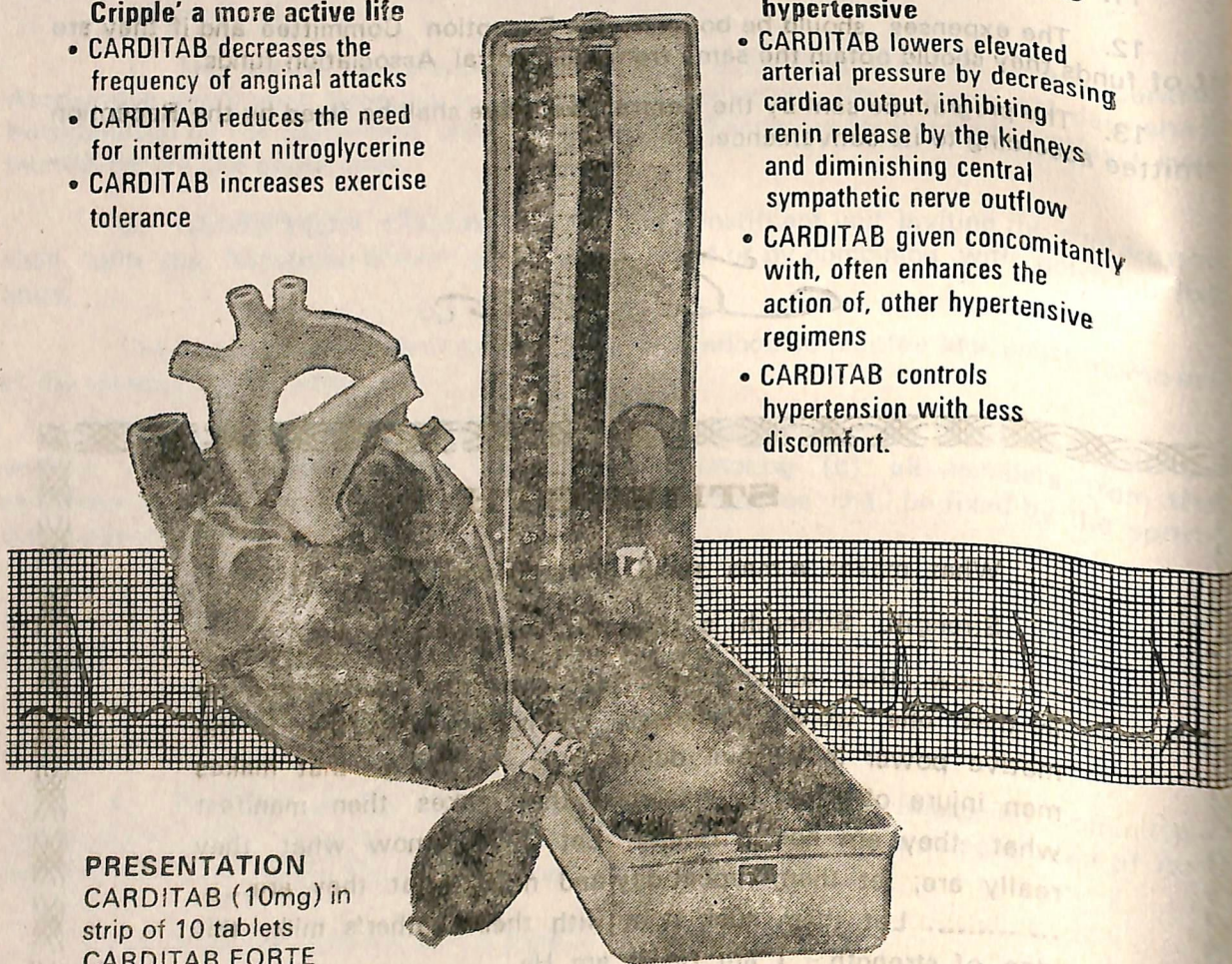
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# **MEMORANDUM SUBMITTED**

**TO**

**PAY COMMISSION**

**GOVT. OF ANDHRA PRADESH**

**By**

**CO - ORDINATION COMMITTEE**

**A. P. CIVIL ASSISTANT SURGEONS**

To  
The Pay Revision Commissioner,  
Government of Andhra Pradesh,  
Hyderabad.

Sir,

The Pay structure in any organisation is fixed after taking into account atleast the following factors :—

- (a) Educational qualifications and Background.
- (b) Nature of duties and responsibilities.
- (c) Quality of work.
- (d) Promotional Avenues.
- (e) The needs of the Society, which are being fulfilled by the category of employees.

A critical analysis of the past Pay Commission's award to the category of "the Civil Assistant Surgeons including Dental Assistant Surgeons, Deputy Civil Surgeons brings out some glaring anomalies. The Honourable Member of the Commission has probably not used any fixed guidelines or criteria while giving his recommendations. They seem to be completely arbitrary.

If he had considered different aspects like the educational background, the nature of doctors duties; the needs of the Society, of the services of doctors, etc., he or anybody else would have placed the doctors (C.A.S./D.C.S.) in a higher category than those with whom the C.A.S. were clamped previously. But the Pay Commissioner has gone a step backward by creating the following anomalies.

## **Anomalies encountered by Civil Assistant Surgeons (Annexure II & I)**

- 1) 38 categories whose pay was on par prior to 1974 were, fixed at a higher level.



Out of these 38 categories, three categories (No. 2, 9 & 33) are given two grades higher i.e., 750-1300, though in 1974 they were on par with Civil Assistant Surgeons.

- 2) 39 categories where pay was lower prior are fixed on par with Civil Assistant Surgeons in new scales i.e., 600-1100. One category No.35 which was two grades lower is now fixed two grades higher and equated with Civil Assistant Surgeons.
- 3) 10 categories which were lower previously have been placed higher than Civil Assistant Surgeons i.e., 700-1200. One No.1 of these ten, though less previously have been fixed at two grades higher i.e., 750-1300.

Though in the Schedule I, i.e., statement showing the existing and revised scales (D.A. Merged) show the equation of  $400-800=600-1100$  (No. XVII) only the six categories out of 38 conform to the equation.

If the designation of Assistant Director is sounding as a higher cadre - than the Assistant Surgeon - this cadre i.e., Assistant Surgeon may also be redesignated as Assistant Director.

### **Anomalies encountered by Deputy Civil Surgeons (Annexure III & I)**

- 1) Seventeen categories which were in the scale of 600 - 1,000/- before are fixed in a higher scale than Deputy Civil Surgeons (750 - 1300). Out of 17 - (No. 2, 3, 4, & 14) four are fixed at two scales higher.
- 2) Nine categories which were in a lower scale (400 - 900) are equated with Deputy Civil Surgeons (750 - 1300).
- 3) Six categories which were lower (500 - 900) are placed at two grades higher (850 - 1425).

Though the Schedule I in statement showing the existing and revised scales (D. A. Merged) show the equation of  $600-100=700-1300$  (No. XIX) Only four categories out of 17 categories conform to the equation.

Thus a lot of injustice has been done to the category of Civil Assistant Surgeons, Dental Assistant Surgeons and Deputy Civil Surgeons.

The only explanation offered is that C. A. S./D. C. S have private practice. This is only a Bogey raised and has no validity.

Private practice is done by a doctor during his non-duty hours, it does not hinder the official duties of the doctor. The society needs his services outside the hospital and he fulfills these needs by sacrificing his comforts, at the expense of his health and personal family life. This is one of the reasons for lifting ban on practice in 1970. During his private practice he is exposed to all sorts of diseases some of which he may acquire and suffer. Managing patients is not covered by a simple formula Examination of patient + Administration of drugs = Getting money, corrected to Examination of patient and administration of drug = getting money + STRESS & STRAIN to the Doctor (Health Hazard).



Then all doctors do not have private practice. A factor of luck plus aptitude for private practice determines the returns. Only about 5 to 10% have a sizable (or good) practice.

### **An Analysis of working hours of Civil Assistant Surgeons/Including Dental Assistant Surgeons/D. C. S.**

District & Teaching Hospital.	Daily working hours 7 days/wk	Addl. Duty hours	Subtract 1 off day.	Total working hours in 7 days.
	$(7 \times 6 = 42)$ Hrs.	+ 18 hours	6 hrs.	
		(equivalent to 3 working days)	$42 + 18 - 6 =$	54 hours in 1 week.

P. H. C. & Taluk Hospitals  $7 \times 6 = 42$  hrs. Attends to all emergencies M. L. C. throughout the

### **Work on Holidays :**

Unlike the other cadres of Government Servants the Civil and Dental Assistant Surgeons/D.C.S. cannot avail the public holidays. They have to take permission from higher officers for availing; obviously he can avail only a few holidays subject to critical censor.

If there are about 85 holidays in a year including Sundays the maximum number of them that he can avail will not exceed 18-20/year.

He is entitled to 12 casual leave + 3 partial holidays and 10 compensatory leaves in lieu of working on holidays. Thus in all he gets about 45 (maximum) days leave/year.

Hence he is working on  $365 - 45 = 320$  days/year.

To this if we add additional duty hours in night duty i.e.,  $18 \text{ hours/week} = 3 \times 52 \text{ days} = 156 \text{ days/year}$ .

Additional working days excluding weekly off  $(156 - 52 \text{ off days}) = 104 \text{ days/year}$ .

Total working days leaving out maximum possible leave, weekly off etc.,

$(320 + 104) = 424 \text{ days/year}$ .

Whereas any other Government Office works for only 265 days/a year.

### **Non-Practising allowance :**

The Government has been paying Rs. 75/- per month non-practising allowance to some categories of Civil Assistant Surgeons. In its considered opinion it is enough to compensate for the lack of practice a benefit which other categories of Civil Assistant Surgeons have. This is a paradox. On one hand Government thinks that loss by leaving practice is compensated by Rs. 75/- p.m., and on the other hand thinks that because



practice is allowed no higher pay should be given. We wish to place it before the Commission that it is a serious anomaly as Government itself was paying the N.P.A. at the rate of 50% of the basic pay during the period when there was a total ban on private practice for all Government doctors.

We request that the same rate of N.P.A. i.e., 50% of the basic pay be restored to all the categories not allowed to practice.

### **Special Pay (Teaching Allowance) ;**

The special pay given to the Medical Teachers is another important anomaly. In the last Pay Commission no fixation was made about Special Pay. It was referred to the Department for consideration. So far no action has been taken in this regard.

An Assistant Professor in the Medical College is paid Rs. 30/- per month. This was fixed about 30 years back i.e., from the inception. The Assistant Professors are involved in teaching/undergraduates and post-graduates. In addition to daily routine they take an active part in Seminars etc., which involves longer stay in the College between 2 p.m., and 4 p.m., as well as time for preparation at home.

Hence there is an urgent need to revise the quantum of special pay to Rs. 300 per month.

### **Risk Allowance :**

Certain Categories of Civil Assistant Surgeons including Dental Assistant Surgeons working in Departments like Radiology, Anaesthesia, Leprosy and Psychiatric infectious diseases S. T. D, (V. D), Blood Bank and T. B. have the risk of occupational health hazards. We feel that they should be paid a suitable risk allowance of Rs. 200/- per month to cover the risk.

### **Neutralising of one increment in D. A. Merged Pay Scales :**

There is yet another anomaly which has to be corrected. In last Pay fixation persons having the pay of Rs 500/- and Rs. 525/- as on 1-1-'74 are fixed in same scale. Thus a senior's hard earned increment is neutralised. In future same state of affairs exists for persons of basic 900/ & 930/-. This should be rectified.

### **Conversion of advance increments to additional increments :**

The doctors possessing post graduate qualifications have been getting advance increments as an incentive. The grant of this incentive has encouraged the doctors to acquire post graduate qualification which in turn has benefitted the Society by giving better medical care. But this incentive of granting advance increments has only a limited value since these persons stop drawing increments 2-3 years (as the case may be) before reaching maximum of the scale. We only request you to make this gain a substantial one by converting these advance increments to additional increments so that these candidates would continue to draw 2-3 additional increments more than the basic graduate.



## **Advance increment for super specialities :**

At present Super Specialists like D. Ms. & M. C. Hs do not get any additional increments. These doctors are highly skilled in their Speciality. These specializations are manifestly in the interest of better patient care, better medical education, better technical training even beyond the Post Graduate degree stage, highest Post-graduate level. At present there are only about 30 such highest post-graduate degree holders (Super Specialists) in this State. Though their services are being used in these specialities concerned, no incentives have been granted in recognition of their qualifications.

We request the Pay Commission to recommend the grant of five additional increments in all (3 increments for Post-graduate Degree and 2 more increments for Super Specialities) or a Special Pay or higher stages for possessing highest P. G. qualifications or acquiring additional special training and performing special duties and responsibilities.

## **Weightage for services :**

In view of the long standing anomalies in our pay scales particularly considering the meagre promotional avenues as already mentioned it has been felt that every time the pay revision is made, there has been only a marginal financial benefit bordering to negligible amounts. Taking into consideration that bulk of our people who have joined services long time ago, a semblance of justice could be done if the weightage for service is considered in a more realistic manner by giving one increment for every 3 years of service.

## **Merger of dearness allowance with pay :**

As regards the Dearness allowance that is being given to us, we request you to consider only for merger with the new scales of pay we are presently asking for and under no circumstances be merged with the existing pay scales. Contrary to this, any other decision of the Commission could only further aggravate the injustices meted out to us so far.

We are strongly convinced that the recommendations of the previous Pay Commission were thoroughly against the category of Civil Assistant Surgeons including Dental Assistant Surgeons. While no proper consideration was given to the educational qualification, nature of services, quality of work, needs of society, etc., the Pay Commissioner seemed to have used his own discretion to make his Award. **There is a serious anomaly and it should be rectified with retrospective effect.**

For the benefit of the Pay Revision Commissioner we have analysed the various aspects of Civil Assistant Surgeons and Dental Assistant Surgeons in the following pages. We hope the Commissioner will undo the injustices meted out to the Civil Assistant Surgeons and Deputy Civil Surgeons and Dental Assistant Surgeons.

After passing the Intermediate Examination, the best students opt for Medicine and Engineering Courses and the remaining get into the other professions. Selection to the course is by an Entrance Examination.



The medico has to undergo a rigorous training of atleast 6 years before he or she qualifies. About 20% of these good students invariably loose 1-2 examinations – adding upto this minimum time. Thus the medical graduate will be not less than 25 years of age to be eligible to enter into service for which he has to wait for another 4/5 years.

On the other hand in Engineering, Agriculture, Veterinary Sciences and those appearing for I P. S., I. A. S., and other examinations require in all about 4 years for qualifying. Thus the personnel in these services get off to a start in their careers atleast 2 – 3 years ahead of their batch mates in Medicine. The handicap of joining service late by 2 – 3 years will substantially affect his overall emoluments during the course of his service and also affect the retirement benefit particularly when the stagnation in the medical service is well known.

### **Promotional avenues :**

For a doctor the promotional avenues also are meagre in view of the peculiar cadre. There are only two steps-Assistant Surgeon/Civil Surgeon. Recently a third cadre of Deputy Civil Surgeon has been created to the extent of 475 posts coming to 10% of the total C. A. S. strength, Instances of several doctors retiring as Assistant Surgeons are well known. Similarly it is not unusual for father and son to be in the same cadre of Civil Assistant Surgeons.

All most all the promotions require that a candidate should possess a Post-graduate qualification while for most other services where such a requirement is not essential. The number of posts for promotion also are meagre compared to the magnitude of the service. Just for comparison with Engineering Services, Medical Department has 22 Additional Directors with one Director of Medical Services and 475 D.C.S. & C.A.S., whereas there are 16 C.Es., 98 S.Es., 513 E.Es., 2289 A.Es., and 8,300 J.Es., in Engineering Department. As it stands today an Assistant Professor stands eligible to be promoted after 5 years of teaching experience after getting the Post-graduate degree. He has to wait for promotion for nearly 2 decades in the Medical and Health Department.

### **Nature of duties :**

The nature of the doctors duty are arduous. In Taluks and P.H.C., a Government Doctor is usually the only one available. In addition to his regular fixed hours of duty he has to tour and be available to attend any emergency or to medico-legal work throughout the 24 hour period. He is morally bound to attend to these calls and cannot refuse them. In addition these doctors round the year are under stress and strain while taking measures to prevent epidemics or actually control when there is an outbreak. He has to work on all public holidays also to provide the continuation of the ESSENTIAL SERVICES in which he plays a PIVOTAL ROLE.

Similarly at the District Headquarter Hospitals the C A.Ss. have to do night duties-which means attending on patients in the hospital per 36 continuous hours atleast once in a week. The Specialists are on call duties every day and attend to many emergencies when help and guidance is sought by the duty doctor. This can happen everyday in addition to his regular duties. We have been doing all this ungrudgingly, at the expense of our health, and recreation and the needs of our families.



The Civil Assistant Surgeons working in the Teaching Hospitals have similar working hours with 36 hours duties atleast once in a week. In addition they have to do teaching to medical students, Nursing Staff and other postgraduate students for which they have to prepare, which once again means EXTRA TIME.

## CONCLUSIONS :

Therefore, we request the esteemed Commission to go into our representation with utmost reasonableness and rectify the gross anomalies that exist in our present pay scales. Though the profession has been considered "NOBLE" by many, unfortunately our case has been ignored time and again without any justification.

Considering all these factors of our Service conditions, it is the considered opinion of the Association that there should be overhauling of the present pay scales and start afresh without any consideration for the previous ones in view of the continued overlooking at the hands of various Pay Commissions, which have come into existence during the past two decades.

We therefore request the COMMISSION to place us in the following Pay Scales and concede other justifiable demands :

### (1) REVISION OF PAY SCALE :

Civil Assistant Surgeons including Dental Assistant Surgeons.

Rs. 600 - 1100 to Rs. 1,050 — 50 — 1,600  
excluding the D. A. Merger.

Deputy Civil Surgeons including Dental Dy. Civil Surgeons :

Rs. 750 - 1300 to Rs. 1,250 — 75 — 1,850  
excluding the D. A. Merger.

(2) Non practising allowance to those who are not allowed to practice.  
50% of the Basic Pay.

(3) Teaching Allowance : (Special Pay).  
Rs. 300/- per month.

(4) Risk Allowance : Rs. 200/- per month.

(5) While fixing the new Pay Scale, maintain difference of pay drawn by Senior Doctors.

(6) Conversion of advance increments into additional increments.

(7) Additional increments of 5 to be given to Super Specialists.

(8) Weightage for Service while considering Pay Revision. One increment for every three years.



(9) Merger of D. A. to be done in the Scale of :—

C. A. S. – 1050 – 50 – 1600

D. C. S. – 1250 – 75 – 1850.

(10) Monetary benefit to be awarded with retrospective effect from the date of implementation of last Pay Commission Report.

Thanking you.

Yours faithfully,

Dr. P. MADHUSUDHAN RAO

Dr. BALBEER SINGH YADAV.

Dr. N. S. DASS

Dr. C. B. SREENIVASA RAO.

Dr. B. K. SHAJ

Dr. S. L. KANTHA RAO.





# GUIDE LINES TO CIVIL ASST. SURGEONS.

## 1. Newly appointed Civil Asst. Surgeons :

The Civil Asst. Surgeon when joins duty on his 1st appointment has to :

- A) Give a joining report addressed to the immediate superior officer at the station.
- B) Sign the C. T. Cs.
- C) See that a service Register is opened though not on the same day but before the completion of one year of Service or at the time of handing over charge on transfer to other place. If the Service Register is not opened before completion of one year of Service the increments will not be sanctioned by the sanctioning authorities. For the purpose of opening of Service Register the following documents have to be produce.
  - I. Evidence of date of birth (School Certificate.)
  - II. First appointment order.
  - III. C. T. C. showing the date of taking over charge of the Post on 1st appointment
  - IV. Service Commission selection order if any.

## 2. Civil Asst. Surgeon when transferred :

- A) to sign C. T. Cs. of handing over of Charge.
- B) to obtain permission to transport personal effects by road and to draw advance of pay & T. T. A. if required.
- C) to obtain L. P. C and Service Register (with upto date entries) which will be given to the officer concerned in a sealed cover when requested.
- D) to give a joining report at new station to his immediate officer & sign C. T. Cs.
- E) to handover the sealed cover cantaining L. P. C. and Service Register to the officer concerned.

## 3. Regularisation :

The following are the requisites to get the services regularised for a Temp Asst. Surgeon.

- A) Minimum Qualifications.
- B) Age.
- C) A. P. P. S. C Selection.



## NOTE :

**PRE-NATAL** When mothers are registered late in pregnancy, at least two doses of tetanus toxoid should be given. For a mother who has been immunized, one booster dose of tetanus toxoid should be given in subsequent pregnancy preferably four weeks before the expected date of delivery.

**CHILDREN :** Age indicated is considered to be the best time. However, if there is any delay in starting the first dose of triple vaccine the age may be adjusted accordingly. It should be the aim to ensure that a child receives small-pox, BCG, DPT, and Polio vaccination wherever available, before it reaches one year of age. The different vaccines indicated against the various age groups can be given simultaneously : Example: BCG, Triple vaccine and Polio vaccine; small-pox, triple vaccine and polio; etc.

\*When typhoid vaccine is being given for the first time, two doses at an interval of 1-2 months required to be given.

**Source :** Swasth Hind, Central Bureau of Health Education, New Delhi.





# The Means and Ends of Medical Education

By **Dr. T. Srinivasan**, B.Sc., M.D.,  
Principal, i/c.,  
Rangaraya Medical College, Kakinada.

During the last decade, the medical education in our country has been on the anvil of change that makes us realise that it is a dynamic process — a process that is decided and moulded according to the social conditions of the community. As per our National Health Policy, every citizen has a right to health care which has to be delivered to the rich and the poor of the urban and the rural communities. Like food and shelter, it is accepted that health is a basic need and these are to be provided by the Government. Hence one of the important objectives of teaching in the medical institution is to produce enough medical and paramedical personnel to serve the needs of the community. These personnel have the dual responsibility of rendering the curative and preventive modes of treatment. So basically the product that comes out of the portals of a medical institution should fit into this future responsibility. While producing such products is the major responsibility of a medical institution, the institution also should participate in training postgraduates who in turn will be the future teachers and research workers. The aim of medical education boils down, hence to (1) an undergraduate training programme oriented to our country's needs and (2) a postgraduate training programme to produce specialists and research scientists who contribute to the understanding and control of unsolved clinical problems.

## **UNDERGRADUATE TRAINING PROGRAMME:—**

Since the aim is to produce the basic doctor, it is not desirable to cram into the minds of

the young medical students all details of the pre-clinical, para-clinical and clinical subjects — but they should be taught only those areas which either will have a direct or applied bearing in the management of a patient or a community. The present day teachers are those who have been taught by teachers accustomed to teach what all they knew. Thereby what is essential in the process of training a basic doctor is lost sight of. So the present day medical teachers are to be given orientation with regard to the syllabi, curriculum which are necessary for producing a basic doctor. By cutting down the details in the various disciplines, the 4 years course can be utilised properly in an integrated approach, with a view to make the graduate conversant with all the common ailments afflicting the community who will be entrusted to his care. The internship also should be covering training in the primary health centres and district Headquarters Hospitals that orient the students with the clinical and preventive responsibilities that he will be made to shoulder when floated, as a basic doctor, into the society. The idea of the State Government in adopting the Primary Health Centres by the medical colleges is going to serve this purpose of taking the students to the door steps of areas which will be his future fields of activity. Field studies like these will also make the teachers realise what is to be taught and what are the unnecessary details that can be avoided.

## **POSTGRADUATE TEACHING PROGRAMME —**

This is a specialised training and the future



consultant is the product of this training. Enough opportunities are to be provided for him to get exposed to the various problems that concern him in the field of his specialisation. This needs a change in the pattern of teaching and instead of allowing the postgraduate to fend his way and waste his time, he must be made to utilise the time properly by involving him alongwith post-graduates in group-discussions and recommending standard books for study. Wherever possible, practical knowledge has to be imparted to him. The examination set up also should be with a view to assess how much he knows rather than how little he does not know. Specialisation and practice as a consultant depend on experience and periodic Refreshers' course should be provided for these qualified people to go and

earn new things and unlearn what is not in vogue and what is outmoded. In the United States, the consultants are asked to appear for an examination every five years, only with an idea to get them conversant with all the developments taking place during that period.

We are on the threshold of lot of innovative changes that are being made in the pattern of medical education — all with an aim to fulfil the dual needs of (1) production of a basic doctor who will be useful to the community (2) training the future teacher in medical colleges, since both are dynamic processes and ever-changing. Medical education also will have to be dynamic to achieve this and we cannot call a halt to any programme of medical education.





## GOVT. DOCTORS AND PUBLIC CRITICISM :

By **Dr. V. SATYANARAYA MURTHY, M.D.,**  
Superintendent & Physician,  
Govt. General Hospital &  
Professor & Head of the Dept. of Medicine,  
Rangaraya Medical College, Kakinada.

In recent times public criticism of Govt. Doctors is on the increase. There are various types of criticism and allegations. News about doctors demanding money; selling medicines; giving false certificates and false expert evidence; professional negligence etc. are becoming quite common. Instances of molesting lady patients also are not rare. One feels sad to note such incidents about a noble profession like medicine.

Though there may be certain degree of exaggeration and distortion about such incidents, one can not dismiss them as totally baseless. Instead of trying to deny the allegations and criticism and justify the profession, one should try to objectively analyse the situation.

Similar objectionable incidents affecting other professions usually do not attract as much of public attention as they do in respect of the medical profession. This is mainly due to the fact that the society expects too much from the Medical Profession and as a result even a minor lapse is liable to be magnified. A patient with a minor and routine ailment gets impatient to wait for few hours for getting examined and picks up a row with the doctors. The same person when he is involved in same litigation will be attending the courts for years or decades without any protest for the delay. The society forgets the fact that doctors also are part of the society at large and the maladies affecting the society affect doctors also. The decline in the moral standards of the present day society is affecting all the cross-sections of the society and unfortunately doctors are no exception. On that score one should not try to justify all these atrocities. However an attempt should be made to approach the problem in a rational and scientific way.

Lack of moral instruction in the Educational Institutions from the school stage onwards and decline in the moral values of people in public life has contributed a lot to the erosion of the image of all the services and medical services are no exception. Hence instead of only trying to find fault with the erring doctors a sincere effort should be made to improve the moral standards and values of the society. Then the vigilant public opinion plays a corrective role.

The practical difficulties of the doctors and the odds against which they are working have to be brought to the notice of not only the Government but also the public through appropriate forums.



When one considers the plight of doctors in some primary health centres where a single medical officer may have to attend to 200-300 Out-Patients a day, one can easily appreciate how it is physically impossible to do justice to the patient care. Under such circumstances to level a charge of "Professional negligence" since the doctor failed to diagnose a case will be unfair and unjust. In a developing country like ours with the doctor-patient ratio being very unsatisfactory, there is a real difficulty for the Government also to improve the situations. Under such circumstances the public should appreciate the genuine difficulties faced by the doctors. There may be some instances where there may be professional negligence because of the callous attitude of some doctors and under those circumstances the guilty deserve to be dealt with in accordance with the law.

Though the profession is such that a doctor cannot adopt a policy of "work to rule" and adopt "Trade Unionism", one should not forget that a doctor also is a human-being and part of the society with hopes, aspirations, interests, emotions etc. like the rest of the society and his defects require to be judged against this background

Regarding the other types of criticism like doctors demanding money; misappropriation of drugs and diet; moral crimes etc., They deserve to be punished according to law and no sympathy need be shown.





# **Profile Of Medical Care — From the Public Point of View**

By **Kanda Appa Row,**

Medical care is understood by the public as the process by which a sick, diseased or injured individual is restored to normal state of health and well being by members of the medical profession who have been trained and qualified in the art of healing and saving lives and limbs. It also includes medical check-up and prophylactic measures to prevent the occurrence of certain avoidable ailments. But one wonders whether any of these two goals of medical care are achieved. The number of patients that swell the out-patient departments of hospitals is an index of the poverty and ignorance of the people. In a country where nearly 70% of its population live below poverty line this phenomenon is only to be expected. Curative aspect of medical care can never be a success under conditions where the disease-causing factors are not tackled and eliminated. Preventive aspect of medical care is more expensive but it will be cheaper in the long run in terms of man-hours saved and less drugs consumed. Protected water, environmental hygiene, inoculations and nutritional programmes should be given greater attention and better share in the health budget. It is only then that medical care becomes meaningful.

Conditions in hospitals should improve - hospital wastes should be disposed of hygienically, kitchens should be more hygienic, sterilisation of hospital supplies and linen should be modernised and made foolproof. Infective patients should be isolated. There should be a unit headed by a full time Officer to monitor hospital infections. It is no wonder that under the prevailing conditions hospitals are becoming a big source of infection instead of temples for healing.

Big hospitals with experts and superexperts should handle only referred cases - either those referred by general practitioners or peripheral hospitals. Peripheral and rural hospitals should be adequately staffed and stocked to treat common ailments which do not require expert attention. This can be done by creating more rural hospitals and manning them with qualified medical and trained para-medical personnel. This will solve rural medical-care problem while relieving strain on the big hospitals where experts can concentrate on serious diseases and chronic ailments which baffle the rural and peripheral doctors.

Medical care may improve by creating a cadre of Deans who specialise only in hospital administration sans teaching and medical-care responsibilities.

Budget of hospitals should be so utilised so as to make available without a break supplies of such commonly used drugs as are required by the majority of the patients,

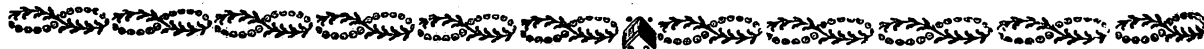


instead of on sophisticated costly drugs of equal effect to pamper a few V.I.Ps. Patients in the hospitals should be considered as animate objects, not as mere 'cases' or 'beds.' This will go a long way in boosting the morale of the patients and accelerate their recovery as well.

The services of the paramedical staff should be monitored and this aspect at present leaves much to be desired. The strength of nurses should be increased so that inpatients get all the attention they need without depending upon their own attendants who are not trained in health care and who in majority of cases are illiterates. The paramedical staff should be periodically exposed to refresher courses wherein they should be repeatedly taught to be courteous towards patients and in monitoring their condition and response to treatment.

Hospitals should involve a machinery to oversee and verify administration of medicines as per schedule and dosage prescribed by the medical personnel. Otherwise medical care would become ineffective.

In their crusade against disease and consequential human suffering Doctors should lead with missionary zeal, oblivious to the status or economic condition of the person suffering. Satisfaction of restoring normal health to a fellow human being is its own reward. Happiness stems from the satisfaction of having conquered disease and restored the happy smile on the face of a grateful patient.

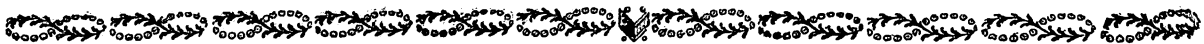


## TYPICAL FAMILY BUDGET

	Percent of Income.
Shelter	20.25
Food	33
Clothing	10.15
Home operation	10.15
Savings	12½
Amusement	10

THE HOUSEHOLD ENCYCLOPEDIA

N. H. and S. K. MAGER





# HOW SHALL WE PLAN FOR PEDIATRIC SERVICES ?

By **Dr. P. S. MURTHY**, B.Sc., M.D., D.Ch.,  
Paediatrician, Govt. General Hospital,  
KAKINADA.

Before we try to answer the above question, let us ponder for a while and consider whether we have the right approach for a perspective pediatric plan! The answer is a plain 'NO'. The child has always suffered in an unequal battle for fighting for its share of health plan resources. More depressing is the fact that there is a palpable apathy and wanton negligence among the planners for the needs of the growing child and its aspirations for a better future.

1979 will be the year of the child. Unable to endure the indignities to which children for generations have been exposed in the developing countries, the child of to-day has a right to expect that the next year should usher in an era of high priority for the child care plans all over world and much more so in India where the Infant Mortality Rate is around one hundred and thirty, and where child population is 42%. I suggest the following measures in this direction.

- 1) A pediatrician with a D. C. H. qualification must be posted in each primary health centre.
- 2) Each Samithi should have a school Health Officer to cover the schools in its area.
- 3) The production of vaccines and toxoids must be increased on a war-footing in the country.
- 4) The birth rate should be drastically brought down at any cost.

Many other measures like improved sanitation and nutrition, clean and safe drinking water supply for villages and urban slums, wholesome storage of food and vegetables, better education and sanitary disposal and rise in female literacy and playing facilities for children, call for various socio-economic changes in the society.

To provide the necessary manpower for the above objectives, there is an urgent need for training more pediatricians and paramedical workers in a short time. As a corollary, the D. C. H. and MD seats in medical colleges must be increased by increasing the number of units if necessary.



tial to keep up the discipline in these hospitals.

Even though the working of these hospitals at present is not unsatisfactory, unless the doctors working in these hospitals go to remote villages, the medical care reaches urban population only. Since majority live in rural areas, the major hospitals should also take the responsibility of extending the expert services to villagers by arranging various types of camps periodically.

The further progress and future of these hospitals depend on all round development of these hospitals by Government, devotion sacrifice and integrity on the part of the doctors and Co-operation and sense of understanding on the part of public. Though hospitals are made up of brick and mortar, the people who come in side are sick and suffering and a sympathetic approach to their problems, medical, social, familiar should find the highest place to make this profession a noble one.



## THUS SPAKE GREAT SOULS

Revenge follows hatred and forgiveness follows Love.  
You can counteract a disease only by its antidote.  
Love is the only antidote to hatred.



To pray to God for material prosperity is not prayer but a farce.



If you want to be saved, conquer your mind, lead a pure life,  
Renounce low desires and follow One who has realised God, and  
in whom you have sound faith.



A man becomes wise by practicing, not by preaching  
virtue. Ability in advising others about virtue is no proof  
of saintliness nor is it a mark of wisdom.

— MEHER BABA.



# RECENT TRENDS IN ADMINISTRATION OF MEDICAL & HEALTH DEPARTMENT

By **Dr. J. JAGANMOHAN**, M.B.B.S., D.P.H.,  
Dy. District Medical & Health Officer,  
Kakinada division and President  
Civil Assistant Surgeons Association,  
District Branch, E. G. Dist.

The Inheritance of allopathic system of Medical care in India was started with the presence of British troops as a colonial power. The medical care to the millions of Indians, before and few years after the British established their rule, was by Ayurveda, Siddha and Unani system of Medicine which was practised by traditional Vidyas. These systems were practised as a hereditary accomplishment. The scientific basis of Indian system of Medicine, as time passed on, was lost and empirical methods were followed which at that time the ruler influence along with scientific advancement of allopathy with cognisable effects of treatment results, a base was followed in India for allopathic system of medicine which was entirely for some time attached to medical army officers along side with missionary hospitals as Voluntary organisations. During this period the medical care as a separate department, while with the introduction of sanitary boards, a separate health department was also established, both functioning separately.

With the advent of independence by which time, i. e., after 200 years of British rule, the allopathic system of medicine gained its firm foothold in India with teaching hospitals in different state capitals to start with producing year after year a number of doctors. As time passed on specialisation which was in a foreign country

was now firmly established in this country. Thus producing a large number of general practitioners, medical officers in Govt. Institutions including specialists.

The administrative set up, at the time of independence was a central cabinet minister in the council of Ministers, looking after centrally administered areas and a co-ordinator for different states in the matters of common interest. His position has become more important with the introduction of National Health Programmes, health being a state subject in the States the Cabinet Minister incharge of Medical and Health. These designations have since been changed to that of Minister for Medical, Health and family planning, now being designated as Medical, Health and Family Welfare, he being assisted in the Secretariat by Secretary to Govt. Medical, Health Family Welfare, and Deputy Secretaries, Asst. Secretaries from I.A.S. cadre. The Medical Directorate, headed by Director of Medical and Health Services, Health Dept. by Director of Health Services.

As the preventive medicine gaining ground along with medical care and on the suggestion of the Central Government to various State Govts. to combine both Medical and Health into single directorate Andhra Pradesh Govt. appointed a single Director of Medical & Health services assisted by Addl. Directors for Medical Education, Medical Care,



Family Welfare Programme & MCH, communicable diseases and Employees State Insurance Scheme. There are Assistant Directors of Medical & Health Services for Small pox, Malaria, Family Welfare, Filariasis, Epidemiology, Nutrition, Tuberculosis, Health education and Leprosy. Some of the important National Programmes for which there is Central Assistance the post of Asst. Director was upgraded to that of Addl. Director Ex-Malaria. All the Principals and Superintendents of teaching Hospitals were also upgraded to the quader of Addl. Director of Medical and Health services, while doing so a sort of Decentralisation of administrative procedures, has taken place at the Directorate level.

The Concept of Technocrat Secretaries was mooted in the Administrative reforms committee recommendation was given a trial run in the Medical & Health Department which has become short lived with two senior most Directors of Medical & Health Services occupying the posts for varying periods,

Thus the decentralisation which started in a phased manner has started to spread to Dist. Administration also. The two posts of District Medical Officers And District Health Officer were combined as single District Medical and Health Officer on trial in 4 districts, when it met with success, it was then implemented in all the districts of the State. The posts of District Health Officer has been redesignated as Dy. District Medical & Health Officer (Health) the post of A.D.M.O. Dy. Dist. Medical & Health Officer,

(Medical). A short while later the Dy. District Medical & Health Officers were given territorial jurisdiction of the District equally for all administrative matters.

With the regionalisation of cadres under 6-point formula three regions were formed each under the care of Regional Director in the rank of Addl. Directors and it is fondly hoped that more regional Directors will be appointed in future as per the zoness that were created under 6-point formula. With this change at the Regional level, the Decentralisation was started by which zonal cadre service matters will be settled not in the Directorates but in zonal headquarters relieving much hardship experienced by the Zonal cadre employees for their grievances.

In the district administration three Dy. District Medical & Health Officers of Deputy Civil Surgeons rank (including one Addl. D.M. & H.O. which was now converted to that of Dy Civil Surgeon), were given Revenue Divisions and made responsible for implementation of all programmes with effective supervision and supply of drugs and service matters, recommendations to the D.M. & H Os. in the district.

Thus the ball of decentralisation released at the Directorate level has rolled upto the Divisional level with a fond hope that this step will minimise difficulties in Administration of service matters, drug, procurement and effective supervision.

J. JAGANMOHAN,





### 3 TIER OUT PATIENT SYSTEM, Voluntary Contributions by Public.

**Dr. T. Padmanabha Gandhi, M.D., D.CH.**

**&**

**Dr. N. R. Appaji Rao Naidu, M.B.B.S.**

Universal declaration of Human Rights adopted by the General Assembly of United Nations in 1948 sets forth the basic Principle. "The enjoyment of Highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

To attain this highest ideal the responsibility does not end with individual effort. In all civilised societies the state assumes responsibility for health and welfare of its citizens. But in a developing country like India the out-lay on Health Programmes is found to be a meagre 5.9 per cent of the total Plan outlay during the First Five Year Plan and 7.2 percent during the Fourth Plan.

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#### Distribution of out-lay for the Fifth Plan.

	Item	Out lay In Crores.
1.	Health	796
2.	Family Planning	516
3.	Nutrition	400
4.	Urban development	543
5.	Water supply	1022

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The per capita health Budget as it clearly appears is in the order of 1½ Rupees. This justifies the usage of the term "2 dollar health Budget of developing countries" by David Morley

The major share of the out lay goes to the General hospitals which are considered to be the "Ivory towers of disease". Is it justified to spend on these 'Ivory towers' caring for the health needs of only 20 percent of the total population? 80 percent are still in rural areas undoctored and uncared for.

So the question arises how best these institutions justify their existance Can they transform themselves into sources of revenue whereby they can support the rural sector health care also through the surplus earned by them.



The Honourable Chief Minister and the Health Minister of Andhra Pradesh have declared during the Golden Jubilee Celebrations of Osmania Medical College that the Government of Andhra Pradesh is seriously thinking of introducing 3 tier system of Medical care in the General Hospitals. In this connection the APCASA Govt. General Hospital, Kakinada Branch is having a plan to offer to the Government for careful consideration.

**SCOPE :**

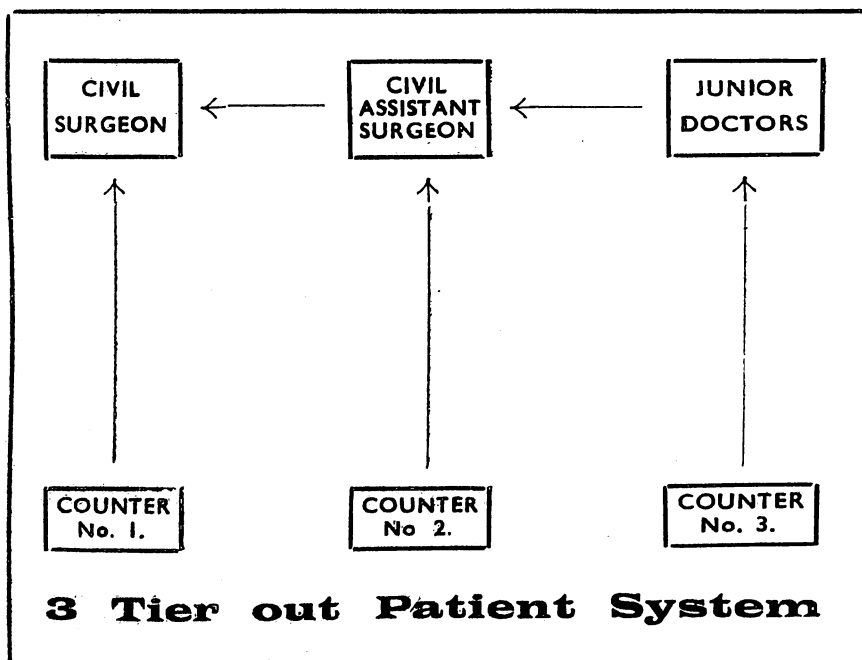
The General Hospitals and District Headquarters Hospitals can adopt this system and earn a lot of revenue. All the specialities at Head Quarters Hospitals should be upgraded, headed by a Civil Surgeons.

**Principle :** This system depends upon voluntary contribution by the Public. There is no element of compulsion or coercion. No additional expenditure is required to adopt this system.

**SCHEME :**

**Out-Patient Department :**

Akin to the arrangement of ticket counters at the picture houses there should be three counters for issue of O. P. tickets to the public-viz., counter 1, 2 and 3. There should be separate colour for the O. P. Tickets of each counter. The same colour should be used throughout the state. The tariff that has to be collected should be fixed. Eg. Rs. 5/- for counter 1 and Rs. 2 for counter 2. Counter 1 and 2 are paying counters. Counter 3 is non-paying counter.





On taking these tickets people from Counter 1 can directly go to the Civil Surgeon in the concerned speciality for consultation. People from counter 2 can go to the Civil Assistant Surgeon directly for consultation. General Public from the non-paying counter will go to the junior doctors first. As and when the need arises Junior doctors will show the cases to either Assistant Surgeon or Civil Surgeons as is presently followed. The system of internal referral i. e., from Junior doctor to Assistant Surgeon and from Assistant Surgeon to Civil Surgeon will always exist for difficult cases and emergencies.

To create a sense of responsibility a nominal fee of paise 10 or 25 can be collected from the public attending counter 3 also. This will avoid the common practice of losing the O. P. Tickets very frequently even after complete investigation. This indirectly reduces Government expenditure on unnecessary and oft-repeated investigations. There should be a facility for the sake of destitute beggars and phenomenally poor people. Social and Philanthropic organisations like Mahila Mandal Premasamajam Lions Club & Rotary Club etc., should be entrusted with this work. Very near the counter 3 the special cell of these philanthropic organisations should be situated. Poor fund boxes should be installed in various places in the hospital and money from all these boxes should be accounted and handed over to the special cell. From the funds so raised this special cell will provide the nominal fee necessary to purchase the O. P. tickets to the beggars, destitutes and poor people.

In this system there is a possibility of offering incentive to the doctor concerned, every month according to the number of cases from the paying counters he has attended.

For investigations the present system will continue. All the outpatient investigations would be free for every one (the previous pay clinics were a failure because the expenditure on investigations was so phenomenal that there was scare from the public). The dispensing of common drugs free of cost will also continue. There can be some departmental stores near the dispensaries selling costly medicines to the public who need them according to their choice.

**Possible advantages:** 1) The public will have the satisfaction that they can choose their physician. (2) Lot of time would be saved by the people who can afford to pay some tariff so that their personal work will not be disturbed. (3) Money collected from Voluntary payments in this manner will amount to a few thousand rupees each day for each general hospital. (4) Doctors will also get some proportional incentive from this amount through government. (5) Government can ban private practice. (6) Money so collected can be utilised for improving the medical care system.



# KEEP YOUR VEHICLE AT PEAK EFFICIENCY

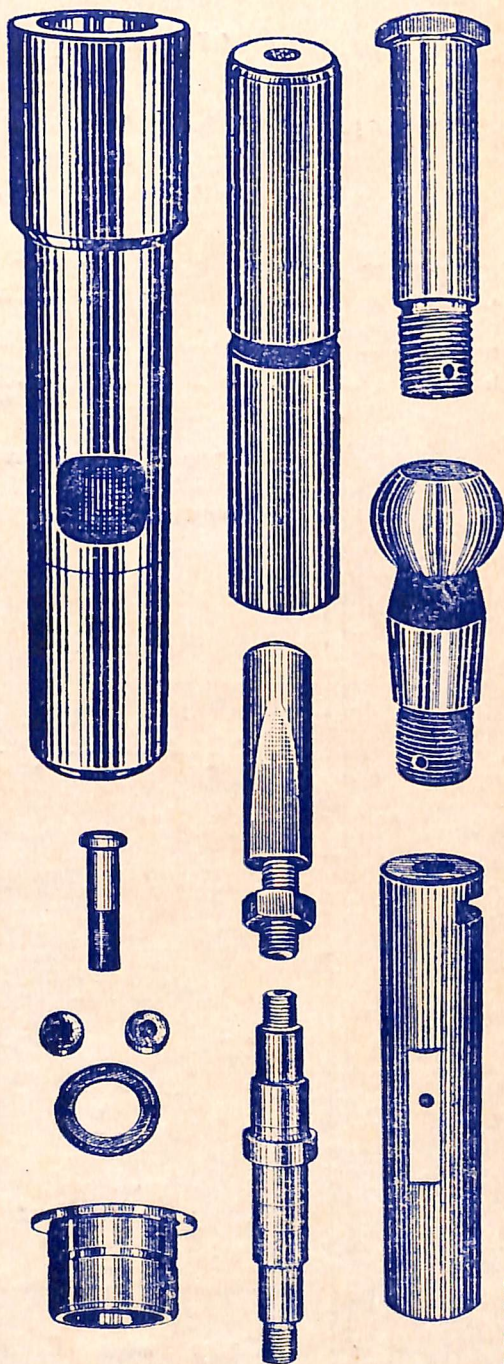
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