

Non-Violent Action to Reform Medical Education in Nepal - The Fasts-unto-death of Dr Govinda KC

Gregory G Maskarinec, Madhusudan Subedi, Prativa Subedi, Arjun Karki

Gregory G. Maskarinec

PhD

Professor of Medicine at the John A. Burns School of Medicine, University of Hawaii, in the Department of Family Medicine and Community Health and the Department of Native Hawaiian Health. A cultural anthropologist.

Email: gregory.maskarinec@gmail.com

Madhusudan Subedi.

Currently working as a part-time Professor at the Central Department of Sociology, and is a founding faculty of MPhil Programme in Sociology (2012), Tribhuvan University, Nepal. Previously, Subedi was Professor of Social Medicine, Patan Academy of Health Sciences, Nepal.

Email: madhusudansubedi@gmail.com

Prativa Subedi.

Third year medical student and Under Graduate Fellow of Government of Nepal, Ministry of Education at the KIST Medical College, Nepal.

Email: nastyrose2525@gmail.com

Arjun Karki. Professor of Medicine at Patan Academy of Health Sciences until 2015. He helped found a new medical school under Kathmandu University and was its founding Director (2000 – 2003). Subsequently, he helped establish Patan Academy of Health Sciences of which he was the Founding Vice-Chancellor (2008-2012). He was a member of Mathema Commission (2014) and also that of Health Profession Education Commission (2016) chaired by the Education Minister. In addition, he contributed in various Steering Committees and Advisory Bodies of Ministry of Health.

Email: drakarki@gmail.com

Received: June 12, 2019.

Accepted: November 17, 2019.

Conflict of interest: none.

Abstract

At present, reforms of the critically flawed system of medical education in Nepal are urgently needed. The integrity of Nepal's medical education system is threatened by investors, including members of Nepal's parliament, political leaders, and influential businessmen who treat the creation of new for-profit medical schools as an easy way to generate profits quickly and effortlessly, while no effective, impartial central authority exists to regulate the situation. The pressure to approve new medical schools increases even when the resulting education may be substandard and debt-burdened graduates neither able to find post-graduate training opportunities nor willing to accept positions outside of the Kathmandu Valley. A major force driving efforts to reform, systematize, and improve medical education in Nepal is the series of ten non-violent fasts-unto-death campaigns of one dedicated physician, senior orthopedic surgeon Dr. Govinda KC. To put his efforts into historical context, we review medical education in Nepal from 1978, when Nepal's first medical school, the Institute of Medicine, was created. We seek to clarify whether the current trend toward for-profit medical education is compatible with the rule of law in Nepal, or whether Nepal risks becoming a failed state as it ignores the need to align the production of physicians with that of national health needs.

Introduction

At present, reforms of the critically flawed, corrupt system of medical education in Nepal, especially in the private medical schools, are urgently needed. The integrity of Nepal's medical education system is seriously threatened by investors, including members of Nepal's

parliament [more than 50 lawmakers currently have direct or indirect ownership in medical colleges or institutes], political leaders and influential businessmen who treat the creation of new for-profit medical schools as an easy way to generate enormous profits quickly and effortlessly, while no effective, impartial central authority exists to regulate the situation. As one author of this paper (Dr Karki) expressed in an interview in the Kathmandu Post: "Lawmakers' engagement in self-serving activities at the expense of national interest is a serious breach of public trust. If the democratically chosen representatives betray their constituencies, I think that is an ominous sign for our democracy and for the future of this nation." (Karki 2016) Laws and policies exist under the jurisdiction of the Nepal Medical Council and the Ministry of Education, but no single authority provides effective, unbiased oversight guaranteeing the compliance of existing laws and policies. Efforts to limit the number of new medical schools until the situation improves and systematic regulations are applied to all began about four years ago (after the dissolution of Nepal's first constituent assembly in 2012); however, pressure to approve new medical schools increases even when the resulting education may be substandard and graduates unable to find employment and / or post-graduate training opportunities. Needing to earn back the costs of their education, such graduates emerge from school without the values, attitudes or inspiration from solid faculty role models to recognize that medicine is a service, not a means to amass a fortune, and unable to provide the quality and types of care needed in Nepal, especially in rural areas where 80% of the population live.

The reputation of Nepal's once prestigious Institute of Medicine [IoM] has suffered enormously as a result of political interference in its governance, as has Nepal's major state institution of higher education, Tribhuvan University [TU]. Power sharing [Nepali: *rajnitik bhagbanda*] arrangements rewarding party membership and patronage result in the universities' main posts, Vice Chancellor [VC], Rector, Registrar, deans of various institutes and faculties each being selected from among the individuals who are active and faithful supporters, if not card holders, of the major political parties,

while the appointment of IoM administrators has been based on their political affiliation and willingness to comply with the wishes of their political masters, including issuing letters of intent authorizing the opening of new medical schools. The former VC, Kedar Bhakta Mathema, commented: "This is a very dangerous trend-people not listening to the government and government not listening to the people's voice. This is dangerous; this is a sure sign of a failed state." [Interview on 10 January 2016.]

Nepal's health care system is threatened by the privatization of medical services, and the government's inconsistent, inadequate, and superficial responses to the problems associated with the recent uncontrolled expansion of medical education in Nepal. This expansion, primarily in the profit making private sectors, poses an enormous threat to health care, as inadequately trained doctors seek to recoup the enormous sums that they have paid for their substandard education without having developed a social conscience. These problems have grown worse due to a lack of professionalism among physicians and educators, health care and medical education seen not as services but as profit-making businesses, and because of a weak regulatory system in which corruption is prevalent. These growing problems are exacerbated by short term 'crisis management' rather than seeking long term, strategic solutions, a cycle of dependency on aid donors, and by the tendency to politicize all aspects of Nepal society, so that the major parties now divide up all posts and positions on the basis of favoritism rather than professional competence and leadership capabilities. The overall tendency has been described [interview on 12 January 2016] as a "culture of superficiality" that allows solvable problems to grow ever less solvable, where the powerful can do whatever they want, a situation threatening the rule of law in Nepal.

Within Nepal's system of medical education, additional specific problems include the ways that student selection policies are inadequate, often based on the ability to pay or family connections rather than on potential academic ability, a serious lack of graduate medical education opportunities in the country, no emphasis on the value of professionalism and patient-centered medicine, tolerance of questionable ethical practices, and,

overall the lack of any serious meaningful dialogue and alignment or unity in purpose between the producers of health human resources (the medical schools, universities, and academies), and the consumers of these health human resources (patients and the health care system). Misalignment between the health needs of the population and the supply of doctors that is being produced by the medical schools is growing worse.

A major force driving efforts to reform, systematize, and improve medical education in Nepal is the series of ten non-violent fasts-unto-death (now totalling 119 days in the past four years) campaign of one dedicated physician, senior orthopedic Surgeon at the IoM, Dr. Govinda KC. To put his efforts into historical context, we first briefly outline the development of medical education in Nepal from 1978, when Nepal's first medical school was created, and the history of this contemporary non-violent movement. We then examine certain features of the proposed reforms. In conclusion we offer a summary of remaining issues and offer a set of recommendations to address the crisis.

Brief History of Medical Education in Nepal

Medical education in Nepal began in 1937 when the Nepal Rajakiya Ayurveda Vidyalaya was launched in Kathmandu for the training of Ayurvedic health workers. (Ayurveda Campus Homepage) The Civil Medical School at Kathmandu, for compounders and dressers, who became the basic level health care providers, was set up a year later. (Dixit H. 2009) Because of the repressive political system in place for most of the twentieth century, students were not permitted to leave Nepal on their own to study at medical schools elsewhere, no matter how wealthy they were. Meritorious candidates could leave Nepal to study only by meeting academic requirements, a scholarship provided by a foreign government (mainly India, China, the USSR, eastern European countries, Bangladesh, and Pakistan), and approval of the Nepali government.

Established in 1959, Tribhuvan University was restructured in 1972 with clear aims for medical education, envisioning an educational system in which students would enter the IoM following their high school leaving certificate,

receiving a "Certificate in Medical Sciences" after three years of "paramedical" education, becoming eligible to work as a mid-level health provider. After a period of service, these health workers could apply to and enter into medical school to become doctors, provided they had good academic merit and performed well in the competitive entrance examination. This system not only availed the health workers to serve in rural villages but also provided them with an opportunity to acquire a first-hand experience about being a health care provider in a rural health setting. Originally this was the sole pathway to become doctors, as a reward for contributing to society. (Prasai BR 1983) Medical students were not novices to medicine, they had already acquired considerable practical knowledge and seen the reality of the country's health care system and were aware of its shortcomings, challenges and opportunities. In 1978, a community-oriented integrated MBBS program was launched, admitting 22 students. Later, the class size was increased to 30 and 40 and now admits 80 per year.

Nepal launched its MBBS program under the visionary founding dean of the IoM, Dr. Moin Shah, embracing the most innovative concepts in medical education including heavy emphasis on population health as promoted by the World Health Organization. First, there was an extensive survey in four districts of Nepal, Tanahu, Bara, Dhankuta and Surkhet, representative of different parts of the country, to identify and recognize the actual common health problems the people in Nepal were facing. Having collected and analyzed the data that came out through that survey, the curriculum designed was based on the findings so as to prepare physicians who would graduate medical school with the knowledge and skills that would enable them to respond to the existing and emerging health needs of the population. It was also concluded that by granting an MBBS medical degree that was not universally recognized, graduates would be more likely to remain and work within the country. (Dixit H 1999) Although there was considerable opposition by doctors who had been trained more traditionally elsewhere, the result was a system of education much more progressive than that found in other South Asian countries.

Later, the two-tiered system promoting mid-level health providers was changed by some elite doctors led by later deans of IoM. This opened the way for students who had completed 12 years of high school education with sciences as major subjects to enter medical school without having any practical experience or exposure neither to actual health care challenges in Nepal nor to how the national health system works.

In 1982, the three hundred-bed TU Teaching Hospital was completed; it remains the center for the teaching/learning and research activities of different programs run by IoM. Also in 1982 a three year Postgraduate Generalist Training (Family Physician, MD General Practice) was begun in collaboration with University of Calgary, Canada. Educational specialties have continued to be added since then, and currently the IoM administers twenty-nine different programs from proficiency certificate level to the highest postgraduate degree in medicine, public health, paramedical, nursing and traditional medicine (Ayurveda Science) at nine campuses throughout the country.

Twelve doctors graduated from IoM in 1984. (Dickinson, J. 1984) The first twenty-two classes (1984-2004) graduated 727 doctors. A study published in 2012 (Zimmerman M. et al. 2012) was able to trace 710 of these doctors, and found that 193 (27.2%) were working in Nepal in districts outside of Kathmandu, 261 (36.8%) were working in Kathmandu, and 256 (36.1%) were working in foreign countries. Of the 256 working outside Nepal, 188 (73%) were in the United States. Those who entered medical school with paramedical background were twice as likely to be working in Nepal and 3.5 times as likely to be in rural Nepal compared to students who came directly with a high school science background.

The situation regarding medical education began to change in 1994 when Kathmandu University created, on paper, its own School of Medical Sciences (KUSMS) and granted affiliate status to Manipal College of Medical Sciences in Pokhara, even though KUSMS did not have its own medical training program until 2001. KUSMS has now granted affiliation to seven other schools as well, and in 2015 proposed adding two more. Political pressure on the IoM has resulted in it also granting affiliation to seven other schools,

including the notorious Janaki Medical College in Janakpur, at which enrollment was frozen in 2014 following investigations into its operations. At present (2016), over 2000 MBBS degrees are granted in Nepal every year, while another 500 or so graduates return from China, Bangladesh, the Philippines, India, former Soviet States and elsewhere, yet there are approximately only 400 seats available for graduate medical education in Nepal, so that approximately 80% of Nepal's graduating physicians fail to find residency positions in Nepal.

Dr. KC [interview of 22 January 2016] described the current situation bluntly:

Now in Nepali politics, corruption, irresponsibility, lack of rule of law and crimes have been institutionalized. When people from such sectors recruit their puppets in those institutions, what they will be focused on is how much personal benefit they can get from that person or that institution. Instead of uplifting the institution or making it a center of excellence, they are more concerned on how to keep their people in that institution and how to get benefits themselves. As a result, there is irregularity, corruption and misuse of power. Who did that? People from political parties. But they are not punished. Why are they not punished? Who protects them? The political parties. What is the politics of political parties in Nepal? That I have mentioned just now [corruption, irregularity, irresponsibility].

Dr. KC's Non-violent movement to reform medical education

Dr. Govinda KC is a senior orthopedic surgeon who works at Nepal's IoM and Tribhuvan University Teaching Hospital (TUTH). Dr. KC was born in rural Eastern Nepal. He initially studied at the Institute of Medicine to be a Health Assistant (a mid-level health worker), but subsequently won a Ministry of Education scholarship to study for a MBBS in Bangladesh, later returning there for post-graduate studies at Dhaka University to complete training as an orthopedic surgeon. Dr. KC has worked at the IoM since 1994, his only time away devoted to selfless services throughout the world. He responds urgently, using his salary, to provide medical care following natural disasters including earthquakes, floods, and epidemics, not only in Nepal but also

for his annual three week *vacations* that have taken him to the Bhuj region of Gujarat, India after the 2001 earthquake, to Northwest Pakistan after the 2005 earthquake, Burma (Myanmar) after Cyclone Nargis in 2008, Haiti after the 2010 earthquake, again in Pakistan in 2011 after the floods there, and to the Philippines following the 2013 tsunami. In 2009, when there was an outbreak of cholera in Jajarkot, most doctors refused to go there, but Dr. KC carried medicines on his back to provide the vital service to the rural patients.

Former TU-VC Kedar Bhakta Mathema observed:

Govinda KC is a rare species, you know. It was because of him, this commission [the *Mathema Commission* discussed below] was created and it was because of him it has come so far. You know, he is a brave man. But we need to support him. He doesn't have mechanism. He is like Gandhi. He will say that he will launch his hunger strike tomorrow and he will do that. He will have some followers. But he doesn't have any organization, no funding and nothing else. There is a wide support for him.

In an interview, (Dishanirdesh 2012) asked his top three priorities in life, Dr. KC responded: *First patients, second students. I don't have a third one.* Dr. KC's selfless activities have achieved for him a unique moral aura that explains why his fasts-to-the death have been so successful. Dr. KC quoted Goethe: *Knowing is not enough, we must apply. Willing is not enough, we must act.* Dr. KC does not focus on talking to reporters, does not appeal for help from outsiders, but with colleagues and supporters, seeks to increase their own discipline and organization, their courage, courtesy, intelligence, and sense of discipline.

There have been notable achievements results from Dr. KC's ten fasts-unto-death, in which the scope of his demands have progressively expanded:

1) Dr. KC's first fast-unto-death was for four days in July 2011, opposing increasing corruption and politicization of the IoM and TUTH, at a time when the original efforts to draft a new constitution had collapsed and the situation throughout the university was increasingly polarized. His efforts resulted in senior pharmacology professor Dr. K.K. Kafle being appointed as TUTH Dean on the basis of

seniority as he had demanded. Dr. KC summarized the goal of his first fast-unto-death:

The major agenda was to end political dividing up of power [Nepali: *rajnitik bhagbanda*]. There should not be political interference and politicization.

2) His second fast-unto-death was in August 2011, a little over a month later, for five days. Dr. Kafle retired as Dean of TUTH after barely a month, and TU officials again tried to make appointments on the basis of political affiliation and patronage, but after five days they relented and appointed Dr. Prakash Sayami as the new Dean, based on seniority. Dr. KC observed:

When we said that the basis of selection should be competence and experience, politics came into play. While making a new search committee, they would make in the same way. So, we said that the appointment should be based on seniority.

Amid a bitter dispute over granting affiliation to new medical colleges, Dr. Sayami was forced to resign by the university authorities, who continued to seek to appoint people from their own parties in positions at IoM and TUTH. Political appointee Dr. Sashi Sharma became the new dean, a 'dismal regression' in the words of Dr. KC. (Gautam, Manish. 2014) Consequently, Dr. KC began his third fast-unto-death on 11 January 2014, which lasted for fourteen days and had major consequences. In this third fast-unto death, Dr. KC made seven demands:

- 1) Resignation of Dr. Sharma as Dean of IoM;
- 2) End political interference at IoM;
- 3) Stop affiliations of new medical schools;
- 4) Make IoM an independent and autonomous institution;
- 5) Take action against TU office bearers (VC, Rector and Registrar) for their actions;
- 6) Keep government hospitals out of politics;
- 7) Either reinstate Dr. Sayami as dean or appoint a new dean on seniority basis.

On 16 January, students padlocked the dean's office, demanding Dr. Sharma's resignation. The following day, Nepal Medical Association [NMA] threatened to shut down health services nationwide; resident physicians tried to padlock VC's office in Kirtipur but were stopped by police. On 19 January, the government directed TU's VC to review the decision to appoint the new dean as the NMA shuts all services except emergency

wards throughout the country. On 20 January, Nepal's Supreme Court orders the authorities to resume medical services in hospitals; and the next day TUTH executive director Dr. Bhagwan Koirala resigns following resignation of more than 105 senior doctors, including the assistant deans of IoM. On 22 January, TU announces the removal Dr. Sharma from his post as IoM Dean, but Dr. Sharma continues to insist that he is the dean; on 23 January, doctors organize a makeshift health camp as open theater in Tundikhel, Kathmandu; the next day, Dr. KC ends fast and NMA withdraws strike. Afterward, the government delayed taking action on its promises, and Dr. KC resumed his fast-unto-death on 07 February 2014, a fast that lasted for another seven days, repeating demands of his previous fast. During this strike, Dr. Bhagwan Koirala again resigned as Executive Director at TUTH, reporting that as hospital director he was opposed to a strike in the hospital despite being in favor of Dr. KC's demands. He had tried to convince the state authority to fulfill the demands of Dr. KC, and urged the supporters of Dr. KC not to close the Out Patient Department. Since both the parties denied these requests, Dr. Koirala resigned from the position. On 9 February, Dr. Ratendra Shrestha was appointed as acting Executive Director of TUTH following Sushil Koirala's election as PM; Dr. Shrestha was dismissed on 12 February and Dr. Rakesh Shivastav, the senior doctor at TUTH, was appointed as IoM Dean; on 13 February, Dr. KC ended his fast.

Dr. KC outlined the background of his demands to us: "I myself had grown in village. So, I already had the background knowledge, I knew the circumstances of both urban and rural areas. The main thing is - there should have been equal rights of every Nepali citizen to the resources, services, facilities and opportunities of the nation. But the fact is that neither there was equal rights earlier nor are there now. Democracy was restored in 2046 BS [AD 1990]. How many years has it been now? Nearly 26 years. But still, this has not happened [people not receiving equal rights]. And we see, those that are not letting it happen are state authorities and people who are heading the government, either because they are ignorant or they are feigning to be ignorant or because of their selfishness. Instead, urban-centralization is on

increase. In Nepal, the population of urban dwellers is about 20% while of those residing in the rural areas is 80%. (National Population and Housing Census 2011) I shall say in the present context, the percentage of population that are getting the basic health services is 24%. Though some NGOs and INGOs even say 34% or 35%, it is actually 24% [We have been unable to find the source of this estimate nor an alternate accurate estimate of how many rural Nepalis have access to basic health care]. This means that only those living in the urban areas get the basic health service. 76% are not even getting general or simple treatments. Where do they live? Most of them live in rural areas. And again, poverty, famine, illiteracy, unemployment are also there mainly in the rural areas. They are ill, but at the Health Post level, except for simple things like giving Paracetamol, Ibuprofen and Tetracycline, there are no other treatment facilities. Now, where do they have to go for the treatment? They have to come to the town. But they do not have money, they are poor. Also, they are illiterate. They do not know how and where in the town they have to go; they do not have idea about the hospitals as well. Either they have to die or live with lifelong illness or remain disabled. There is no other option." [Interview of 22 January 2016]

Responding to Dr. KC's demands, on November 17, 2014, the Prime Minister's Office formed a panel to formulate a national medical education policy, headed by Kedar Bhakta Mathema and comprised of educational leaders and experts from the medical education sector. The completed report, known now as the Mathema Report, was submitted on 29 June 2015 but was not made public until 4 August, only after growing criticism of the government for keeping it secret. A statement released by the Prime Minister's Office promised that a committee chaired by members of National Planning Commission with education, finance and health secretaries as members would develop an action plan to implement the policy in the next 30 days, a promise that was not kept fully, although some recommendations of the action plan were implemented.

The basic premise of the Mathema Report is that people should have access to healthcare regardless of where and how they live. The report

specifically recommended decentralizing medical colleges, setting up new entry standards for medical courses, standardized fee structures, (a threshold of Nepali rupees 3.5 million in fees for an MBBS course), and admission of students under a central merit-based examination. Setting a moratorium on new medical schools in Kathmandu Valley, the committee recommended relocating institutions that have already built infrastructure for medical education even if by purchasing their property. In keeping with Dr. KC's demand, affiliations to medical colleges were to be stopped until a new health policy is drafted.

Pressuring the government to formulate and implement the reforms recommended by the Mathema report, on 24 August 2015 Dr. KC began his sixth hunger strike. On 6 September 2015 the Nepal Government and Dr. KC signed an eleven-point agreement; as part of this agreement, the Cabinet was instructed to form a Health Profession Education Commission [HPEC] that would oversee and regulate medical education. The eleven points of their agreement were (Gautam, Manish. 2015):

- 1) Form HPEC in the next Cabinet meeting. This commission will (a) formulate Health Profession Education Policy; (b) will not renew LoI of Medical Nursing and Dental colleges inside Kathmandu Valley; (c) Gradually decrease the MBBS seats at each college to 135 then 115 and 100 in next three years; (d) Set Nepali rupees 3.5 million fee ceiling for MBBS course; (e) foreign students aspiring to study medicine in Nepal should also sit for common entrance examination. Nepali students wishing to pursue medical studies outside Nepal should mandatorily sit for and pass the common entrance before obtaining No Objection Letter and Eligibility Certificate from Ministry of Education and Nepal Medical Council;
- 2) Form a legal commission to probe abuse of authority at Kathmandu University and TU;
- 3) Form a search committee without political representation to appoint office bearers in universities and health councils who are selected based on professional qualifications, not on political orientation;
- 4) Make postgraduate residency training free and implement it from this session;

- 5) Take action against owners of Janaki Medical College and properly manage students;
- 6) Government medical college should have 50% free seats that should be eventually increased up to 75 percent;
- 7) The government should probe into the illegally extended programs of Dev Daha and Birat Medical Colleges and take action against KU decision-makers who granted them affiliation;
- 8) Halt the process of establishing a new medical university (the Manmohan Adhikari Academy of Health Sciences);
- 9) The ratio of government to private medical colleges should be at least at 1:3;
- 10) Dispatch a letter to KU stating the representation of professors in KU senate;
- 11) All of these points will remain in effect in anticipation of endorsement by the Cabinet, at which time action items will be implemented accordingly.

Since the government took no concrete steps to implement its previously agreed points, Dr. KC began a seventh fast-unto-death on 20 September 2015. After nine days, Dr. KC agreed to postpone this fast, considering the difficult economic situation in the country resulting from protests against the state in the Terai and India's *unofficial blockade* of the southern border, which was causing severe shortages of fuel and supplies. (Republica on-line, 25 January 2016) Dr. KC declared:

I have not given up my demands and I will resume this strike if the government does not implement the agreement signed with me honestly even after the situation normalizes.

On 23 January 2016, the new government, led by KP Oli, established a new Health Profession Education Commission, headed by the Education Minister Giriraj Mani Pokharel with Dr. Bhagwan Koirala as its vice-chairman, the primary goal of which was to prepare and submit a draft bill having a comprehensive set of regulatory provision and oversight mechanism to ensure equity and quality across the entire health profession education system in Nepal. (Dr. Koirala is a renowned cardiac surgeon at TUTH with an exceptionally strong reputation as someone with the highest ethical and professional standards. He was a member of the Mathema Commission, and, as noted above, during Dr. KC's fourth strike, Dr. Koirala resigned as the Hospital Director because

he thought it is unethical to close the hospital services and thereby put the patients lives at risk, whatever the underlying rationale may be.) The government decision came three days prior to Dr. KC's threat to launch an eighth fast-unto-death. The choice of Dr. Koirala as vice-chair was acceptable to Dr. KC. The commission was made responsible for devising a national policy on medical education and to monitor whether or not the decisions taken by the government for improving quality and professionalism in the medical sector are effectively implemented. In January, soon after the new commission was formed, Former TU-VC Mathema commented to us:

"My worry is they will stage this like a drama... the government ... might like to threaten the friends of Govinda KC. You know, they have all the muscle power, money power and all that on one side. This fellow has nothing. Govinda KC has nothing. But he has a lot of goodwill from people." [Interview on 20 January 2016]

Dr. Koirala [interview on 26 January 2016] summarized for us the goals of the new commission:

"What we are looking at right now is to improve upon the medical education...medical means health profession education system in Nepal in such a way that we look at every piece of health profession education system starting from the pre-requisite course to get into medical school to the entrance examination-the content of entrance examination to the curricula of medical school, including the inclusion of ethical and other components, which are there already in many curricula but we want to focus on that; including the exit exams, the way we conduct this and the requirement to serve in the country after they graduate. And then the way we take the licensing examination by Nepal Medical Council and also introduce the concept of continuous professional development which does not exist so far; it's not at least mandatory so far.

Dr. Koirala continued:

Of course, there are a lot of other issues related to private medical schools and the public medical schools in Nepal which have not been operating on the basis of pro-bono or with the concept of social accountability. Largely, the private medical schools have been working on the basis of how much money can they make and what

is the profit level... Who talked about conflict of interest in this country so far? Ask me. None! None! And I can go on and on talking about violation of this conflict of interest thing. But for the interest of time and this purpose, let's not go into this. So, we are learning to learn about conflict of interest. We are just talking and it happened from this case.

Contrary to its promise to stop new affiliations to medical colleges, on December 25 the government sent to committee (on which sit influential CPN-UML leaders with stakes in the proposed academy) the "Manmohan Adhikari Academy of Health Sciences-2015 Bill" to legitimize the operation of the Manmohan Institute of Health Sciences. In the past, 146 parliamentarians had threatened to disrupt Parliament if the government did not grant it affiliation. On December 28, 2014, the committee directed the Ministry of Education to allow the medical colleges that had acquired the letter of intent to operate. Former TU-VC Mathema observed that this is an apparent conflict of interest where the shareholders of the institute decide on the fate of the institute:m

The same persons sitting to decide on their own medical college is a serious moral hazard on the part of our parliamentarians, they would obviously lobby to ensure that they get to run their institute.

Consequently (Kathmandu Post Report. 2016a) on 25 January 2016, as Dr. KC prepared to begin his eighth fast-unto-death to protest this situation, civil society leaders including Former TU-VC Mathema launched a petition campaign to press the government to withdraw its decision to make academy with degree granting authority. Welcoming the decision to form the Health Profession Education Commission under Dr. Bhagwan Koirala, the committee has asked it to stop proceeding with the bill and allow the commission to decide on medical education issues. Expressing concerns at Dr. KC's announcement to stage another death fast beginning Monday, the civil society leaders urged him to withdraw the strike, warning the government of serious consequences if it fails to stop the bill's process. A meeting summoned by the Mathema Commission expressed its concerns against the government's conflicting move. In the meeting, former chief secretary Mr. Leela Mani Paudyal expressed his concerns on the move to legitimize the operation

of a private organization through an Act in a way to set a bad precedent.

On 13 May 2016, the Health Profession Education Commission (HPEC), which also included one representative of private sector medical colleges, unanimously agreed on the final draft of the Act and submitted that to Prime Minister KP Sharma Oli. The Prime Minister immediately asked Education Minister Giriraj Mani Pokhrel to take necessary measures to endorse the act as “there is no reason to make any delays,” reported HPEC Vice-chairman Dr. Bhagwan Koirala. (Kathmandu Post Report. 2016b) A major provision of the act is a 10-year moratorium on opening new medical, dental and nursing colleges inside Kathmandu Valley. Each medical college should have a 300 bed hospital that has been formally recognized by the Ministry of Health and running for at least three years before they can apply for affiliation. The HPEC will operate through its five directorates— Accreditation and Standard; Planning and Coordination; Innovation and Research; Examination; and Post Graduate Education Board. They will be headed by directors appointed by the commission’s vice-chair. Among them, the examination directorate will conduct a National Common Entrance Examination for students willing to pursue undergraduate and postgraduate level health profession related educational programs. “This will help us maintain academic calendar and consistency in education,” said Dr. Koirala.

By July 2016, Nepal's government failed to honor its agreements with Dr. KC. No steps were taken toward endorsing HPEC's act to regulate medical education, nor did parliament rescind the *Manmohan Adhikari Academy of Health Sciences-2015 Bill*. Also, in May 2016, a new crisis arose, when, accompanied by police, officials of the Commission for Investigation of Abuse of Authority (CIAA) stormed Kathmandu University (KU), and declared that the CIAA would itself administer the entrance exam for KU's post-graduate medical programs, alleging that the questions to the exam had been leaked. Two days later, the CIAA itself conducted the entrance exam (with the highest marks going to the son of the Associate Dean of KU School of Medical Sciences, who was put in charge for that

examination). As KU officials failed to protest this infringement on the university, the incident raised serious issues regarding the ethical conduct of the entire university. In protest, former TU VC Kedar Bhakta Mathema resigned as a member KU's Senate, its highest body.

Dr. KC demanded the impeachment of Lok Man Singh Karki, Chief Commissioner of the CIAA. The CIAA is Nepal's constitutionally created anti-corruption watchdog, but in recent years has had its reputation severely compromised by numerous questionable practices, including rampant meddling in the regular activities of Nepal Medical Council. Dr. KC has spoken openly against the CIAA when the constitutional body has breached its jurisdiction, as when the CIAA wrote letters to Tribhuvan University asking it to make arrangements to provide affiliation to medical colleges run by party cadres. Also, the CIAA has been involved in allocation of medical seats, an activity again clearly outside its jurisdiction.

Dr. KC's demands were:

- 1) Implement past agreements reached with him, including appointment of deans on the basis of seniority with seats and fees determined by the merit of applicants.
- 2) Endorse the Health Profession Education Policy Draft by the Legislature, including amendments in the draft to include free seats at government medical colleges and establishment of at least one medical college in each province.
- 3) Withdraw the Manmohan Adhikari Academy of Health Sciences-2015 bill.
- 4) Impeach CIAA Chief Commissioner Lokman Singh Karki and take action against other commissioners.

The enormous power of the CIAA complicated this eighth fast-unto-death, as doctors are reported off-the-record of withholding support for Dr. KC from fear of retribution by the CIAA. This time, the District Administration Office wrote a letter to the TUTH asking it to bar protests inside the hospital premises, and the Dean's Office was quick to issue a statement warning action against any official involved in the protest. Nevertheless, after negotiations with the Prime Minister failed to yield results, on 10 July 2016, Dr. KC began another fast-unto-death, which lasted a total of 16 days, during which time the government of Prime Minister K. P. Oli collapsed. Finally a 4-

point agreement was signed between Dr. KC and the caretaker government of Mr. Oli to amend Health Profession Education Act and address his demands. Specifically, the government agreed to purchase properties and physical infrastructures of the Manmohan Medical College and the Basic Science Building of the college built at Dahachowk, Kathmandu, to be used by the National Academy of Medical Sciences (NAMS). The government also agreed to include provision in the Health Profession Education Bill to make 50% of seats available free of cost at medical universities run by the government, to be increased gradually to 75%, establish at least one government medical college in each of the federal provinces, not to give affiliation to any medical, dental or nursing college in Kathmandu Valley for the next ten years. Fee ceilings for medical education will be implemented from this year as fixed by the Ministry of Education, the universities and Nepal Medical Council. Both sides agreed not to discuss the impeachment of the chief commissioner of the Commission for the Investigation of Abuse of Authority (CIAA) anymore as the issue was tabled in parliament.

Again, the government of Nepal, now under a new Prime Minister, continued to procrastinate and failed to honor its commitments, On 26 September 2016, Dr KC began his ninth fast-unto-death repeating his earlier demands that the Health Profession Education Bill, languishing for months in Parliament, be endorsed and that the government implement the medical education fee structure as recommended by the Mathema Committee. Dr. KC repeated his demand that the dean of IoM be appointed on the basis of seniority, and raised concerns over the delay in impeachment of suspended chief of the Commission for Investigation of Abuse of Authority Lokman Singh Karki. He again protested against granting affiliation to any new medical colleges in Kathmandu until the new Medical Education Act is endorsed. Dr. KC implored the government to pass the Act without delay and to fast-track the process of opening medical college in each province as agreed earlier. On the twelfth day of his fast (7 October), having received assurances from Health Minister Gagan Thapa that his demands would be fulfilled, and because resident doctors at TUTH had announced

their intention to boycott all the hospital services except emergency, two days after they suspended work at the out-patient department (OPD) of TUTH, Dr. KC agreed to the wishes of supporters that he postpone his fast to allow for celebrations of the Dasain festival.

Instead of meeting Dr. KC's demands as agreed on multiple occasions, on 11 November, the TU Vice Chancellor appointed Dr. Keshav Prasad Singh as dean of the IoM, bypassing the senior-most qualified candidate, Dr. Jagadish Prasad Agrawal. Consequently, observing that all gains to date were in danger of being lost, on 12 November, Dr. KC began his tenth fast-unto death, which lasted 22 days, longer than any of his previous fasts. Dr. KC demanded that both Dr. Singh and TU Vice Chancellor Tirtha Raj Khaniya be removed from their posts, and reiterated eight earlier demands, all of which had previously been agreed to by the government but on which no action had been taken. On the twentieth day of Dr. KC's fast, Dr. Singh resigned, and on the twenty-second day, the government finally signed with Dr. KC a twelve-point agreement:

- 1) Formation of a judicial commission to probe into anomalies in the medical education sector and the actions of TU VC Tirtha Raj Khaniya;
- 2) Dr Jagadish Prasad Agrawal (senior most candidate) appointed dean of IoM;
- 3) MBBS fees this year in the Kathmandu Valley Rs3.5 million and Rs3.8 million outside the Valley, with fees to be paid through the banking system, and to provide scholarships to eligible students for 50% of seats in public medical and progressively bring the scholarship quota up to 100%;
- 4) Implementation of decision to grant autonomy to the IoM;
- 5) Halting affiliation process of new medical schools until Health Profession Education Commission (HPEC) is formed;
- 6) Start of process to form HPEC;
- 7) Expediting the impeachment process of suspended chief of the Commission for Investigation of Abuse of Authority Lokman Singh Karki;
- 8) Start of process to take action against officials found guilty by the Jay Ram Giri Committee (which in 2012 identified suspected cases of corruption at IoM involving the granting of

affiliation to medical colleges shown to have fake faculty, fake patients and inadequate physical infrastructure);

- 9) Start of process to establish medical colleges in each province;
- 10) Implementation of past deals;
- 11) Government to take ownership of the agreement;
- 12) Formation of a mechanism to monitor the deals reached.

Upon ending his fast, Dr. KC was immediately admitted to the ICU in a severely weakened state, but nevertheless issued a statement that he is still not convinced that the government will implement the agreement, requesting that “media, civil society and stakeholders should continue to pressure the government to implement the agreement. I will be forced to again take a tough step like this one if our concerns are not addressed properly.” (Republica on-line. 2016b)

Remaining Challenges and Recommendations

Given how rich and powerful the lobbyists from the private sectors are, it is very likely they will their best to abort the bill altogether or distort it through the amendment process that it loses its core essence. Even if the Health Profession Education Act becomes law, many challenges remain to improve the quality of medical education and of health care in Nepal. While the following issues and recommendations reflect the current situation in Nepal, medical educators in other countries may recognize their own situations and find points to debate as well.

The most important remaining challenges include:

- 1) A clear vision of principles to guide health education policies and practices, to make the entire health profession more scientific, credible, equitable, and socially accountable needs to be agreed upon; efforts to enunciate a set of principles for the future of health education, as formulated in the preamble of the bill to establish the HPEC, is essential to guarantee the country a responsible health care workforce ensuring the best possible health care of the population. The key function of HPEC would be to formulate the national policy on health profession education.

- 2) Tentative projections of healthcare resource needs currently settle on a doctor::population ratio of 1:1000 as needed to guarantee equitable health care for all of Nepal's citizens, but projections for other categories of health care personnel are also needed, once the proposed but not clearly defined models of federal structures and the specific rights, responsibilities, resources availability and the management capabilities of the proposed state structures are clarified for the country.
- 3) A national debate must address and resolve whether the trend toward profit-driven health care and profit-driven medical education is genuinely in Nepal's best interests.
- 4) A regional balance must be articulated in the national policy by the HPEC between urban and rural areas of the country for the delivery of both education and health care.
- 5) Medical school admissions policies must be regulated to guarantee the selection of qualified and committed students based on merit, equity and social justice for marginalized groups and remote areas and not on political connections or wealth. Scholarships should be awarded to the most qualified students who otherwise could not afford to study, while financial aid could be repaid through rural service following graduation. The government has in fact already proposed a scheme of loans while keeping their certificates as collateral.
- 6) A stronger, autonomous regulatory system without political interference must be established to guarantee uniform academic standards, so that only the qualified faculty are recruited and retained, the curricula meet minimum standards, and students properly supervised.
- 7) Corruption and political interference in all aspects of health care delivery, medical education, and licensing must be controlled.
- 8) A rational, consistent fee structure must be enforced by the HPEC for all medical schools, along with limits on the number of students admitted in each class.
- 9) Opportunities for postgraduate residency education must be systematically expanded, with residents salaried to work in the hospitals in which they train. This, too, should be initiated by the HPEC.

10) A program of regular Continuing Medical Education (CME) opportunities needs to be established, along with well-defined career advancement paths for academic physicians, for whom scholarship should be the key basis for faculty promotion.

Dr. KC's summary: "Our demand is that Health Profession Education Act must come and there must be equitable distribution of educational institutions. Educational institutions not only give education, they also provide health services. In Nepal, they are all focused on how to draw students and earn money from medical college. They are not concerned at all about how to run the hospital well. Our aim is... written in constitution. All Nepalese have right to quality health service and basic health services. It is their human right. It is the human right of every Nepali citizen. It is written so, but they have ignored it. But we have been saying that a policy must be made for the achievement of what is written. And competent students who are willing to study medicine must get the opportunity. Everyone cannot study medicine, but the competent ones must get the opportunity. It is the responsibility of the state to ensure that. If competent students study, then quality human resources for health (HRH) can be produced. If quality HRH are produced, then the quality of health service can improve. So, in order to ensure that the competent students can study, there must be governmental medical colleges... We have been fighting since long back, from the beginning. What will be the population after 30-40 years, how many doctors will be needed, how many nurses will be needed, how many lab technicians will be needed, how many radiographers will be needed. By analyzing all these statistics...how many medical colleges are needed, are they needed in village or town, is it scholarship or they have study on donation. By keeping in consideration the state of the country and by studying the geography of nation, a policy must be made and then we have to work as per the policy." [interview of 22 January 2016] For Dr. KC, the nexus of medical college owners, financial investors, political parties and university officials – he call the "medical mafia" is the biggest threat to the betterment of medical education and population health in Nepal. Clearly, when Dr. KC calls for quality HRH, he is using it

to refer to all of what WHO calls the health system building blocks (World Health Organization 2010), without all of which a country's health service can never become the best possible.

References

- Ayurveda Campus Homepage.
<http://www.iom.edu.np/examsection/ayurveda.html>
- Dickinson, John. 1984. Twelve New Doctors for Nepal; *British Medical Journal* 12/22/1984, Vol. 289 Issue 6460, p1715
- Dishanirdesh with Dr. Govinda Kc - 26.07.2012.
<https://www.youtube.com/watch?v=KfL61OEDZGc>
- Dixit, Hemang. 1999. *The Quest for Health*. Kathmandu: Educational Enterprises.
- Dixit, Hemang. 2009. Development of medical education in Nepal. *Kathmandu University Medical Journal* 7.1.25, 8-10.
- Gautam, Manish. 2014. Dr Sashi Sharma is the new IoM dean. Dr Govinda KC threatens hunger strike 'to save IoM."
<http://kathmandupost.ekantipur.com/news/2014-01-10/dr-sashi-sharma-is-the-new-iom-dean.html>
- Gautam, Manish. 2015. Govt, Dr KC Reach 11-pt deal.
<http://kathmandupost.ekantipur.com/news/2015-09-05/drkc-signs-an-11-point-agreement-with-the-government.html>
- Karki, Arjun. 2016. "Private medical schools amassing profits at cost of quality." Kathmandu Post 4 January 2016.
<http://kathmandupost.ekantipur.com/printedition/news/2016-01-04/private-medical-schools-amassing-profits-at-cost-of-quality.html>
- Kathmandu Post Report. 2016a. 25 January 2016. Public campaign launched against government move.
<http://kathmandupost.ekantipur.com/printedition/news/2016-01-25/public-campaign-launched-against-government-move.html>
- Kathmandu Post Report. 2016b. 13 May 2016. Health edu final act draft handed to PM.
<http://kathmandupost.ekantipur.com/printedition/news/2016-05-13/health-edu-final-act-draft-handed-to-pm.html>
- National Population and Housing Census 2011. Government of Nepal National Planning Commission Secretariat Central Bureau of Statistics Kathmandu, Nepal. Published by Central Bureau of Statistics Ramshah Path, Thapathali Kathmandu, Nepal. 2014.

- http://cbs.gov.np/image/data/Population/Urban%20Volume/UrbanVolume_Part01.pdf
- Prasai, B.R. 1983. The Undergraduate Medical Education in Nepal: Its concepts and problems. Kathmandu: Mrs. Subhadra Prasai, 3.
- Republica on-line. 2016a. 25 January 2016. <http://www.myrepublica.com/feature-article/tag/dr%20govinda%20kc.html?start=4#sthash.ndKNBjRj.dpuf>
- Republica on-line. 2016b. 5 December 2016. Dr KC ends fast-unto-death on 22nd day. December 5, 2016 01:00 AM. <http://www.myrepublica.com/news/10455> .
- World Health Organization 2010. http://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf
- Zimmerman, Mark, Rabina Shakya, Bharat M Pokhrel, Nir Eyal, Basista P Rijal, Ratindra N Shrestha, Arun Sayami. 2012. Medical students' characteristics as predictors of career practice location: retrospective cohort study tracking graduates of Nepal's first medical college. *BMJ* 2012;345:e4826

