

OPEN FORUM

Views on issue called for:

Congratulations!

WINNER OF SEP 2011

WRITING COMPETITION ON

HOUR TO ABATE QUACK NURSES IN VARIOUS SETTINGS OF HEALTH CARE INDUSTRY

Dr.A.HELEN M PERDITA, Principal, Madurai Apollo College Of Nursing, Madurai



“We must always change, renew, and rejuvenate ourselves; Otherwise we harden.”

- Johann Wolfgang Von Goethe

Introduction

Quackery is a derogatory term used to describe the promotion of unproven or fraudulent medical practices. Random House Dictionary describes a "quack" as a "fraudulent or ignorant pretender to medical skill" or "a person who pretends, professionally or publicly, to have skill, knowledge, or qualifications he or she does not possess. He/she is otherwise called a charlatan.

The word "quack" derived from the archaic word "quacksalver," of Dutch origin, literally meaning "hawker of salve". In the middle Ages, the word quack meant "shouting". The quacksalvers sold their wares on the market shouting in a loud voice.

Why quackery is accepted by patients in spite of its lack of effectiveness

- Ignorance
- The placebo effect

- **The regression fallacy:** Certain "self-limiting conditions", such as common cold, almost always improve, in a rather predictable amount of time.
- **Distrust of conventional Care and medicine**
- **Conspiracy theories:** Anti-quackery activists ("quack busters") are accused of being part of a huge "conspiracy" to suppress "unconventional" and/or "natural" therapies, as well as those who promote them.
- **Cost:** Patients seek out a cheaper alternative as it can often dispense treatment at a much lower cost.
- **Desperation**
- **Pride**
- **Fraud**

What is medical quackery and nursing Quackery?

Medical quackery is in various forms and typically involves a medical scheme or remedy that is known to be false or unproven and sold for a profit. It may involve drugs, devices or lifestyle changes. Some promoters of quackery are sincere and believe in what they are doing; however, they really don't have a clue as to the fact that they are doing a disservice to the community. Others are manipulators who are out for a fast profit or personal notoriety. Quacks may hold respected credentials, such as MD or PhD, or they may have bogus degrees from mail-order.

Nursing quackery involves untrained nurses who pretend to be qualified nurses and dispense nursing care, treatment and assist physicians in health related functions for which they would not have been qualified.

As per a February 2006 study by Sreelekha Nair and Madelaine Healey, it is indicated that the Indian society views nursing as a “menial, morally dubious, and polluting work.” This is true to a great extent as there is very little transparency about the intricacies of their job routine, due to which people do not appreciate the extent of professional services they render to doctors and the health care system in India.

Good nurses are essential for efficient delivery of health care services, but most of the private institutes opened for training them are no better than teaching shops. Most of the private nursing homes and hospitals both in urban and rural areas employ unqualified nurses who do not have a nursing degree. These so called nurses lack the knowledge as well as the skills required to genuinely provide quality care and are incorporated only because they are cheap labor.

Statistics on medical quacks in India and Tamil Nadu.

According to a study conducted by

Association of Medical Consultants(AMC) in 2009, there are around 2.5 million quacks in India. It is believed that there are approximately 30,000 quacks practicing in Tamil Nadu.

According to the national health profile 2010, quack estimates in India are 30,000 with non-qualified practice. These include compounders, ward boys, nurses, lab technicians, pharmacists, dental hygienist, dais, MPHWs etc.

There is no statistics available in relation to the nursing quackery in any of the Nursing council statistics. However, the above statistics is proved evidence that as these medical quacks can only employ nursing quacks at a very low wage, nursing quackery is primarily due to quack doctors.

Factors contributing to nursing Quacks

National Level

- Large population leads to high demands in medical, health and nursing care.
- Inadequate infrastructure, health care delivery and qualified trained nursing and human resources.
- Mushrooming of nursing training institutions which are unrecognized by the Government of India and nursing council.
- Availability of nursing training at a lower cost with less duration.
- Lack of coordination among various stakeholders
- Poor monitoring and vigilance on a regular basis by the state and national nursing council.
- No serious/ Long and tedious law enforcement procedures against nursing quackery.

Individual Level

- Lack of awareness and consciousness

among general public.

- Illiteracy and low socio economic status.
- Easy availability of self-medication to be used whenever needed.
- Availability of over the counter prescription for anyone.

Problems caused by quackery

- Lost time
- Loss of money
- Dangerous care and treatments
- Loss of hope
- False fear
- Guilt

How to tackle the issue of Nursing Quackery

- Improving and strengthening health infrastructure and facilities.
- Improving the public health nursing care delivery system.
- Increasing public awareness regarding dangers of nursing quacks.
- Reporting Nursing Quackery and malpractice to the respective nursing council.
- Ensure implementation of acts and rules in relation to nursing standards.
- Active participation of nursing health professional bodies / association.

Recommendations to abate Quack Nurses

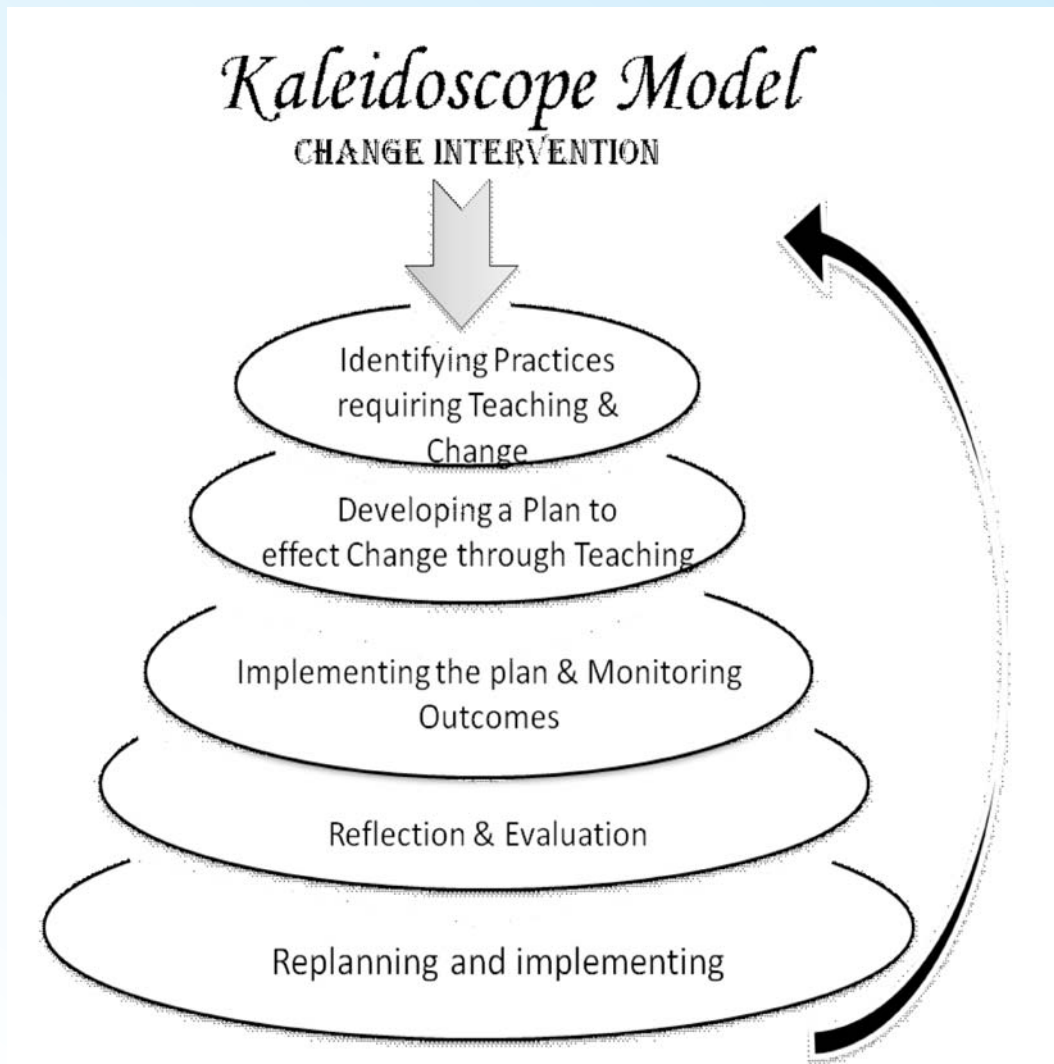
- Production of nurses and midwives with adequate skills and who later work in an environment of effective regulation.
- Taking effective control over the nursing services within governmental, non-governmental and private health care services by nursing council.
- Strictly control health care institutions

and hospitals to train their own health workers on the job for short duration through unrecognized courses instead of hiring qualified and trained nurses due to a shortage of trained nursing personnel. Indian Nursing Council must have a control over such practices through INC Act.

- Regular system of accreditation of hospitals by an autonomous nursing organization. The nursing component need to be in the assessment criteria, which focuses on nursing activity, nurse's notes, participation of nurses in the patient care team, and nursing activity in infection control etc.
- Formal monthly quality continuing education system to be adopted for the training of nurses and midwives to keep them abreast of the latest developments in the field of nursing and public health. The CNE must be mandatory for renewal of licensure once in two years.
- Nursing leaders to be appointed as President of nursing council and Director of nursing at the Government level who can be involved in policy making.
- Uniform standard of regulation for minimum requirements of courses in nursing education,
- Inspection and accreditation of institutions for quality of education, and maintaining information on nurses, midwives and health visitors by compiling data from the State Nursing Councils.
- Nursing and its leadership to be involved in determining health policies and their associated action plans and programs, in appropriate health care monitoring and evaluation processes.

- The profession of nursing to be fully recognized and set within an appropriate legal framework.
- A website to be created to inform the occurrence of nursing quackery and all nursing professionals to be made aware of this website.
- Development of User friendly website that shares information on good nursing practices and innovations in nursing services, education, management and administration and nurses be made aware of this.
- Unqualified and under qualified nurses to be trained and then actually granted a degree at no additional cost, after testing them by a series of examinations by developing a nursing model.

A model to train the existing Quack Nurses in various health settings



Conclusion

There are more than a million fully trained nurses and more than 3, 00, 000 Auxiliary Nurse Midwives in India. There are also more than 7, 00,000 Accredited Social Health Activists (ASHAs). Then there are Village Health Nurses, Male Health Workers, Male Nurses, Anganwadi workers and so on. There is no dearth of nursing, paramedical professionals and qualified medical personnel to serve the various health care settings both in cities, districts and villages. In addition to it, identifying the nursing quacks and training them will add the number of trained nursing personnel which in turn will strengthen nursing profession. So it's high time that we implement the existing acts and if necessary have more stringent laws to curb nursing quackery.

References

1. Ann. J. Zwemer (1995), Text Book of Professional Adjustments and Ethics for Nurses In India, Sixth edition, B.I. Publications, Madras,
2. Bloomfield, J. (1999). The changing image of Australian nursing.
3. Eradicate Quackery, Save Lives - Anti-quackery bill - Ifs & Buts | Medindia <http://www.medindia.net/patients/lifestyleandwellness/quackery-anti-quackery-bill.htm#ixzz1bPjIZ0iy>
4. Issues of Accreditation, A Deans Perspective, Collins, online journal of issues in nursing volume 2, No.3.
5. Kaminski, J. (2003). Nursing Image. The In/Visibility of Nurses in Cyberculture. <http://visiblenurse.com/visiblenurse7.html>
6. NCCN Nursing: The Power to Make a Difference site paying particular attention to the emphasis on nursing image and roles.
7. Sussman, D. (2000). Image Overhaul: Media still are off target portraying nurses. Nurse Week, October 23.
8. Susan Leddy J. Mae,(2009), Conceptual Basis of Professional Nursing, Second edition, J.B. Company publication,
9. The Center for Nursing Advocacy: Increasing Public Understanding of Nursing. <http://www.nursingadvocacy.org/media/media.html>
10. The Tri Council for Nursing: Barbara, K. Redman, Geradline, 15 Years of Fruitful Co-operation Nursing Outlook, Vol. 39, No.3, p.128-138.