

Status of medical care on India's trains

Medical care provisions in the Indian Railways need to address emergency medical conditions, and not accident-related emergencies alone. The Railways need to install a system to capture data on the healthcare needs of people travelling on trains and use that to inform policy

FULL CONTEXT

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The Indian Railways transports more than 2.3 crore passengers daily – roughly twice the projected population of the Uttarakhand State in 2022. Catering to the health needs of this population is its responsibility. The Balasore train accident in June 2023 raised important concerns about rail safety, but it was largely about accident-related safety. Due to its high passenger throughput, there is another kind of safety the Railways is responsible for but which is often overlooked – medical emergencies.

In 2017, 1,076 medical emergencies were reported at the Katpadi Junction railway station in Vellore, Tamil Nadu. A quarter of these emergencies were trauma-related, and the remaining ranged from minor ailments like fever to life-threatening conditions like low blood sugar. Nearly one in every 10 emergencies reported at the station's emergency help desk, operated by the Christian Medical College (CMC) Vellore, required urgent, life-saving intervention.

Non-communicable diseases like diabetes and hypertension are on the rise in India. In the last few years, the number of deaths due to heart attacks has also risen sharply. Is the Indian Railways prepared to handle medical emergencies that result?

Provision of emergency care

Medical care provisions in the Indian Railways has evolved to address emergency medical conditions, and not accident-related emergencies alone. In 1995, a 'special first aid box' was provided in long-distance superfast trains, Shatabdi and Rajdhani. This box consisted of 49 items and was to be used by a doctor travelling on the train. An improved version of this kit, called the 'augmented first aid box', containing 58 items was provided for specific long-distance trains.

In November 1996, as part of a pilot project, the Railways stationed a medical team in two long-distance trains. This team consisted of a medical officer, a male nurse, and an attendant. In the next four years, however, the Railways found the team was mostly idle, with the doctor attending only to minor ailments. Only four critically ill passengers were recorded in this time, and none survived due to the lack of adequate resources in the moving train. The Railways subsequently discontinued the service – but to make healthcare accessible, it decided to give doctors travelling on trains a 10% discount if they were willing to provide medical services *en route*. However, these medical provisions also were found to be inadequate, when they failed to save the life of Netrapal Singh, the Chief Legal Assistant of Railways, who succumbed to a heart attack while travelling from Jaipur to Kota in 2004.

A petition filed in the Rajasthan High Court in 1996, to improve medical care provision in trains and railway stations, gained momentum after Mr. Singh's demise. In a 2005 judgment, the Court reported that the reason for underutilisation of the medical team in the pilot phase was a lack of awareness of the service. The Court directed Railways authorities to reserve four berths in long-distance trains to provide medical care and to have a medical team in trains travelling more than 500 km. The Court also directed the authorities to adequately advertise the presence of this medical



Safer rails: Restoration work underway at the railway station in Nampally, in Hyderabad on January 10. PTI

facility in all train compartments and on platforms. However, the Railways appealed this order in 2006 in the Supreme Court. During hearings, the Railways informed the apex court that a pilot initiative – to have chemist's stalls at stations and a doctor in nine select stalls – had failed. Similarly, it had reserved two berths for medical care, but since critically ill patients had to be deboarded for care and the project had a high cost, the Railways stopped doing this as well.

Finally, in 2017, the Supreme Court directed the Railways to set up a committee consisting of experts from the All India Institute of Medical Sciences (AIIMS), New Delhi, to recommend further measures.

Based on the Court's order and the committee's recommendations, the Railways determined to modify the contents of the first aid boxes and provide them at all railway stations and in all passenger-carrying trains. It also mandated first-aid training for railway staff at the time of joining and once every three years. The committee also recommended a review of service utilisation every three years.

The current status

In 2018, in response to a question in the Lok Sabha, the Minister of State in the Ministry of Railways replied that all recommendations of the AIIMS expert committee had been implemented. In 2021, the Railways also launched an integrated helpline number – 139 – for all

queries concerning the railways, including medical assistance. In February 2023, Ashwini Vaishnav, the Union Minister of Railways, said in the Lok Sabha that deputing a doctor at every railway station had been deemed unnecessary. Yet in December, he said all recommendations of the committee had been implemented. Even now, a search on X (formerly Twitter) yields many posts of railway passengers complaining about poor medical services on trains.

On December 23, 2023, while one of the authors – Parth Sharma – was travelling from Delhi to Dehradun on a Vande Bharat express, the train staff, at one point, asked if there was a doctor on board, and if so, to come to the CI coach. Parth rushed to the CI coach and found a 60-year-old man who had sudden onset sweating, giddiness, and upper abdominal discomfort. His age, history of diabetes, hypertension, and clinical symptoms all pointed to the possibility of a heart attack. The next stop was 30 minutes away, so he needed first aid.

Unfortunately, the emergency kit on the train was inadequate. At first glance, it lacked a blood pressure monitor and a glucometer. Aspirin, a life-saving drug during a heart attack, was available but it was just a week away from expiring. Nonetheless, Parth was able to provide the best possible first aid in the circumstances. A later, closer inspection of the kit revealed even more inadequacies. In fact, it seemed that the train was using the 1995 48-item list rather

than the updated 88-item list from 2017.

The route ahead

According to K.P.P. Abhilash, head of emergency medicine at CMC Vellore, the 2017 list is also wanting. Based on the cases recorded at the emergency care centre in Katpadi Railway station in Vellore, Dr. Abhilash and his team prepared a list of essential medical items the station ought to stock but didn't. In addition to the items in the list by the AIIMS expert committee, this list included personal protective equipment for care providers and a pulse oximeter.

Recent advancements in point-of-care diagnostics have revolutionised healthcare. According to Rajat Jain, founder of Sunfox, a medical device R&D organisation, portable ECG devices and rapid diagnostic kits should be added to identify and treat heart attacks early.

A more immediate step, however, is for the Railways to ensure the updated 88-item list is in place in all trains and that passengers are aware of these services. Periodic inspections are necessary to maintain the quality of care as well. Finally, the Railways needs to install a system to capture data on the healthcare needs of people travelling on trains and use that to inform policy.

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THE GIST

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