

Revitalising public healthcare

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Public hospitals vs private hospitals

There is no denying that much is wrong with our public hospitals. Recent economic policies promoting privatisation have brought into sharp focus all public sector units including public hospitals. Experts and the general public perceive public hospitals as inefficient, dirty, unhygienic and their staff as rude, negligent and callous.

Public hospitals certainly lack the five star culture of private hospitals but is the quality of treatment in private hospitals superior to that offered in public hospitals? This issue deserves careful analysis. It is important to remember that the average patient treated in public hospitals is poor, illiterate, undernourished and is not conversant with the general principles of hygiene.

Do private hospitals offer good medical care?

Good medical care implies appropriate treatment given to the patient in reasonable time, compassionately and at low cost.

Private hospitals invest heavily in acquiring state-of-art technology and expect attending physicians and surgeons to recover the cost through their patients. Expensive investigations are ordered on grounds that do not stand scientific scrutiny. Surgeons are hauled up if they do not get sufficient numbers of patients into the expensive categories of beds and generate adequate income to the hospital from operations. It is no wonder that many aggrieved patients talk of a nexus between doctors, laboratories and the referring physicians in perpetuating un-necessary investigations and operations.

That money making, and not the general good of the patients, is the main consideration in private hospitals is amply clear from the fact that so many hospitals specialising in cardiac diseases have come up in recent years. Angioplasties and bypass operations are cost-intensive and make good business sense. When did you last hear of anyone starting a private hospital for infectious diseases or tuberculosis?

Health rightly remains a concern of the government in most advanced countries of the world. The temptation of following everything American should be tempered with full knowledge of the fact that thirty million people cannot afford medical treatment in the USA. Concern for them prompted the Clinton proposals for reform - shot down by powerful forces. There is much that is wrong with high-tech and cost-intensive private

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healthcare system and we must be especially careful about introducing such a system in a country riddled with poverty.

Corporate hospitals in India, started by non-resident Indians from USA, are based on the principle of profit-making by providing quality (read expensive) care to the few rich while ignoring the large middle class and the poor who must depend on public hospitals.

Healthcare and care of the sick cannot be equated with any other industry or enterprise. It is degrading to make money on human misery and illness.

It must strike even the least observant that a society which tolerates the lack of basic sanitation and hygiene but applauds the availability of ill-equipped private medical colleges, computerised tomography, magnetic resonance and color doppler scanners even in small towns has its priorities woefully awry.

Public hospitals are assets

It is time that thinking people consider public hospitals as assets to society. Intellectuals and opinion makers must show concern about healthcare policies of the government and suggest measures to revitalise public systems. Such revitalisation will have to simultaneously focus on developing the strengths and eliminating the many, acknowledged deficiencies in public hospitals.

Along with education, healthcare needs to remain in the public sector but in a greatly improved, more efficient and cost effective form. Privatisation of healthcare will harm the most vulnerable - the poor and the old - who form a large part of our population.

There was a time when public hospitals enjoyed the place of pride. Even today it is not unusual to see complicated and difficult cases being transferred from private hospitals to public hospitals. The first open-heart operation, the first test-tube baby and now the first successful heart transplant were milestones passed by the much-maligned public hospitals. These hospitals have provided exemplary service to society during such catastrophies as riots, bomb blasts, major accidents and natural disasters such as earthquakes. Private hospitals have yet to prove their social commitment.

Problems in public hospitals and possible solutions

These institutions have suffered because of lacklustre policies of governments and the general neglect of people whose opinions matter in the affairs of the State, probably because they do not visit these hospitals and

can well afford the expensive treatment at private hospitals.

The problems in public healthcare can be traced to:

- unsatisfactory policy on medical education
- neglect of basic healthcare measures such as sanitation, environmental hygiene and clean drinking water
- failure to streamline and integrate primary, secondary and tertiary healthcare systems
- the gap between healthcare proponents and policy makers
- uneven levels of training of different categories of personnel; (medical specialists are very well trained; nurses, technicians and other health workers are neither well trained nor motivated)
- bureaucratic hurdles, inadequate funding and the practice of accepting lowest tenders (with consequent obsolete technology, substandard equipment and poor maintenance)
- low salaries and perquisites to public hospital employees (especially the doctors and nurses) with a consequent near-continuous exodus of trained staff to private hospitals and institutions abroad and frustration in the dedicated staff who continue to struggle against odds.

It is necessary to urgently restore public hospitals to good health. To do so, we need an efficient and

responsive healthcare system together with a national medical education policy. A fixed percentage of medical graduates (50-60%) should be helped to specialise in general practice. Improved facilities at rural centers are essential if we are to succeed.

The number and variety of specialists should be determined by the needs of the country. Prospective analysis and planning, with periodic reviews must ensure that these needs are met. This is especially important when we consider such disciplines as cardiovascular surgery and neurosurgery. Training of such specialists must be conducted at carefully selected centers which reach and maintain international standards. All selections (to faculty and the student community) must be based on merit and merit alone. These institutions must be shielded from irritants such as reservations, nepotism and political pressures. Periodic reviews of these institutions will weed out those with falling standards.

If the present unplanned glut prevails, we will continue to supply trained doctors and scientists to other, wealthy nations at considerable loss to ourselves.

Industrial houses and philanthropists must generously support public hospitals and help them upgrade existing facilities and acquire new technology. They must also ensure optimal usage of these resources through their presence on the boards of management of these hospitals. This will be their gift of life to the poor and deserving.

