National Health Services: imminent collapse

When someone seriously proposes that the UK National Health Service (NHS) could be saved 'from collapse' by flying patients abroad for cheaper operations, you know something's wrong with the system.

Former welfare reform minister and Labour MP Frank Field recently said in an interview with the BBC, "If you look at India for example, you could fly out a patient, fly out a relative, give an operation to someone local and still be quids in." Some patients have already been known to fly to India for cataract operations since they could not wait for their turn in the NHS surgeries, nor afford private medical attention.

According to Charles Webster, a historian of the NHS, the following description seemed to hold as true of 1958 as for 1997: " Maldistribution of resources, capital investment an urgent priority, poor administrative integration and discontents about pay." In spite of these problems, the NHS continued by be seen as something of a national icon. The Tory government ignored the strong links drawn by Labour between poverty and ill health, thus leading to a shift to a market-driven NHS in the late 1970s. Webster demonstrates further that during this period, the health department was low priority in terms of funding, leading to a failure to maintain even a constant level of service.

Today, the situation is graver. A person accessing the NHS at almost any level faces delays. A routine appointment with a GP can take up to 4-5 days and the result for a blood test up to a fortnight. Figures indicate that patients wait up to seven months for a cataract operation. The alternative to the NHS in the UK is exorbitantly priced private care.

The lack of planning for foreseeable emergencies is another issue. In the winter of 1999-2000, the 'flu epidemic put the already stressed NHS to test, which it could not easily cope with. Several surgeries, fixed in advance, had to be cancelled. According to Christine Hannock, General Secretary, Royal College of Nursing, "We know that winter comes every year and we know that it's a pressure. We shouldn't be cancelling elective surgery in January, we shouldn't be booking elective surgery in January."

At another level, the NHS depends to a large extent on a knowledge of the way it works. According to Heather Goodare, chairperson of the research committee of the UK Breast Cancer Coalition, the fact that the NHS is there, and is free, means much for the people. However, "it is so dependent on knowing your way around the system. Why is the NHS so often a lottery? Why can a badger get a CT scan when people with cancer have to wait weeks? Why do inpatients starve because there is no one to help them eat?"

None of these are issues of organisation alone. Failure to access health services due to bad planning, or poor communication skills in the actors in the system indicate that ethical considerations of helping maintain a viable and working health system are not prioritised by health planners. The general lack of respect attached to the NHS is reflected in the nursing crisis. There is a shortage of new recruits. A part of the problem is the low wages given to nurses. Even with the revision in pay of about 4.7 per cent in1999, and the announcement of a special allowance to those working in London, the remuneration given to nurses remains low and the work arduous.

Nurses have complained of not being treated with respect. The efforts by the NHS to save the situation have been seen as too little, too late. A severe shortage of nurses at Royal Free Hospital in London has led to a situation where operations have been cancelled and emergency patients have been forced to wait as long as 36 hours for beds and attention. There is a vacancy of almost 350 nurses in that hospital, and efforts have been made to recruit nurses from the Middle East.

The Blair government has faced some flak about the malfunctioning in the NHS. The popular view is that the situation is caused by financial crisis, and increasing demands by the people. Peter Davies, General practitioner principal, has this to say, "In a private industry in which payment is made for each service this demand would generate extra profits for a company. In a cash-limited service, extra demand will generate strain on the resources and result in anguish and disappointment for doctors and patients alike. This friction between demand and resources is reaching a head. Without a reduction in demand or without extra funding I see only disappointment and stress for patients, doctors, managers, and politicians."

The argument is that privatisation can cure the NHS of its malaise. *A Better State of Health* by John Willman argues that the relationship between doctors and patients may improve and health services become more efficient if patients pay a modest charge every time they consult a doctor. Willman suggests that a charge will make sure that patients do not waste the doctor's time for trivial complaints.

This analysis, however, seems somewhat flawed. In the first place, few patients go to their GP for trivial complaints, as the waiting period for an ordinary appointment is fairly long. More seriously, the issue of doctors being patronising to patients is surely more complex than that of payment -it is inherent in the nature of the relationship that allows some degree of condescension to be built in. Finally, while a financial crunch may be an issue plaguing the NHS, the more significant issue is that of shortage of staff. The medical profession, especially at the nursing level is simply not attractive enough to attract recruits. It is difficult to see how privatisation will help to tackle that. What privatisation may do is to raise the costs of medical care so that more and more people in the country are prevented access to it.

At the level of ethical considerations, it may be important to look at the consequences that the proposal to send patients from UK to countries like India. It would certainly increase pressure on the already pressurised health systems in India, and can

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potentially lead to depriving Indians of essential services. At another level, the proposal to use the 'cheaper' medical facilities of the third world and fund the operation of one 'local' is uncomfortably reminiscent of colonial exploitation and patronage. While the NHS may be 'saved' by these steps, it will certainly endanger health systems in India.

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Custody deaths and post mortem reports

During the monsoon months, Nargol in Umbergaon taluka, Gujarat, is just another a sleepy coastal village. The rest of the year, it bustles with activity, for this region is a rich fishing ground.

So when residents heard of the proposed construction of an industrial port in their taluka, they opposed the plan unanimously. The port would destroy all fishing activity in the region, as the various toxic commodities that ports trade in, were released into the environment. Under the banner of the Kinara Bachao Sangharsh Samiti, the entire village started a peaceful agitation against the port.

On April 7, 2000, port developers came into Umbergaon to conduct a survey. They were accompanied by the State Reserve Police Force. When the people objected to tents being pitched on land belonging to the Baria community, the police launched a brutal lathi charge. Angry villagers squatted on the site of the lathi charge in protest. The police arrested 48 men and women.

The Samiti's president, Lieutenant Colonel (Retired) Pratap Raghunath Save, was arrested after midnight of April 7/8, from his residence. One of the arresting officers was Deputy Superintendent of Police (Dr) Narendra Amin, a qualified surgeon. At the police station, DySP Amin and other policemen brutally beat Colonel Save and five other activists. All the detainees were kept without food or water, in a lock-up so small that there was no place to sit.

Though in severe pain, Colonel Save had to remain standing all night. The next day, he complained of severe body pain and headache but was given no treatment. When he was taken with other detainees for production before the magistrate, he could barely stand. They were released on bail but immediately re-arrested under different charges and taken to the Umbergaon lock-up. Colonel Save was arrested though he was obviously seriously ill. He was not even given treatment.

Around 11 pm on April 8, Colonel Save fell unconscious. The police shifted him to a local hospital, where records indicate that he was admitted in an unconscious state. This hospital did not have the facilities to treat him, and a little later, he was shifted to a hospital in Vapi.

The police had told Colonel Save's family that he had collapsed due to hypertension. It was much later that the family learned what happened.

A CT scan performed at the next morning diagnosed a subdural haematoma "with mass effect". The doctor told Colonel Save's family that he was seriously ill and needed specialised treatment. They immediately admitted him to Hinduja Hospital in Mumbai, where he underwent emergency brain surgery the same day, and a second operation on April 12. Despite these efforts, Colonel Save did not recover, and died on April 20. His body was sent to LTMG hospital, Sion, for a post-mortem examination.

The Hinduja Hospital gave the family a narrative summary of the surgery, as well as copies of medical records and test reports. The narrative summary notes that the 'patient was deeply comatose'. The final diagnosis is described as 'acute subdural haematoma complicated by sepsis and multiple organ failure'. Medical records show that Colonel Save had cane marks on his buttocks and thighs and two bruise marks on his chest.

Dr Sunil Pandya, neurosurgeon at Jaslok hospital and former head of the neurosurgery department, KEM Hospital, Mumbai, examined the medical records and concluded that Colonel Save did not die from natural causes. He stated that 'the commonest cause of acute subdural clot is a severe injury to the head'.

The Gujarat government and police are pressurising authorities in Maharashtra not to give the Save family a copy of the post-mortem report. Colonel Save's sons have written to the dean of LMTG Hospital, the police surgeon and the senior police inspector of Mahim Police Station for copies of the PM report but to no avail. This is despite the Bombay High Court judgement that patients and their families have a right to copies of medical records. It is feared that the report will be altered to hide the true cause of death and protect the police.

DySP Amin has acted in violation of his duties as a doctor. Instead of using his skills to save a person, he has caused injury which resulted in that person's death. The Indian Medical Council must initiate an inquiry against him.

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