

Public audit of hospitals - a crying need

All our hospitals - in the public and private sector - share a common **characterestic**. They function in secrecy. It is extremely difficult, if not impossible, to extract any information from the authorities in charge. When the information requested pertains to complications suffered by one or more patients in the hospitals, the clamp down on information is complete. In confidence, directors of private hospitals voice their concern on the use of the provisions under the Consumers' Protection Act against them should data on accidents or misadventures in their wards and operation theatres become public knowledge.

A similar concern underlies the unannounced decision made by those running private hospitals on not treating 'medico-legal cases'. Included in this category are patients who have suffered assault, non-accidental bums, poisoning and other conditions which would necessitate registration of details with the local police station and subsequent testimony by doctors of the institute in a court of law. Such patients are directed to government or municipal hospitals.

The stated reason for doing so is either non-availability of a bed for the patient or lack of facilities for treating such a condition. As matters stand there is no way an outsider can directly check on the veracity of either statement but simple observation often nails the lie. Soon after a patient who has attempted suicide has been refused admission, a patient with a myocardial infarct is admitted without any fuss.

It is high time this anomaly and others of equal or graver import are subjected to public scrutiny. A step in the right direction has been taken by two hospitals in the public sector, though even these fall far short of the ideal. The K. E. M. Hospital and the Lokmanya Tilak Memorial General Hospital in Bombay have set up panels that process and investigate complaints made by patients and relatives on their sorry experiences in the outpatient department or the wards. Whilst these are welcome, a suspicion that matters

inconvenient to the authorities may be played down or white-washed is inevitable as their panels are composed only of members of the staff, outsiders being excluded.

Similar panels - consisting of public spirited senior citizens of unchallenged integrity such as Mr. Justice **Lentin** or Mr. J. B. **D'Souza** - should be appointed to every major hospital. They should be empowered to ensure fair practice, accountability to the public and the due process of the law, and take disciplinary action where necessary.

(We are respecting a request for anonymity but will forward comments and opinion to the author so that further discussion can take place. **Editor.**)

Types of medical practitioners (Çaraka Samhita Vol. 1, page 263):

‘Three kinds of medical practitioners are found in the world; firstly, the imposters in physician’s robes; secondly, the vain-glorious pretenders and thirdly, those endowed with the true virtue of the healer.

‘Those who by parading their medical paraphernalia, books, smattering of medical texts and knowing looks acquire the title of physician are the first kind, viz. the ignoramuses and imposters.

‘Those who by laying claim to association with persons of established wealth, fame, knowledge and success while they themselves have none of these things and arrogate to themselves the designation of physicians, are vain-glorious pretenders.. .’