

that, regulation alone will not take us to UHC and flagged the need for socialising the private sector in order to move towards UHC. According to him, socialisation of the public health system is easier, and it will be far more difficult in the private sector. He cited global experiences from countries like Canada, Japan, Germany and US where private providers are forced to follow the logic of public interest. They can make profits, but profiteering and cheating are not allowed. So private providers are making money, selling services to the government but in a regulated market. It was further argued that, if we want to implement UHC in the next ten years, it will not be possible in the present state of health system. Reform of the public healthcare system will have to be prioritised

Concluding remarks

In the concluding session, Abhay Shukla stated that a churning is evident today in the healthcare system of India. On the one hand, states like Rajasthan and Madhya Pradesh are drafting Right to health and healthcare Acts. Chhattisgarh too is seriously considering the implementation of UHC. s. While, on the other, we have the much debated PMJAY. The health movement should re-calibrate and take forward strategies to present the positive alternative. If we criticise PMJAY, we must be able to offer an alternative which is far superior to PMJAY. According to him, such an alternative could be a public health system-centred UHC, which will be based on strengthening and expansion of the public health system, as well as an expansion of the State's capacity to regulate the private healthcare sector, as its existing regulatory capacity is quite weak (7). He acknowledged the contribution of insightful and scholarly discussions during this workshop, discerning

intricacies in developing the social accountability framework for the private sector. The workshop concluded by highlighting the need for furthering these brainstorming sessions to concretise our proposals for social accountability in the private healthcare sector while moving forward towards UHC in India.

Conflict of interest: None

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References

- 1. Gadre A, Shukla A. Dissenting diagnosis. New Delhi: Penguin India. 2016.
- NITI Aayog (National Institute for Transforming India). Health system for a new India: Building blocks. New Delhi: NITI Aayog; 2019 Nov [cited 2020 Mar 12]. Available from: https://niti.gov.in/sites/default/ files/2019-11/NitiAayogBook_compressed_1.pdf
- Kakade D, Shukla A. Regulation of rates in the private healthcare sector. COPASAH Thematic Hub on Accountability of Private Medical Sector, India. 2019 [cited 2020 Mar 13]. Available from: https://www.copasah. net/uploads/1/2/6/4/12642634/knowledge_product_1-_rate_ regulation_final.pdf
- Gurgaon Fortis bills family of 7-yr-old dengue victim for 660 syringes and 2,700 gloves, Nadda promises action. *Hindustan Times*.2017 November 22
- National Health Authority. Annual report, 2018-19. New Delhi:NHA;2019[cited 2020 Mar 14]. Available from: https://pmjay.gov. in/sites/default/files/2019-09/Annual%20Report%20-%20PMJAY%20 small%20version_1.pdf
- Ranjan A, Dixit P, Mukhopadhyay I, Thiagarajan S. Effectiveness of government strategies for financial protection against costs of hospitalization care in India. *BMC Public Health*. 2018 Apr 16[cited 2020 Mar 14]; 18(1): 501. Available from: https://www.ncbi.nlm.nih.gov/pmc/ articles/PMC5902925/
- Sheikh K, Saligram PS, Hort K. 'What explains regulatory failure? Analysing the architecture of health care regulation in two Indian states. *Health Policy Plan.* 2015 Feb.30(1): 39–55. doi: 10.1093/heapol/czt095. Epub 2013 Dec 15.

The Eternal Grove – A garden of remembrance

MANJULIKA VAZ, MARIO VAZ

The Health and Humanities division, St John's Medical College, together with the student-led environment body *Ecologics*, initiated the plan to have a garden space dedicated to the remembrance of those who have donated their bodies to medical education.

The idea of the Eternal Grove emerged from a research study of body donors and their family members. The study found that family members often grappled with the decision of

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their loved one and needed a space sometimes to grieve, sometimes to get closure, and sometimes, just to know that their loved one's decision has been acknowledged and appreciated. A garden space with perennial trees and indigenous plants was seen as a good way to mark the eternal gratitude of the institution and students to the body donors and their families; and to provide a serene place where family members can remember their relatives when they have passed on. Having a central sculpture was seen as a necessary element to maintain the connection between students and the donors (their teachers).

The Eternal Grove is located adjoining the Embalming Centre, where the body is handed over by the family after the donor has passed on.

The Health and Humanities Division works with medical students in their first year to help humanise medical education. The use of art, poetry, reflective narratives and other forms of creative expression are fostered to enable students to put

themselves in the shoes of another, to be sensitive to feelings and to pause and process situations around them. The sketch for the central sculpture was done by a medical student and symbolises the eternal bond and the everlasting gratitude between the donor and the student. This sculpture also represents the symbol of infinity.

Financial contributions towards setting up the garden were received from alumni and present students, either as a batch or as individuals. The cause was extended to include the noble gesture made by the families of organ donors for the life of another. The management supported the construction of the garden and will oversee its upkeep. Future batches will continue to plant a sapling, dedicate a bench and care for this area.

The Eternal Grove is not a cemetery or a religious space. No last rites or religious ceremonies are held here. It is however a sacred space where students and members of the academy are reminded of the remarkable gift of their bodies that donors have made to medicine, to medical education and research; and for family members and future donors to know that they are eternally respected and remembered.

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I, Sanjay S Nagral, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Date: April 26, 2019



