

DISCUSSION

Is IMA meant to save life or self-interest?

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Rajasthan's Right to Health Act, 2022, analysed in an editorial in *IJME* [1] is a well-drafted Act on public health as a citizen's right and a government's duty. It is a milestone in India's public health history. Much remains to be clarified in the details of rules and regulations to be drafted under this Act. Jan Swasthya Abhiyan, Rajasthan, has done tremendous hard work and sustained its contribution to the government in drafting and facilitation of the Act, in spite of the difficulties and limitations imposed by the Covid-19 pandemic and lockdowns.

The biggest setback to the Act was the pressure tactics employed by the Indian Medical Association (IMA), to modify the Act through its state-wide strike and later, through sympathetic protests in other states [2]. IMA has exposed its true colours by safeguarding the business interests of a lobby of doctors engaged in running nursing homes and private hospitals — instead of taking a leadership role in ensuring first aid after accidents and disasters, and emergency care to stabilise a patient before transportation to a better-equipped centre. Supporting that life-saving measure would have been in the true spirit of medical ethics, under the Hippocratic Oath they have taken when entering the profession. Monetary considerations and 'who will pay the bill?' should not have been a point of contention. There is a commitment that government will reimburse after working out the mechanism under Section 3 (c) and (d) of the Right to Health (RTH) Act [3]. That did not satisfy IMA, which was deplorable. They wanted a rollback of such a progressive Act, condemning it outright as "draconian" and "anti-patient"! The implementation authorities under the RTH Act must oversee and ensure promptness,

efficiency and transparency of that reimbursement system, through an IT-enabled mechanism which is accessible under RTI Act provisions to any citizen. Contrary to this, as a precondition for withdrawal of IMA protest, private hospitals have now been exempted from providing lifesaving care, which is a shameful position, not something to be proud of.

Remember the IMA was started by the legendary cardiologist and Chief Minister of Bengal (1948-1960), Dr BC Roy who stood passionately for people's health at an affordable cost. Is it not an ethical compromise and a case of conflict of interest, if IMA also insists on their representatives being included in "grievance redressal systems" under the Act, when their members stand accused? Instead, such a grievance redressal system set-up, should co-opt consumer/patient representatives in an inclusive manner.

We also need to move beyond comprehensive primary health to addressing determinants of health, as well as secondary and tertiary medical care, under "Universal Health Care for All" as a Human Right.

References

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To cite: Antony KR. Is IMA meant to save life or self-interest? *Indian J Med Ethics*. 2023 Jul-Sep;8(3) NS: 236. DOI: 10.20529/IJME.2023.044

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