

Our Medicare needs a Paradigm Shift

Prof. (Dr.) James T. Antony *

In recent times, the field of Medicare in India has undergone radical transformations. One striking change is the emergence of many posh, high-tech hospitals in the private sector. If these institutions were catering only for the higher strata, like five-star hotels do, one need not have bothered. But the problem is, many times people with meagre income rush to high-end hospitals, hoping to get life-saving treatments, which they believe are not available anywhere else!

People do not think that their family doctor has the ability to solve their medical problems any more. Neither do they believe that their low-profile neighborhood hospital can do it. And with regards to tertiary-level Government hospitals, the public perception since the last two or three decades is that the quality of care in these places is not of acceptable standards. People trust only those much publicized, posh private hospitals! Their naïve belief is that in such places, using some fabulously priced machines, modern medical science would be able to make miracles happen for their sake!

This craze for high-tech hospitals has made many shrewd businessmen enter the field of Medicare. They are quietly converting

Medicare into a money-spinning industry. The management of these private hospitals has changed hands from old-time “medical superintendents” to “professional managers”. These new-breed managers have brought in many of their cunning techniques into the running of hospitals. In the process of aggressively promoting their ‘brand’, they sometimes even plant stories in the media, regarding ‘miraculous’ cures that happen in their places! These days we even have new ‘hospital-chains’, who use pictures of their properly attired ‘specialist-doctors’ as ‘pin-ups’, in their advertisement-campaigns, to canvass ‘business’!

In such a market-oriented, advertisement-driven Medicare scenario, high-end hospitals are able to attract the weak, sick and gullible masses much like a Pied-Piper. And many good old traditions and principles of medical ethics are thrown to the winds. Anyone caring to study this rapidly spreading new-style Medicare-delivery, would make out one thing: when pros and cons are carefully computed, the net result is that in the name of high-tech treatments, vast sections of people are ending up as total financial wrecks!

No one should mistake that this scribe is failing to acknowledge many impressive

* *The author is a former Principal, Govt. Medical College, Kozhikode, Kerala, and a silent activist promoting probity in the medical profession. Email: james.t.antony@gmail.com*

outcomes that are produced by high-tech treatments, in private hospitals. With the kind of exponential growth of technology, along with many new insights regarding the intricate functioning of that enigma called the human being, many novel treatments are really capable of gifting patients a new lease of life. For all these, let us thank medical scientists, technologists, entrepreneurs, as well as many high-end hospitals and their specialized expert doctors.

But the problem starts when stories of ‘magical cures’ in high-end hospitals spread like wild fire, thanks to today’s media power. Gullible public are drawn to those places believing that their ailments too could be cured by demi-god doctors of those places! After all, man’s belief in magical cures is something we had from ancient times. And paradoxically, even in the technology-driven modern time, scientific-temper is continuing to be extremely rare, even among quite educated classes!

This certainly has set the stage for all kinds of exploitations in the field of Medicare. Even people with modest incomes borrow money from all kinds of sources for their medical expenses. The reason is that when a dear one is in a life-threatening situation, one’s thinking is apt to get illogical! When we explore many social issues like rural indebtedness, farmer suicide etc. the exorbitant spending for medical care will stand out as an important reason.

Only by having strong statutory bodies to keep a constant vigil on our Medicare system, many present unhealthy trends could be curbed. Governments too must be ready to play a positive role. But in our present scenario, what

disappoints one the most is that even those who are supposed to stem the rot, are hooked on to an idea that high-tech hospitals and super-specialist doctors are the solution to all our problems related to Medicare-delivery.

One sometimes gets an impression that Governments at the center as well as the states think that having more replicas of the All India Institute in Delhi would be the solution for all our health related problems! One can only hope that these authorities would make a dispassionate study to find out how much the nation has so far benefited, from our top-heavy National Institutes. A cost-benefit analysis could be quite a useful exercise in this regard. As for state governments, at least some of them seem to think that if they occasionally reimburse the cost of expensive procedures conducted at some high-end private hospitals, their duty towards the sick is over! Despite “health” being a “state subject”, they have no awareness even about areas in health care, where state-governments have miserably failed to deliver!

If Medicare of this nation of over one hundred and twenty crores is to be accessible and affordable to people, the present specialist-oriented, high-tech-hospital-centered model has to change. This present model is profitable to hospitals, attractive for specialist-doctors but certainly does not stand for the welfare of patients at large. The nation needs to have a Medicare system, where at least sixty to seventy per cent of all medical complaints would get sorted out at the level of family doctors or general practitioners. This is the system in vogue all over the world. In many

countries, their system will not even allow a patient to directly see a specialist, without being first seen by a general practitioner, who decides whether such a reference is required at all.

In the past two decades, a change in the attitude of medical graduates in our country is visible. A vast majority among them are determined to be specialists. Their obvious attraction is cushy jobs in high-end hospitals, or for many it helps them go abroad, looking for greener pastures. Here, we can take a lesson from the United Kingdom. There, during the nineteen-seventies, when health planners noticed an internal brain-drain from general practice to specialties, they dealt with it by a series of measures to make general practice more attractive for young medicos. When the income as well as work-environment of general practitioners got upgraded, the trend soon reversed. Today in UK even those with postgraduate qualifications in medicine, surgery etc. are keen to get a placement as a general practitioner!

In India too, governments can change things considerably, by a two-pronged action-plan. On the one side, they can up-grade government hospitals, which must have the infrastructure and trained hands to take up even the most sophisticated treatment-interventions. And such treatments should be given free of cost to the disadvantaged sections. There is also a need to strengthen secondary-level hospitals, so that people could approach those places for many of their ailments that are presently being dealt with only at tertiary level hospitals.

An equally important task is to strengthen general practice. The present trend of people

by-passing general practice and going to expensive private hospitals or for that matter, even to higher level government institutions has to stop. Many times it is this trend that makes Medicare expensive and unaffordable to the common man. Public should be educated that it will be for their own advantage, not to take problems that could be solved at the family-doctor level, to higher-level hospitals.

Statutory bodies like the Medical Council of India, which guide governments, have to play an effective role in strengthening general practice. In many countries, they do this by requiring fresh medical graduates, who plan to set up independent practice, to undergo three years training before they are given full registration. In today's highly evolved techno-savvy Medicare scenario, only with such a lengthy period of training would a doctor be proficient enough in many essential diagnostic and interventional skills. One-year training would be allowed only for those who want a "partial registration", with which they can work only in a large hospital, under supervision.

This system of comprehensive pre-registration training has to be introduced in India as well, so that young medical graduates could take up many technology-based interventions, which at present is done only by specialists in high-tech hospitals. And when medicos, who already had a long and tough graduate-level education, are to have such prolonged post-examination training, they must be given proper remuneration. Concerned authorities must feel that such expenditure is an investment for the good health-care of the poor people of this country. An attitude that health-care problems of the rural poor could be

handled by fresh graduates with a mere one-year house-surgency will not be fair either to the rural poor or to young doctors.

All these are measures that would bring down the medical expenditure of citizens considerably. The Medical Council or a second statutory body that is meant to regulate hospitals must take up the responsibility of prescribing various requirements for hospitals as well as various other auxiliary Medicare facilities. A surveillance system has to be in place, to ensure that in these institutions, everything is done without compromising on prescribed standards. The Council should not confine itself to the role of overseeing the functioning of individual medical practitioners alone. When hospitals are using the services of specialist doctors, a surveillance system must oversee them to ensure that both hospitals as well as specialist doctors do not compromise on patient-care concerns. A system of clinical auditing must be put in place to keep a close watch on the competency of professionals, pricing of various interventions and the quality of auxiliary services.

There is also a need to encourage entrepreneurship among young medicos to start primary-care centers all over the country. For this the Medical Council may act as a catalyst between medicos on the one side and the banking sector on the other side. By this new kind of a public-private partnership, the nation could achieve a better Medicare delivery at the grass-roots level, without any direct spending by the government. The Medical Council, while enhancing seats for post-graduate studies in various specialties must have a clear idea about the manner in which new specialists would get

absorbed in a transformed, new-look Medicare system. It must not lead to a situation where a small town would have more doctors belonging to a “sought-after” specialty, than basic doctors or general practitioners!

There is also a need for Governments as well as statutory regulatory bodies to pay more attention to preventive and community medicine than to the curative side, as is presently being done. Recently, one hears that the new Government at the center is taking up the welcome task of cleaning up the Ganga. It is humbly submitted that this project must go further and a clean-up job must be done for the whole nation. By leaving it to local self-governments to handle sanitation, sewage disposal, food safety etc. we are witnessing the sad situation of all these sectors continuing to remain in a mess, all these past sixty-seven years! Let the Government at the center take over this onerous task from local bodies, after amending the Constitution, if required. This is the only way to ensure that voters of this largest democracy in the world do not have to die any more from water-borne infections, fevers spread by mosquitos, bites by stray dogs or eating adulterated food stuff!



You need power, only
when you Want to do
something Harmful,
Otherwise Love is
Enough to get everything
done.

- Charlie Chaplin

