

## Doctors Are Not to Blame for the Rot in Indian Healthcare

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Across the country, doctors have been striking work in recent weeks drawing our attention towards their plight in an inadequately resources healthcare system. The recent episode of an attack on doctors in a Kolkata hospital was not a one-off case. Attacks on doctors by kin of patients are highly common. A study conducted by the Indian Medical Association a few years back found that a whopping 75% of surveyed doctors had suffered some form of physical violence while on official duty. Pertinently, a majority of these assaults are reported from ICUs or Emergency Rooms where critically ill patients are admitted.

Poor doctor-patient ratio, shortage of resources and support medical staff and inadequate infrastructure are well-known problems bedevilling the Indian healthcare system. It is the inadequacy of the healthcare system to address the disease burden of an entire country that must be blamed for the problems in healthcare delivery. Doctors are themselves a victim of this rot, not its cause.

### **Overburdened & Under Pressure**

The World Health Organization advocates a minimum doctor-patient ratio of 1:1,000. However, in India there is just one doctor to cater to the needs of roughly 1,613 people, giving us a dismal doctor-patient ratio of 0.62:1000, according to the government's estimates in 2017. As for the public sector, a study found that there is just one government doctor for every 10,189 people while the nurse-patient ratio was a meagre 1:483. Inadequate numbers of public hospitals imply that high patient inflows and overburdened emergency and trauma centres are a norm rather than an exception. Long queues of patients waiting on the roads under the open sky are often found outside public hospitals. A visit to the All India Institute of Medical Science will tell you how poor people from distant parts of the country travel to the national capital and wait for days to be able to avail medical treatment for critical illnesses.

Long gruelling shifts, no time to eat or catch sleep, back to back surgeries are a norm for doctors in India. A study conducted

over 533 doctors in India found that over 50 per cent had uncontrolled hypertension implying that they had sustained high blood pressures even after taking BP medications. This clearly points to the high levels of stress in the lives of doctors who are highly overburdened and constantly under pressure to deliver, given the fact that they are responsible for saving lives. Lack of safety at workplace further makes the medical profession hazardous.

### **Poor Healthcare Spending is the Root of the Problem**

Low public spending on healthcare has been a major concern in India for years. This is also at the root of most problems bedevilling the healthcare system. India spends merely 1.5% of its GDP on healthcare which is among the lowest in the world. In contrast, the BRICS nations which are economies of comparable scale put a significantly higher priority on healthcare. Brazil spends around 8.3 per cent of GDP on health, Russia 7.1 per cent and South Africa at 8.8 per cent. China is expected to scale up its healthcare spending to 6.5 to 7 per cent of its GDP by 2020. Even much smaller neighbouring nations spend much more on healthcare than India. The Maldives spends 13.7 per cent, Afghanistan 8.2 per cent and Nepal 5.8 per cent.

According to official estimates, public per capita expenditure on health stood at around Rs 1,112 in 2015-16. In contrast, the US spends over USD 10,000 per capita on healthcare. This comparison clearly tells us the reason of the state of healthcare in India. Unless the healthcare spending takes a major leap, not much is likely to change in the near future.

Unfortunately, being the face of healthcare, doctors often end up becoming an easy target or scapegoat for the larger policy level problems in Indian healthcare.

### **Measures to prevent violence needed urgently**

Even as comprehensive efforts are needed to scale up healthcare delivery and accessibility, some measures are urgently needed to restore confidence among doctors and prevent violence in hospitals. The provision of security personnel at every hospital, including at the entry points of sensitive sections such as emergency wards and ICUS is very important to prevent the possibility of mob violence. Strict rules to limit the entry of attendants and the development of a standard operating procedure for each staff member to deal with such situations can help keep the hospitals better prepared for managing any signs of aggression and violence.

At the same time, we must not forget the importance of proper communication with patients and their attendants as well as a compassionate approach while dealing with the bereaved health. Not only must all due consent be taken only after fully explaining the state of the patient to the kin, they must also be kept regularly updated about the status. Counselling of patients and compassionate treatment can also help in pre-empting unrest.

**- Dr Dharminder Nagar, MD, Paras Healthcare**