

Universal access to education and health care are fundamental necessities for any society to progress. No nation has achieved a developed status without fulfilling these two basic requirements. Even developed nations with capitalist economies have ensured universal education and wide health care cover for their citizens. As opposed to this,

in our country the overwhelming majority of sick people are being increasingly left to fend for themselves. Notwithstanding the strides we have made in areas like information technology, we have no hope of becoming a developed nation in the decades to come, unless this disaster is brought under control.

A disaster years in the making

How is it that our policy makers are committing this blunder year after year? They are certainly aware of the long-term havoc that is being wreaked by neglecting health care. Only one per cent of the population can afford private hospitals. This situation is not expected to change in the year 2020. Imagine 1.2 billion people depending upon a crumbling and woefully inadequate health care system 20 years from now. One would think that this impending catastrophe would spur all political parties into raising this issue vociferously. But even during election time, the manifestos hardly make a mention of health care. No political party has a long-term plan about how it plans to tackle this issue. The reason is that political parties only aim to capture power and then hang on to it. Most politicians know that they have a few months or years to make hay while in power. The ill-effects of neglecting education and health will be seen after a decade or two, by which time they will not be in power anyway.

In fact, whenever money is needed desperately by the government, the education and health budgets suffer. The increase in defence spending is always inversely proportional to health care spending. Over the last few decades the public health budget has

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constantly shrunk, if inflation is taken into account. Even as a percent of the total government expenditure, health expense has been shrinking. Currently the government spends only two per cent on health, as opposed to 15 per cent in several developed countries.

Decline in public health infrastructure in India

Both India and Pakistan foolishly keep buying newer armaments. Often the same country sells to both of us. Then we spend fortunes on maintaining and upgrading these weapons, killing each other in the process. All this while foreign weapons manufacturers keep raking in our scanty resources.

High-tech medical care has become very expensive, mainly due to the exorbitant prices of imported equipment. These high prices are a result partly of the repeated devaluation of the rupee. It is therefore not possible to offer free treatment for procedures like heart surgery, angioplasty, neurosurgery, laser treatment, and so on. Thus, user charges are necessary, but can be kept reasonable if the services are efficiently utilised and equipment is carefully maintained. Costs often escalate because officials must be paid hefty bribes during the purchase of equipment, or because the machines are not used efficiently. The resultant user charges force many patients to stay away from public hospitals for required treatment. They would rather deteriorate and die than make the whole family bankrupt.

A desperate need

Government hospitals treating patients free of charge all over the country are in dire straits. Yet people flock to them, because most of them have no choice. Teaching hospitals are supposed to be better equipped than other hospitals. But these too are in bad shape. The equipment is inadequate, absent or out of order. Qualified teaching staff are not available in many disciplines. With patients lying on the floors, waiting for hours in queues, unclean wards and filthy toilets, these hospitals are a sorry sight. What quality of doctors are we training in these circumstances? Yet the public teaching hospitals are

considered superior to the many private capitation fee medical colleges that have mushroomed. This only shows the quality of training in the latter.

Doctors working in these conditions are demoralised and cynical. They

spend a lot of the time trying to arrange financial help for patients, getting machines repaired and keeping the hospital clean. They must work for poor salaries and in overcrowded outpatient clinics. They see private hospitals have a profusion of expensive equipment which is often underutilised or used when not really necessary. Thus paradoxically there is an inverse relationship between patient need and availability of services.

The totally neglected area is medical research. In 2005 we will be covered by the GATT. Medicines will become several times more expensive. Multinationals who develop new drugs will rule the roost. There is therefore a crying need to set up an infrastructure for developing and testing our own newer drugs and medical equipment. The standard of medical research is dismal in India. Whatever meaningful research has been done over the years has mostly been achieved in public teaching hospitals. Private hospitals have no infrastructure and inclination in this regard, mostly being short-sighted commercial ventures. Research is fast dying in teaching hospitals due to lack of funds.

There are several shortcomings common to all public sector undertakings. Lack of a proper work ethic, lack of discipline and misappropriation of funds are some of them. There has to be an incentive for good work and a punishment for not working. Accountability of employees and transparency of financial deals is essential. User charges for specialised care is unavoidable. Autonomy for departments to buy medicines and equipment and generate funds is also needed to revitalise decaying public hospitals. Privatisation is a catchy word, appropriate for several areas such as hotels, but certainly not for health care.

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