Poverty and excess

A friend of mine recently joined a corporate hospital as a junior consultant. One of his jobs, he found, was to go along with other junior consultants and the marketing manager of the hospital to visit general practitioners. The doctors would speak about the facilities available at the hospital and request the GP to refer patients. The marketing manager would then talk about the "relationship" that could be built between the hospital and the GP. Bluntly put, the GP was being offered a kickback to send patients. It appears, therefore, that private hospitals are short of patients and are chasing them through fair means and foul.

Around the same time as my friend's conversation, the newspapers reported attacks on doctors by relatives of patients at two medical college hospitals in Tamil Nadu. In both cases the relatives felt that negligence by the doctors and other hospital staff had led to the death of the patients. There is no doubt that public hospitals are in very bad shape. The buildings are usually in poor repair. The equipment has not kept pace with needs and is often under repair. The hospitals are grossly understaffed, so that no effective nursing can take place. Morale is poor especially among the lower grade staff. Petty corruption is rampant. "Fees" are collected for every little thing. Without a full-time attendant in tow patients cannot get anything done. Yet these hospitals are crowded, with patients occupying every available space. The crowds in spite of such poor services point to a stark fact – these patients simply cannot afford to go anywhere else.

If such a paradox exists – on the one hand hospitals hunting for patients and on the other patients unable to access even the minimum of care — society would be expected to take corrective steps. But such is the level of our collective apathy that such gross disparities and the evils that they engender are not even subjects of debate. But it is not civilised to live in a society in which so many of our fellow citizens are so deprived. And we must remember that there is a breaking point at which violent upheaval will appear more attractive than the status quo. Attempts to divert the public from the true cause of existing misery, to this or that imaginary enemy, will work only for so long.

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Several months after the tragedy in Erawadi, when many mentally ill patients were burnt to death, unable to get away from an accidental fire because they had been chained up in so-called private care homes, the homes have slowly reappeared. This should be no surprise, because caring for these patients in India often falls on the family and they are unable to cope. Well-run private care facilities are very expensive. In government institutions these people are poorly cared for. The only option for the economically weak are these "homes". The fire and the deaths were just a punctuation mark in the daily misery of these people.

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The news of the arrest of a middleman who was arranging live unrelated donors for kidney transplants only confirms what many long suspected – that the racket was still thriving in Tamil Nadu. The authorisation committee was set up in a hasty way with government officials being appointed by virtue of their position – in officialese "ex-officio". All the donors were able to convince the committee that they were donating their kidneys to people not related to them, out of love. Surely it is necessary to have others too on the committee, and they should be carefully chosen so that the spirit of the law is adhered to.

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Films and film people have always had a major role to play in the social life of Tamil Nadu. Yet the news that a fan of Rajnikanth's had his child delivered by Caesarean section two months prematurely to coincide with the release of the film *Baba,* is surely worrying. How was the man able to convince a doctor to do such an operation which is definitely not in the interests of child or mother, and therefore unethical? As for the Medical Council of Tamil Nadu, so far only a resounding silence.

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