Purav Marg, Deonar, Mumbai 400 088 INDIA e-mail : pmondal@tiss.edu

Reference

1. Nagral S. Fire in a hospital, *Indian J Med Ethics*. 2012 Apr-Jun; 9(2): 76-7.

Public health in India: unethical neglect

The vital importance of public healthcare in our country has long been neglected.

In most developed nations, public health systems play a crucial role in maintaining the health status of the populace. While the private sector focuses on curative medicine and is oriented to the individual, the government is responsible for public health services, which are concerned with preventive medicine and disease control and treatment for the population as a whole. However, public healthcare can be effectively implemented only when the government is sincerely committed to providing such healthcare facilities to its people.

When it comes to providing world class quality medical treatment, we are at par with most developed nations and can provide high quality treatment at a far lower cost than most of them. But we lag far behind when it comes to providing public health services, many of which are particularly important for the common man, for 80% of India's population. While we boast about our booming economy marching at a fast pace, we still have numerous segments of our population suffering from disease and hunger.

Time and again, experts have voiced the need for trained public health personnel. After much deliberation and delay, the Public Health Foundation of India came into being on March 28, 2006 (1). Yet, till date, it is not fully functional as an independent body and its presence is hardly registered in Indian medical circles. There is only one institute in India whose master's degrees in public health and applied epidemiology (National Institute of Epidemiology, Thiruvananthapuram, Kerala) are recognised by the Medical Council of India (2). A few other universities and deemed universities offer degrees or diplomas in public health. But it is not clear if all of them follow a common course relevant in the Indian context because there is, as yet, no governing body for public health training regulations in India. So, if we have admitted to the importance of public health in India, why does the state fail to provide for its development? The lack of experts and funding has forced us to modify the results of studies and measures undertaken in other places to fit our needs, and this has often had disastrous results (3,4).

There are not many public health specialists in India excluding those doctors employed in international health agencies like the WHO, UNICEF, and NGOs providing healthcare to the community. Meanwhile, all the evidence indicates that India desperately requires such experts to boost its community and primary healthcare. Admittedly, we have made much progress in the control of malaria, tuberculosis, HIV/AIDS, blindness, leprosy etc. But much more can be achieved. For this, we require qualified and trained public health experts, trained by competent institutes, to replace the 'experts' who do more harm than good to the offices of public health they head. Then only would we be practising true medical ethics in the care of the community as a whole.

Pankaj Thomas, *MPH student, School of Health System Studies, Tata Institute of Social Sciences, Deonar, Mumbai 400 088, INDIA e-mail: pankajthomas@gmail.com*

References

1. Public Health Foundation of India [Internet]. New Delhi: PHFI; c 2006-2012. About PHFI. [date unknown];[cited 2012 Jun 13]. Available from: http://www.phfi.org
2. Medical Council of India (MCI) [Internet]. New Delhi: MCI; c 2010. List of colleges and courses as per First Schedule of the IMC Act. 2010; [cited 2012 Jun 13]. Available from: www.mciindia/InformationDesk/CollegesandCourses
3. Elsayed DEM. Public health and ethics: an overview[Internet]. *Sudanese J Public Health*. 2007 Jul [cited 2012 May 14];2(3):146-51. Available from: www.sjph.net.sd/vol2i3p146-151.pdf
4. Gupta A, Dadhich JP, Faridi MM. Breastfeeding and complementary feeding as a public health intervention for child survival [Internet]. *Indian J Pediatr.* 2010 Apr[cited 2012 May 14]; 77(4):413-8. Available from: www.bpni.org/Article/child-survival

Analysis of physicians' strikes and their impact

Resident doctors often resort to strikes for reasons concerning safety at the workplace, better working conditions, better remuneration, and policy issues such as caste-based reservations and appointments to institute positions (1). Although many articles have discussed whether or not physicians should resort to strikes, few have analysed the prevalence of strikes, their direct impact on healthcare delivery, and beneficial outcomes, if any, for physicians (2-5). We conducted a single centre retrospective study for analysing the same.

In March 2011, an application was filed, on behalf of Rahul Yadav, one of the authors, at the Office of Public Information of Guru Teg Bahadur Hospital, New Delhi, under the Right to Information (RTI) Act, 2005, asking for information on all strikes called by the Resident Doctors' Association (RDA) of the hospital over the previous five years. Information was obtained on the frequency and duration of strikes and their consequences; demands of the residents and remedial measures taken by the authorities; any punitive measures imposed by the authorities; and the number of times the provisions of the Emergency Services Maintenance Act (ESMA) had been invoked. The impact of strikes on healthcare services in the hospital was assessed by analysing the number of patients seen during working days, averaged over a month, preceding the strike period, and the number of patients seen during strike days.

The reply to the application under the RTI Act revealed that during the preceding five years from April 1, 2006 to March 31, 2011, work was struck on five different occasions, amounting to a total 22 days (eight days in August 2007, two days in April 2008, six days in September 2008, three days in October 2008 and three days in February 2011) in five years, an average of 4.4 days per year. The common factor mentioned for all the strikes was "misbehaviour by attendants with residents". The April 2008 strike concerned misbehaviour of attendants with nurses.