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## **Position Statement on Indian Healthcare Today & Tomorrow**

### **Dangerous Private Health Care Scenario today & Expected Solutions**

- Doctors, Hospitals & Health work force are unsafe in today's Practice Scenario
- Everyday manhandled, stabbed & murdered by mob.
- Government feels Doctors are not doing Justice in the Profession to patients & concentrate on extracting money
- Unwanted Investigations, unwanted drugs, procedures deployment, Cuts & Commissions.

### **Criminalization of Medical Profession.**

- Private Health Care caters to 70% OP & IP
- Hence Government wants to control Private Health Care by Stringent Laws & bring in Quality Health Care at affordable cost at the expense of Doctors' Peace, Comfort & Life.
- Doctors are playing safe game with Evidence Base Medicine – Expensive Medicare
- Yesterday's Doctors word being respected & accepted is gone
- Public is looking at Doctors with suspicion.
- **Why this dreadful Health Scenario Today?**
- **Patients don't Budget for Health**
- **Patients don't accept Death & Treatment Failure**
- Lack of Knowledge based compassionate care through some of our Colleagues
- Negative Media highlighting only failures, supporting violence by mob on Hospitals.
- End result Governments are restless & want to support Public who are their vote Bank
- Public feel even after paying large money result is not obtained
- Doctors feel unsafe in Profession

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**When a Hospital is vandalized & Doctors & Nurses are beaten what the other Stakeholders in Health are doing?**

Public is Silent

Government is Silent. After this situation is cool Opposite Political party leaders Comment favoring the Healthcare.

Ruling parties leaders who may even be beneficiaries of the same Institution keep their lips highly closed. No support to the ransacked Institution. **Politicalisation!**

Media is always negative; Highlights only the vandalism & never says vandalism by mob is wrong. Need not take a stand on the Health issue.

In Democracy errors can occur everywhere including Judiciary but no right for any Human being to ransack the Properties of others & injure other persons with hand or weapons.

If grieved legal remedies are enormously available.

**What must happen in reality:**

- **Public** must stand up erect revolting against violence & try to safeguard the Institution & Doctors.
- **Media** must condemn the erroneous activities of mob.
- **Political leaders** both Ruling & Opposite must openly condemn the vandalism. They need not comment on the Treatment offered which law will take care. No human can take law in hand as per Constitution.

Then Doctors will be ready to suffer & even sacrifice their life for the Health of the Citizen.

- Recent incidence of a Doctor Omkan Hota carrying a Bleeding Pregnant Lady in a cot through dense Forest for 10Km is a solid example of this humanitarian commitment. We salute Dr.Hota.

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**Multiple laws cannot help out the situation:  
Currently 145 Laws are on Doctors & Hospitals.**

**Laws on Doctors & Hospitals**

**Doctor:**

1. MCI
2. Emergency Health Care
3. Criminal Liability

**Hospitals:**

- |  |             |
|--|-------------|
| 1. Governing the commissioning of Hospital | – 17 Number |
| 2. Conduct of Health Professionals         | – 10Laws    |
| 3. Drugs & Medical                         | – 10Laws    |
| 4. Patient Management                      | – 12Laws    |
| 5. Environment Safety                      | – 11Laws    |
| 6. Manpower                                | – 24Laws    |
| 7. Medico Legal Aspects                    | – 5Laws     |
| 8. Safety of Public, Patients & Staff      | – 14Laws    |
| 9. Professional Training & Research        | – 5Laws     |
| 10. Business Aspects                       | – 10Laws    |
| 11. Liscences / Certificates               | - 20Number  |
| 12. Periodic Reports & Legal Commitment    | – 16Laws    |

**145 Laws**

**All these laws will not help to solve the current agony of Health care.**

We can finetune laws & support the Doctors & Institution is needed.

Employment of 'Bouncers' will not solve this issues.

**Only proactive attitude by Media, Public & Governments can bring a Healthy Scenario in Health Care.**





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**This is the First Relook**

**Key factors for Negative mind are:**

**1. Not accepting Treatment Failure & Death**

**2. Cost of Health Care**

1. Medicine is a Science which is advancing every minute.

Internet & Media give lots of informations to the Common man.

All of these are not Gospel Truth & Gold Standed in Healthcare.

**Doctor is able to save the life of the patient often but not always. Relieving Agony always.**

**Death, Treatment Failure & deficiencies on Human Body are acceptable Scientific Truths.**

If every Disease can be cured none of our leaders & fore fathers could have died.

**Public must learn to accept Death & Treatment Failure when is inevitable.** Emotions understandable but lack of accepting stimulates violence.

Doctors & Health care Team must explain & discuss with close relatives the Diseases, Treatment aspects, cost & outcome.

Must offer the Best Scientific Treatment available on that occasion.

Inspite of this, life is lost or damage to Human body occurs public must accept.

Still they not satisfied can sit & discuss with Health care Team & clarify. Even then not satisfied can go for Medical council or Legal approaches.

This is the Healthy Trend Which Media & Political leaders must advocate.

**2. Cost of Health care**

Yes, Healthcare costs. Why because of the following:

The Doctors & Hospitals are bearing the followings expenses:

1. Land & Building – Construction & Maintenance – Heavy Cost
2. Equipments – Lots of duty







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3. Staff deployment, Salary & other benefits – large money

4. Diagnostic equipments – Huge cost

5. Drugs – Major expenses

6. Taxations – large

Building Tax, Electricity Tax, Water Tax - all at the commercial rate.

7. This is beyond the Education Expenditures which is huge today as we know.

**These costs are not decided by Doctors but by the Governments.**

It is not due to cuts & commissions. It is not due to unwanted Investigations or Treatment Procedures.

**We Doctors have zero tolerance to cuts & commissions.**

How to Reduce Healthcare costs? Million Dollar Question but to be answered & implemented.

**Let us have a look at the Health care Models available Today Globally**

**Health Care Models**

**1. The Bismark Model**

- Germany, Japan, France, Belgium, Switzerland & Latin America.
- Provider & Payees are Private
- Private Insurance, Plans – financed jointly by Employees & Employers through Payroll deduction. Not for Profit.
- Tight Regulations for cost control.

**2. The Beveridge Model**

- Great Britain, Italy, Spain & Cuba
- Healthcare is provided & financed by Government through Tax payments
- Medical Treatment is a public service
- Low cost as Government is the sole payer
- NHS of UK. Now Private Insurances & Private Health Care have come up.

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**3. The National Health Insurance Model**

- **Canada, Taiwan & South Korea**
- Providers are Private
- Payer is a Government-Run Insurance Program that every citizen pays into as monthly premises.
- Cost control is good due to high Negotiation Powers

**4. The Insurance Model - USA**

- Private Health Insurance
- Insurance guides Medical Profession often
- Many do not afford for Insurance
- Medical Bankruptcy is a Unique American Problem - Expensive

**5. The Out of Pocket Model**

- **India, Africa, China & South America**
- No system countries
- Only Rich go to Medical Care. Poor remain sick or die
- No Insurance & Government Plans
- India, Government Schemes & Insurance are coming up.

**Indian Health Care:**

- **Out of Pocket Expenses Care** – Private Care. Mix of Both Patient pays from his pocket
- Public Health Care is not suiting to the need of Public & people use it for 20% only.
- Insurance less than 10%
- Government Schemes available. ESI, ECHS, etc



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**Having analyzed the Healthcare Models what is suitable for our Nation?**

**This is the Second Relook**

**Public Private Partnership in the only way out at this juncture**

**Public Private Partnership (PPP) Model**

- UHC by Government or PPP
- Tertiary Care by PPP only
- Health Budget 1.5%GDP →5% GDP →9-10% of GDP
- National Guidelines / SOP for common Disease Management Lacking
- National Health Policy inadequate
- Philosophy of Health Care is – Right Patient should receive the Right Care at the Right time in the Right Place at the Right Cost must happen
- **Streamline Health care into primary, secondary & tertiary Healthcare.**

Government can offer only primary and primary Emergency care (First 24hours) free of cost to all citizens. Solo or with insurance UHC.

**Headache clears with 200Rupees in Primary Care.**

**Patient choose a subspecialist in a Corporate Health Care; All scans done spending 1Lakh, says Healthcare is expensive.**

**How is it? Where is the fault?**

**Is it with Doctors? Public? Government?**

**Definitely not with Doctors?**

**Strengthening Primary Care will be the answer.**

**Blaming Doctors for costly healthcare is like blaming pilots for costly flights.**

Governments can purchase Secondary and Tertiary care for Patient Services through Insurance and Health Scheme with strict guidelines and monitoring . Payment may be through Government or self. This will make Health reachable to all.



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**Affordable Accountable Appropriate Health to all.**

**Immediate Goals:**

**1. National Medical Commission:** Must have Elected Transparent Autonomous Body not an outpost of MOH. **Basic Medical Qualification for Practicing Modern Medicine in India must only be MBBS.** No diversions. Otherwise Citizen are not safe.

**2. Clinical Establishment Act**

Must exclude Single Doctor clinics.

Single window clearance.

No license Raj

No criminal clause

No fixing of charges

No extra Redressal forum

**3. PNDT Act**

Clerical errors must be ignored. Clerical errors should not warrant punishment. Graded punishment is recommended.

**4. Consumer Protection Act**

Capping of compensation is a must.

**5. Anti Quackery Law**

National Anti Quackery Law is essential to offer Scientific care to the Citizen & to avoid Drug misuse.

**6. Hospital Protection Law**

National law protecting Healthcare establishments, Doctors, Nurses, Health work force must be in place.



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**7. NEXT**

No separate licensing examination is needed. Final year MBBS Theory Examination can have an Nationally Uniform additional paper which is mandatory to clear for Registration.

**8. Bridge course for BDS to MBBS .**

Government wants to encourage BDS to MBBS, Nurse practitioners, Ayush to Allopathy, etc on the grounds, Doctors are not going to rural areas & we don't have Doctors to offer Primary care which will be the fulcrum for UHC.

Whatever reason Government may argue, Medical Profession can't accept. But we should offer acceptable alternative solutions too.

**My choices are already given in 2012 as below:**

**A.** Increase the number of Medical seats in Medical Colleges & reduce the Teacher Student Ratio. Lots taken place in that but still more to be done.

**B.** Encourage all young Doctors who are living in libraries by offering them extra marks in the PG NEET.

**C.** Can start Rural Medical Schools in District Hospitals. Select only certified rural students with the bond to work in their rural areas for 5 years; then they can go for private practice or Post graduation.

**D.** Foreign Medical graduate can be given a temporary Medical registration & permitted to work in rural areas over 5 years & then get their registration with IMC.

**9. Ethical Medical Practice** – Knowledgeable, Compassionate & Appropriate care; no cuts & commissions. IMA's stand is firm.





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**Long Term Goals**

Must be ‘Public Centered & Doctors Saving’

**Seven Point Formula, We demand to Our Honourable Prime Minister Modi Ji**

**1. Health must be a Fundamental Right of Indian as per Constitution. A Right not a Privilege**

**2. Health must become a Concurrent subject like Education**

**3. Universal Health Care to Indians by Promoting & Strengthening Primary Care. Creating department of Family Medicine in UG Medical Schools.**

**Primary & Secondary Care Medical Ethics only**

**Tertiary Care Business ethics only**

**4. Single window clearance for Medical Institutions & Professionals suggested – “ Indian National Health Care Act 2017”**

Will include – Registration of Hospitals & Categorisation as Primary, Secondary, Tertiary Centres, Negligence -Malpractice, Violence, Crosspathy, PNDT, Compensation Capping, Pharma linking, etc.

**5. Medical Education must be radically changed suiting to todays needs of Public.**

Modular Teaching to be introduced ; online Education to be enacted. Much needed Fellowship & Certificate short courses on needed specialities to be introduced.

Only this will offer permanent relief to our agony & fear of Medical Practice.

**6. Healthcare to be a declared as a Service Industry.**

Aided Hospitals to be promoted. Private Health Care is offered to 70% of Citizens of India both Outpatients & Inpatients. This Private Health Care to be supported by Government not neglected.



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**7. Public Private Partnership Model must be in place immediately. – as explained above**  
**Who can pilot it? Only our honorable prime minister Shri Narendra Modi Ji only can do**  
**it. With his innovative mind, passionate approach has brought in many Firsts in India to**  
**make the country safe and free of corruption. He can only bring safe Health reaching to**  
**all.**

In conclusion, Medical Profession propels the above Immediate & Long term Goals towards a  
 Healthy Care in Health care Profession in India leading to a **Healthy Peaceful Vibrant**  
**Developed India.**

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