Reaching out for Ethical Healthcare

ADEH
Alliance of Doctors for Ethical Healthcare

January 2019 - April 2019

Editorial

Dear ADEH family,

It was around one year ago, in April 2018, that the ADEH had organized the first ever National Conference on Ethical healthcare at the All India Institute for Medical Sciences in New Delhi.

Many stalwarts of the medical profession, both from India and abroad, attended this conference and made a powerful statement, demanding rational health care and accountability in the private health sector, while highlighting the need to curb the increasing trend of corporatizationin healthcare.

In many ways, the conference learnings from all the participants and the joint communiquecharted the course for the ADEH over the past one year. ADEH members have all been committed to the cause for corruption free ethical healthcare, actively contributing through thought provoking articles for the press on current healthcare issues, by the books they write, in their interviews with the media, through untiring advocacy with doctors and doctors associations and conference workshops.

Over the past one year, we have had considerable success in organizing meetings in many towns and cities, such as Indore, Bhopal, Thiruvananthapuram, Kozhikode due to the indefatigable efforts of ADEH members in their respective states. We are now also trying to reach out to the next generation of medical doctors by arranging presentations and discussions in medical colleges. We are also planning to promote our cause and build the ADEH community by using digital platforms and relevant social media.

In the second term of Prime Minister Modi's government, we will continue to lobby for the issues we had raised in our election manifesto released in December 2018– for comprehensive regulatory reforms to improve the quality and affordability of health education and healthcare, strengthening of the public health system with focus on primary healthcare and accountability mechanisms for publicly funded health insurance schemes such as Ayushman Bharat.

As always, we thank you all for being crusaders of ethical healthcare and look forward to your continued solidarity and support to achieve our vision of 'Health and Healthcare for All'

Warm regards,

Dr Arun Gadre & Dr Kanchan Pawar

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Universal Medicare The need of the hour

By Daily Excelsior - 26/03/2019

Op-ed by Dr Arun Mitra in the Daily Excelsior, dated 26th march, 2019.

Dr Arun Mitra is a practicing ENT surgeon, based in Ludhiana, India. He is Senior Vice President of the organization "Indian Doctors for Peace and Development" (IDPD), Co-President of the International Physicians for the Prevention of Nuclear War (IPPNW) and ADEH Core Committee member.

https://www.dailyexcelsior.com/universal-medicare-the-need-of-the-hour/

Development, progress and economic growth of the society and country is proportional to the participation of workforce in these activities. Health of people is therefore of utmost importance. Only a disease free healthy person can contribute effectively in the process of advancement. Unfortunately India accounts for a relatively large share of the world's disease burden and there is an epidemiological transition from the communicable diseases to non-communicable diseases in the total disease burden of the country. It is therefore important to review the national health profile. The National Sample Survey Office (NSSO), the 71st round report on 'Health in India', has brought out certain facts which are of serious concern.

About 9 per cent of rural population and 12 per cent of urban population reported ailment during a 15 day reference period. This means nearly 13 crore people in the country are unwell at any time. Proportion (no. per 1000) of ailing person (PAP) was highest for the age group of 60 & above (276 in rural, 362 in urban) followed by that among children (103 in rural, 114 in urban). About 4.4 per cent of the urban population was hospitalized (excluding childbirth) any time during a reference period of 365 days. The proportion of persons hospitalised in the rural areas was lower (3.5 per cent). This means about 6 crore people need hospitalization. Both in rural and urban areas highest proportion (around 25 per cent) for hospitalisation (excluding childbirth) were reported for 'Infection' (inclusive of all types of fever, jaundice, tuberculosis, tetanus, diarrhoea/dysentery and other infection). About 60 per cent people took treatment without any medical advice. This was primarily attributed to 'financial constraints' (57 per cent in rural, 68 per cent in urban). Out of the total medical expenditure, around 72 per cent in rural and 68 per cent in urban areas was made for purchasing 'medicine' for non-hospitalised treatment.

In a recent report of India Council of Medical Research (ICMR), titled India: Health of the Nation's States: The India State-Level Disease Burden Initiative(2017), it is observed that the disease burden due to communicable, maternal, neonatal, and nutritional diseases, as measured using Disability-adjusted life years(DALYs), dropped from 61 per cent to 33 per cent between 1990 and 2016. In the same period, disease burden from non-communicable diseases increased from 30 per cent to 55 per cent. The epidemiological transition, however, varies widely among Indian states: 48 per cent to 75 per cent for non-communicable diseases, 14 per cent to 43 per cent for infectious and associated diseases, and 9 per cent to 14 per cent for injuries.

The cost of treatment has been on the rise in India and it has led to inequity in access to health care services. India spends only 1.02 per cent of its GDP (2015-16) as public expenditure on health. Per capita public expenditure on health in nominal terms has gone up from Rs 621 in 2009-10 to Rs 1112 in 2015-16. The Centre: State share in total public expenditure on health was 31:69 in 2015-16. The share of Centre in total public expenditure on health has been declining steadily over the years.

As high as 86 per cent of rural population and 82 per cent of urban population were not covered under any scheme of health expenditure support. Rural households primarily depended on their 'household income/savings' (68 per cent) and on 'borrowings' (25 per cent), the urban households relied much more on their 'income/saving' (75 per cent) for financing expenditure on hospitalisation, than on 'borrowings' (only 18 per cent).

The country strives towards achieving Universal Health Coverage. But till date it has been a piecemeal approach. What we need is a comprehensive state controlled healthcare assurance not insurance. The Ayshman Bharat talks of insurance without keeping in view the health determinants like nutrition, housing, wages, purchasing capacity, clean drinking water, sewage facilities and job security. Moreover it covers less than 40 per cent population that too for inpatient care. From the NSSO data it is clear that major expenditure is on outpatient care and in purchasing medicines. It is still not clear as to who are the 50 crore people covered in the scheme and who will add their names in the list of beneficiaries.

Many people resent that they are not able to find their names in the scheme. Moreover the rest about 80 crore people who are left out are not rich. There are no special schemes for the senior citizens who form the largest number of ailing persons. Primary care which forms basis of a healthy society has no mention. Whole scheme is for inpatient care. It will not help reduce the catastrophic health expenditure on health by the households. There is need to study the health profile from the perspective of universal healthcare. Fear is that the scheme may end up giving doles to the insurance companies. (IPA)

For ruling regime and Opposition, healthcare doesn't seem to be an issue

Opinion piece by Dr Shah Alam in the Indian Express, dated March 26, 2019

Dr Shah Alam Khan is Professor, Department of Orthopedics in AIIMS, New Delhi, Author and ADEH Core Committee member.

https://indianexpress.com/article/opinion/columns/lok-sabha-elections-health-hospitals-aiims-narendra-modi-rahul-gandhi-5642480/

It is important to analyse why something as important as the health of a nation remains undiscussed during elections here. Illiteracy, lack of awareness, lack of political will, and, poor electoral ethics are some of the reasons which come to mind.

As about 900 million voters prepare to elect their next government, the agenda for the Indian elections is supposedly decided. But there is an eerie silence on part of the political class and the general public around issues of health. In most elections in Western countries, the healthcare policies of a political party are an important agenda. During the May 2015 general elections in the UK, the prestigious medical journal, Lancet, called the UK's National Health

Services (NHS) a “political hot potato” for parties in that country. Unfortunately, in India, despite a dismal healthcare setup, health still does not figure in the imagination of the rulers or the ruled.

Six days after the terrorist attack in Pulwama, the World Health Organisation (WHO) released its report on the global health expenditure, that not only reveals ground realities on health economics but also helps governments to prioritise future health expenditure. The report revealed that the global spending on health increased in low and middle-income countries by 6 per cent and in high-income countries by 4 per cent. It showed that both India and Pakistan have populations which are one of the highest in the world when it comes to spending out of pocket on health. However, its stark findings got lost in the din of a near-war between the two countries.

The current infant mortality rate (IMR) in India stands at 44 per 1,000 live births and the country stood 12th on a UNICEF list of 52 low-middle income countries with the highest IMR in the world (2016). India's neonatal mortality rate (NMR), at 25.4 per 1,000 live births, was higher than that of Sri Lanka, Bhutan, Nepal and Bangladesh. Only Pakistan and Afghanistan fared worse than us in the subcontinent.

Considered to be a sensitive indicator of the quality of healthcare delivery, the maternal mortality rate (MMR) for India is 130 per 1,00,000 live births. The average global MMR hovers around 216 per 1,00,000 live births. What is startling is the fact that the so-called electorally most sensitive state of the country, Uttar Pradesh, has an MMR of 201 per 1,00,000 live births. UP also happens to be the electoral state of the PM.

It is interesting to note that the word “health” or “healthcare” appeared 83 times in the election manifesto of the BJP and 42 times in the manifesto of the Congress party during the run-up to the 2014 elections. Despite this, health did not become an election agenda. Even today, the Opposition does not want to make the Gorakhpur hospital childrens' deaths (from 2017) a pivotal point for their campaigns.

It is important to analyse why something as important as the health of a nation remains undiscussed during elections here. Illiteracy, lack of awareness, diversionary communal-caste discussions by the political class, lack of political will, and, poor electoral ethics are some of the reasons which come to mind. It would, perhaps, be preposterous to believe that the people would seek health from their rulers when basic survival issues like hunger, unemployment and education go unaccounted. Even as the country with the highest number of malnourished children in the world, our expectation for good healthcare seems like a pipedream.

In view of the WHO report, however, the least we can expect from our political class is a general consensus on increasing public health funding. At present, we spend just around 1 per cent of the GDP on health. This is less than what even countries like Ethiopia and Bhutan spend on the health of their people. Most experts believe that we should be spending, at least, 3 per cent of the GDP on health. For achieving universal health coverage, it is imperative that domestic spending on health be increased. It is known that a health system with high government funding provides accessible and more affordable healthcare to its people, also ensuring financial protection of its citizens.

The Swiss medical historian, H E Sigerist once said that “the problem of public health is ultimately political”. As a mature democracy, there is an urgent need to make state-sponsored healthcare a crucial component of political campaigns during elections. As citizens of the largest democracy of the world, it is our duty to accept an electoral agenda that is as per our needs, not as per the wishes of politicians for whom hubris, rhetoric and hollow promises are routine.

This article first appeared in the print edition on March 26, 2019, under the title 'Missing in the polls'. The writer is professor, department of orthopaedics, AIIMS, New Delhi.

Will Politics Ever Overcome Its Apathy Towards Operative Healthcare for All?

Article by Dr Sanjay Nagral in the Wire dated 26th May 2019.

Dr Nagral is Consultant in Surgical Gastroenterology, Jaslok Hospital in Mumbai, Author, editor of Indian Journal of Medical Ethics and ADEH Core Committee member

https://thewire.in/health/healthcare-politics-elections

While there is political consensus that a robust healthcare system is needed, it is rarely at the centre of electoral politics in India.

In 2005, I joined one of Mumbai's largest suburban Municipal hospitals as a visiting surgeon. This institution treats a large number of accident victims on a daily basis and has treated a number of those injured in the riots and bomb blasts that swept Mumbai in the past few decades.

To my disbelief, I soon realised that our department's capacity to treat these patients was being severely compromised by the absence of a CT scan machine in the hospital. I was also shocked to observe that patients were being sent to private centres nearby for a charge or to faraway public hospitals, resulting in huge delays in treatment.

My colleagues and I soon raised this matter through multiple letters and meetings with the administration, but to no avail. We were told that a demand for a CT scanner had been pending for years. Meanwhile, patients continued to suffer and I suspect many young lives were lost due to the delay in obtaining CT scans.

Finally, with what I imagined at that time as my 'political' insight, I decided to use a different approach. There was a local corporator who used to meet us to inquire about patients from her constituency and seemed concerned about the hospital's services.

I suggested that she could take up the issue of the lack of a CT scan machine as a public campaign. I tried to convince her that this could help her win the elections to the Mumbai Municipal Corporation due that year. To her credit, she took up the issue, fought it out in the public health committee of the corporation and finally persuaded the authorites to procure a CT scanner.

On the day the machine was installed, she put up posters around the constituency, claiming victory in her fight for better healthcare for the citizens. We organised a small thanksgiving ceremony where I remember talking about how we could transform the hospital if healthcare becomes a local political issue.

The elections were soon held. She lost by a huge margin to a new candidate largely known as an organiser of the local Ganesh Festivals. When I bumped into her later, she, looking dejected, tried to explain:

The dysfunctional and broken state of India's healthcare system is there for everyone to see. All opinion, analysis and data over the years have repeated ad nauseum that across political parties, healthcare has been given low priority. As a result, India performs poorly in care delivery – our health indices are some of the worst in the word.

Healthcare as an electoral agenda

There is also consensus from the right to the left that without a well-funded and robust public health system, no country can provide decent healthcare to its citizens. The experience of some states in India and other countries is very clear on this. With so much consensus and evidence, what then is the missing link that prevents change?

We saw a substantive amount of scholarly

analysis around healthcare during the build-up to this election. This was partly due to the Centre's staging of Ayushmaan Bharat. In a piece I wrote a few months ago, I reflected on the experience of a public health insurance scheme similar to Ayushmaan Bharat as it had played out in the same public hospital.

I ended the piece on a note of cautious optimism, wondering whether with Narendra Modi pushing Ayushmaan Bharat as a game changer and Rahul Gandhi responding to it with an alternative policy for universal healthcare, we were finally seeing a serious focus on health-related policy in national politics. Following that, the Congress manifesto went a step further by proposing the idea of a Right to Healthcare Act, while the BJP promised more funding for healthcare. But alas, all this was a few weeks ago.

In the meanwhile much else was blowing in the wind. Healthcare soon had to compete with Pulwama, Balakot, Chowkidari, the NRC and dynastic politics. As far as eyeballs and emotions are concerned, a powerful and unequal competition had emerged.

What the local corporator had realised after her experience, our astute political class had, perhaps, understood long ago. There are easier and quicker pathways to electoral success.

Middle class and political apathy towards healthcare

As we enter the last lap of the electoral race and await the results, I almost have a sense of déjà vu. Notwithstanding the results, what role did issues like healthcare and education finally play? And if they didn't, will anything change at all?

Do we need to dig deeper and raise uncomfortable questions rather than just lament over the state of healthcare through op-ed pieces? Is there something more at work here? For example, is it the fact that the elite, which includes many of us, have resolved their own healthcare issues through the creation of a private sector and while we all pay lip service to it, we are no longer invested in change?

In other words, as Taleb puts it, is it that those who can change health policy no longer have “skin in the game” of public health? Shall we also question why our ordinary citizens do not force these issues to the forefront during election time and hold candidates accountable? Is there something about our cultural capacity that internalises death and disease as our fate and destiny? Are other daily challenges too overwhelming for us to notice the inequity in healthcare?

Or is it that having been chronically exposed to a certain system that passes for healthcare, ordinary people cannot even fathom an alternative? How will they know that there is an alternative that currently works in many countries which guarantees immediate, decent care that is worth fighting for?

I am aware that, in many states of India, ordinary people have indeed fought remarkable struggles for health rights. There is also a growing national movement comprising largely of the middle class against, what is nothing but, the predictable excesses of an explosion of market medicine.

Maybe these movements will converge and see through the structural discrimination within the healthcare system which has created 'state of the art' hospitals where one can get a CT scan within minutes at an astronomical cost while large public hospitals exist without CT scans for the grievously injured. For someone like me, who has witnessed the havoc that illnesses cause on a daily basis, I cannot but be cautiously optimistic about the future.

As for our hospital, the CT scan unit is currently facing a lack of staffing. Many patients still have to be shifted for emergency CT scans. Once again, we made an effort to highlight the issue, this time, by approaching corporators across political parties. We were largely ignored. One of them even told us curtly, “Doctor you don't understand politics; we are in an electoral battle, this is not the best time to raise such issues.”

Sanjay Nagral is a surgeon practising in Mumbai and the publisher of the Indian Journal of Medical Ethics.

ADEH Meetings - January to April 2019

Two ADEH meetings were organized by ADEH Coordinator for Kerala, Dr Saiju Hameed in collaboration with Ethical Medical Forum, Kerala, KSSP, IMA, JSA and IJME in February 2019. The first conference was held on 23rd February in Kozhikode Medical College and the second conference was held on 24th February in Trivandrum Press Club Hall.Both the meetings featured eminent local speakers along with ADEH members Dr Samiran Nundy, co-author of the book: "Healers or Predators" and Dr Arun Gadre, co-author of "Dissenting Diagnosis" as the chief speakers. The events were both well attended by local doctors and medical students from government medical colleges of Kozhikode and Trivandrum and covered by the media as well.

The inaugural talk in Trivandrum was delivered by Padmashri Dr M.R.Rajgopal, the founder of Palliative Care in India. In an inspiring speech, Dr Rajgopal exhorted the predominantly student audience to always maintain the integrity of the medical profession and its values and not give in to temptation or pressure to make moral compromises.

He was followed by eminent social activist Dr J. Devika, who analysed the phenomenon of cooruption in healthcare and the deterioration of the doctor patient bond over the past two decades.

Dr B Krishnan, Professor of Forensic Medicine at Government medical college, Alappuzha, also made a memorable speech in which he pointed out that all medical students should never forget the debt they owe to patients in hospitals who enable them to study medicine and become doctors.

Other speakers at the conference included Dr SS Santhosh Kumar, Dr V Ramankutty and Dr Saiju Hameed.

ADEH Coordinator for Madhya Pradesh, Dr Sanjay Bhalerao organized the second ADEH meetingin Madhya Pradesh in Bhopal on the 10th of March, 2019 to introduce the purpose of the Alliance to the medical community in Bhopal.The event was attended by 50 doctors and featured Dr Sanjay Nagral and Dr Samiran Nundy, co-editors of the book "Healers or Predators?" as the chief speakers.

Ably moderated by Dr Neel Kamal Kapoor, HOD – Pathology, AIIMS Bhopal, the session was very interactive. Dr Samiran Nundy stressed upon the need to make Medical education and services non-profit oriented and the need to curb the commission-based practice which is prevalent nowadays. Dr Sachet Saxena, President, Junior Doctors Association, MP talked in depth about problems faced by post graduate resident doctors. Dr Deepak Shah, orthopedic surgeon and medico legal expert, talked about ways to deal with the rising violence against doctors. Dr Arun Gadre introduced the Ethical Doctors Manifesto, released by the ADEH in December 2018 and pleaded with the assembled doctors to make ethical healthcare possible in India by joining the ADEH in its demand for comprehensive health policy reforms and universal health care.

After the resounding success of the programs organized in Kerala in medical colleges, the ADEH has decided to expand its outreach to medical students to sensitize them to the 3 C's facing the private healthcare sector in India: Corruption, Commercialization and Corporatization and their impact on society and on doctors.

Our intention is to present the challenges and solutions and engage medical students in a healthy debate about alternative health system models that are fair to both patients and clinicians. By involving students in the movement for universal health care, we can ensure that the next generation of medical professionals will be in a better position to voice their concerns and demands for better working conditions, free from commercial pressures.

On the occasion of World Health Day, on 10th April 2019, the department of community medicine of D.Y.Patil Medical College in Kolhapur invited ADEH representatives to give a presentation on "Universal Health Care in India" to third year medical students.

Dr Abhijit More focused on health economics and gave a brief history about the development of healthcare in India post independence, along with relevant statistics. Dr Kanchan Pawar talked about the current challenges facing private healthcare practice, highlighting the growing incidences in violence against doctors and hospitals. The second half of their presentation covered the basics of Universal Health Care, along with its advantages for Doctors and Society at large. They also introduced the ADEH as a platform for doctors to come together and make a unified demand for rational ethical healthcare.

Dr Arun Gadre held a similar talk for third year medical students at At Jawaharlal Nehru government medical college, Belgaum on 11th April. 2019.

The response to the lectures was overwhelming, with many students expressing their wish to understand more about this issue and join the ADEH.

India's Health care reality on stage - an innovative theatre production

There has been a lot of discussion of late on emerging issues like the rampant profiteering and corporatization in private hospitals, regulation in prices of cardiac stents and medicines, Aayushman Bharat and other health schemes. The common man is struggling with innumerable questions and doubts about the direction of healthcare in the country but there is a lack of concrete answers in the current atmosphere of misinformation and fake news.

What does exist is the sorry and painful reality of an increasingly hostile doctor patient relationship. It is SATHIs endeavour to present this dilemma of healthcare in depth in a manner that is easy to comprehend, engaging and thought provoking. The play "Bharud" has been conceptualized, written and performed by Dr Arun Gadre and other SATHI team members. It is a modern take on Saint Eknaths "Bharud", Maharashtra's beloved folk art, where keertankars sing and talk about frustrations of life and the way out of it, through the medium of music, humour, poetry and elocution. The play attempts to address the challenges of healthcare in India, a question of literally life and death for all of us in these troubling times. Performances were staged in Nashik in February, in Sangli in March and Pune in April 2019, with more scheduled in various cities in the coming months.

'All parties must commit to healthcare reforms'

BITTER PILL: ADEH national convenor, Dr Arun Gadre

नाशिक रोड

आरोग्यसेवेला व्यावसायिक डंख

चिकित्सा शिक्षा को बाजार मुक्त करने का प्रयास करने की जरूरत

स्वास्थ्य सेवाओं के भ्रष्टाचार को रोकने में आईएमए और एमसीआई भी रहा है नाकाम

Corruption blamed for healthcare sector woes

Doctors say merit is not being recognised in the

There is corruption in [health] education too, where people have to pay ₹ 50 lakh to ₹ 1 crore to become graduates. It is unlikely that those students would follow ethics

भोपाल ◆ द अलायंस ऑफ डॉक्टर्स फॉर एथिकल हेल्थकेयर (एडीएएच) ने रविवार को आईएसबीटी स्थित एक होटल में कॉन्फ्रेंस का आयोजन किया। इसमें हेल्थ केयर के क्षेत्र में चुनौतियां और बेहतर भविष्य के लिए प्रभावी समाधान विषय पर एक्सपर्टस ने अपने विचार रखे। कॉन्फ्रेंस के

डॉक्टरों के खिलाफ हिंसा होनी चाहिए बंद

भोपाल के ऑर्थोपेडिक सर्जन डॉ. दीपक शाह और नेफ्रोलॉजिस्ट डॉ. संजय गुप्ता ने डॉक्टरों के खिलाफ हो रही हिंसा पर अपनी बात रखी। उन्होंने डॉक्टरों के खिलाफ हो रही हिंसा के कारण और उसके

Doctors, be a part of the change!

SATHI

ADEH Secretariat : **SATHI, Pune**

Flat no. 3 & 4, Aman E-Terrace, Plot no. 140, Dahanukar Colony, Kothrud, Pune 038.
Tel. : 91-20- 25473565, 25472325
E mail : ethicaldoctorsindia@gmail.com
Website : www.ethicaldoctors.org

ADEH Program Officer : Dr Kanchan Pawar, kanchan@sathicehat.org

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ADEH
Alliance of Doctors for Ethical Healthcare

ethicaldoctorsindia@gmail.com
www.ethicaldocors.org