Article/Telegraph/ Fifth Column

The Telegraph, 15th June 2017
Dr. Arunabha Sengupta

The Chinese word Yi Nao, which means disturbance in hospitals, is certainly a bizarre one to be included in medical parlance. Violence against medical establishments for assumed faults in some Chinese provinces has become so rampant that armed Yi Nao gangs now take contracts from families to beat up doctors. On the flip side is the obdurate practice by the doctors there to collect 'respects' from patients during rounds in the form of red envelopes, traditionally used by the Chinese to gift money to friends and relatives.

Such is not the case in India, or is it? Almost? Allegations of mishandling by hospitals and violent public retributions are now perceived to have reached a level to disrupt medical service as a whole. Both the Honourable President and the Chief Minister expressed their worries about this in a recent function in Kolkata cautioning the private hospitals for their misconduct on one hand and irresponsible public behaviour on the other. What they are not reported to have elaborated upon is what is central to the origin and festering of this malaise. That is the political will. A planning commission report *India Vision 2020* (R Srinivisan) identified four criteria for a just health care system: universal access to an adequate level; fair distribution of financial costs; trained providers with competence, empathy, and accountability; and lastly special provision for children, women, disabled, and the aged. We are far from approaching any of these goals, rather still hobbling along with the 'unfinished agenda with infectious diseases' and primary health care. To quote from the above document, "...the lack luster progress of MNP *(Minimum Need Programme)* over the Plans shows political disinterest and the only way for politics to become more salient to the health of the poor and the reduction of health inequalities is for a much greater transfer of public resources for provision and

financing.”Notwithstanding that a few aspects of current medical practice vis -a- vis public behaviour mentioned by the leaders can be mulled over.

In the absence of universal access to adequate health care private sector here rules the roost. Majority of patients are forced to submit to utterly unregulated private hospitals and expose themselves to varying degree of exploitation and unexpected out of pocket expenses. Often ‘ fees for service’ hospitals default on proper counselling and transform compassionate palliative care into fruitless critical care, raising bills and false hopes and causing analogous disappointment. In the absence of a fair distribution of financial costs and social insurance with instruments for long term care, punitive out of pocket expenses make families to become assertive while judging the end result, demanding value for their money. Instances and allegations of malpractice and overbilling by hospitals have led to a growing negative perception about men of medicine in general. This riotous situation in India has attracted international criticism and worried editorials in international medical journals like Lancet and BMJ. David Berger, member of the editorial team of BMJ, who had written about corruption in medical practice in India based on his experience of doing voluntary work here, thinks people are getting angrier because they feel that the system here to make errant doctors accountable is crippled. The Medical Council of India, the apex body authorised to grant license and monitor medical practice, itself got so embroiled in corruption that its governing body had to be sacked and booked by law. There is no law here that mandates large hospitals to report their adverse events and medical errors like in USA, the preferred model for our private providers, where several federal government authorised appraisal and accreditation agencies routinely post updates about the performance of each hospital including a HCAHPS Score (the Hospital Consumer Assessment of Healthcare Providers and Systems) based on the experiences of patients.

Nothing though justifies or fully explains the present spate of violence in our hospitals. Often even the motivation is not clear. Doctors in two different states in India in recent months have been beaten up for wanting to refer a patient to a higher centre in one case and for not referring in the other. In spite of several court rulings to not to equate every death with medical error and every medical error with gross negligence, often just the news causes an impromptu gathering of a frenzied mob, which does not wait to ascertain if the doctor did all there was to do and did them right. The rioters give no credit for past accounts of benefaction and make no distinction between free and paid service. Rather doctors working in the periphery, in district and sub divisional hospitals make softer targets, now finding themselves unsafe even at their homes. The government has repeatedly failed to protect them and has allowed their tormentors to go unpunished, encouraging others to repeat the act with impunity. Suspicions arise whether an extortionist or two lurk behind some of these attacks. The good intention of the state government to impose regulations in the private sector is already lost to a great extent because of the public behaviour stemming from a misunderstood message delivered by the sweeping nature of the act and the way it tarred all and sundry with the same brush.

The extent of public wrath and distrust has made the medical community uneasy, reminding them of the animosity of the past societies, which always viewed medical practice as more of commerce and less of altruism. If Hammurabi decreed to chop off hands of the errant surgeons, Manu and other sages while coding Hindu laws stamped physician casts, the Ambasthas and Baidyas, as so unclean that taking meals at their homes called for penance. Barring the physicians attached to religious orders like early Christian saints or Buddhist monks, physicians were generally regarded as just another group of craftsmen engaged in making money through devious means. There was almost no character in western or vernacular literature of a virtuous physician till the end of the nineteenth century. He was almost always portrayed as a buffoon or a charlatan full of conceit, a bag of winds, full of rhetoric but of little benefit – “Doctors visited Natasha

both singly and in consultation, spoke a good deal of French, German, and Latin, denounced one another, prescribed the most varied medications for all the illnesses known to them."Satires lampooning doctors by Moliere were enormously popular in Europe and many similar plays were written and enacted in Kolkata. The authority of the medical profession grew towards the last quarter of the nineteenth century when new found treatment methods enhanced cure rates and training and licensing of doctors became organised enough to make them credible. Only then men like Tertius Lydgate (Middlemarch) or Arrowsmith (Arrowsmith) or Jeeban Kabiraj or Agniswar nearer home, idealist, humanist, the archetypal noble professional, began to appear in literature. It had taken a few thousand years for the medical community to earn the trust it enjoyed in the last century; losing or withdrawing that trust again will be regressive. A worker busy to defend himself will hardly be of any use to anybody.