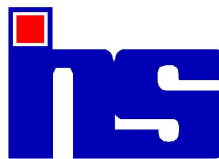


Health Care in India - past,present and future.The need to manage the business of health care.

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Chairman of the session Dr. Bhanusali, Prof. B.K. Naik, Dr. MR Joshi, President and members of the Hyderabad city IMA, ladies and gentlemen! I thank the organisers of this seminar for giving me an opportunity to speak before you all and present for your consideration some of my view points. The seminar title "Health care past present and future" is very broad and inclusive. Taking stock of our past, recognition of the present and debating the future will require inputs from many people and a lot of time. I confess that I do not have the competence to comprehensively survey the past. I do not have complete understanding of the present. And I can not entirely visualise the future. The vastness of the topic makes me humble. Hence I have liberally interpreted the intentions of the organisers. I assume that the organisers meant to give some latitude to the speakers to choose some specific issues relating our current problems and future aspirations. Since the time available to us is limited, I will move on without any further ado.

To start with let us take stock of the current health status of the Indian people, and compare it with the past. To be brief I will restrict myself to a few indicators. Current life expectancy at birth is about 60 years. Infant mortality rate is about 70 per 1000 live births. Compare these numbers with about 27 year life expectancy at birth and 162 infant deaths per 1000 live births estimated by the Bhore Committee (1946) in early 1940s. Obviously we have made a lot of progress in overall health status of our population. Consider, however the fact that many populations have achieved life expectancy at birth upto about 80 years and compare this with our current life expectancy at birth of 60 years. The infant mortality rate is in the region of 20 to 30 / 1000 live births in developed countries. Within India, there is great deal of disparity in health status of people. Results from the latest NFHS survey in Andhra Pradesh show that though the state's average IMR is about 66 / 1000 live births, it is about 97 for families with low standard of living and about 43 for families with high standard of living, a gap of more than 50 infant deaths per 1000 live births. IMR in urban areas is about 46 and compare this with the rural IMR of 79. India spends about 5.2% of its GDP on healthcare (WHO, 2000). This figure includes the out of pocket expenses incurred by people to access health services. In absolute terms we spend about 84 US dollars per capita on health care. Compare these with Srilanka which spends 3% of its GDP and 77 US dollars per capita on health. Life expectancy in Srilanka is about 70 years. In terms of medical and nursing personnel we are well endowed. Our doctors and nurses are among the best in the world. But the efficiency and quality of our health care services is disproportionately poorer than what would be justified for a country with similar level of economic development, and expenditure on health care (World Bank, 1993). Hence it will be useful for us to ponder, where have we gone wrong? How can we revise our collective strategy to get more out of the resources we have been putting into health care? How can we meet the rising aspirations of our people for better healthcare and more responsive health service?

Before we proceed further, lets take a quick review of the healthcare scenario in the past (Mahapatra, 1994). Ayurveda, India's ancient and still active system of medicine, was practised by Vaidys who mostly operated from their own clinics. Hospitals to house the poor

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and indigent were established in India for the first time during the Mauryan empire. This was about 2300 years ago i.e. the third century BC. In Greece there were two kinds of medical care facilities, namely the Iatrea and the Aesculapiad. The Iatrea was a doctors clinic and the Aesculapiad was a kind of hospital, more like a modern day group practice with inpatient facilities. The Romans established Valetudinaria similar to the present day Military Hospitals. The Arabs developed hospitals with teaching facility, equivalent of the modern day medical college hospitals. Muslim rulers of India brought with them the Arab model of teaching hospitals, although we are not sure to what extent the teaching activities were pursued in these hospitals. The Portuguese established a public hospital in Goa around 1510 AD and entrusted its management to the Jesuits. Early hospital building activities of the British was mainly to serve the military. Since the British had a larger geographic presence in India, military hospitals came to become the default hospital. You may notice that many of our public hospitals today are called Civil hospitals. The name comes from the fact that, once military hospitals were the norm and when the administration thought of setting up hospitals for the general public these were called Civil hospitals to distinguish them from the military hospitals. Please note the appearance of two distinct type of healthcare facilities from time to time and place to place, namely the doctor's clinic and the hospital. One is primarily organised to be a practice facility of a professional and the other is a social institution developed to meet social needs, be it care of the poor or care of the military.

I will now jump to a well known historical development relating to the hospital as a healthcare institution. This is about Florence Nightingale (Mahapatra, 1994). As you all know Nightingale gained her fame as a nurse due to her work in the Military hospital at Scutari, during the Crimean War. It will be instructive to review the measures introduced by Florence Nightingale to improve health care in the Military hospitals. These are; (a) setting up of a diet kitchen to supply wholesome and nutritious food, (b) cleaning of the lavatories, (c) setting up of a laundry, and adequate supply of linen, (d) extensive sanitary engineering works to provide for drainage and disposal of sewage. Now consider how many of these fall within the purview of nursing as we understand today? I would imagine none. Today we would look forward to the hospital administration to fix these things. Yet, we immortalised Florence Nightingale as a nurse and not as a hospital administrator. One of the contributing reasons was the reluctance on the part of the male dominated medical profession to recognise the true contribution of Florence Nightingale. I am telling this story, to request you to ponder over our own collective responses to situations that implicitly and explicitly appear to threaten the position of doctors. Earlier I told about two types of health care institutions namely the doctor's clinic and the society's hospital. We need to recognise that the society's hospitals require multiple skills and team work as any other complex institutions need this. For example, the Engineers were quick to recognise that they could not build giant structures, nor could they maintain complex engineering systems with the help of their technical engineering knowledge alone. One evidence of this realisation is the appearance of management faculties within our Institutes of Technology. Almost all IITs today incorporate a management faculty in some way. But that's not the end. There is a definite realisation among upcoming engineering graduates that they can aspire to improve their career prospects and earning level, by acquiring a degree in business management. Today an IIT B.Tech with an IIM MBA is one of the most winning combination in the job market. Unfortunately, we have been slow to recognise this need to incorporate management skills into health care service provision.

I do understand the immense satisfaction and pleasure most of us derive from clinical work. I personally feel melancholic about my general practice days. The satisfaction that we

get from the respect and affection bestowed by a cured patient knows no bounds. It is very much right that most of our doctors should be spending their time in honing their skills in patient management. Hence my argument is not for conversion of medical profession into management profession. However, we need to realise that if we are to meet peoples expectations and we are to enjoy reasonable working environments in the complex health care institutions of the modern world, then we must somehow incorporate management skills into it. There are many ways. Firstly, we should be able to motivate a small proportion of graduating doctors and nurses to take to health care management. Secondly, we could benefit from the contributions of skilled managers working as members of health care management teams. Unfortunately we are not able to do much in either direction. Professional managers usually hesitate to work in health care setting for fear of prejudiced treatment by the medical professionals. I remember the story of two lecturers from Anatomy department in one of our medical colleges. You know, that many doctors do not want to join the Anatomy department. Many posts remain vacant. These two faculties were from nonmedical background. I found, once, that they were on the verge of weeping, while they were recounting their experience in the midst of a medical professional dominated team. I am sure you will recall how often we use the medical and non medical as a classifying principle to judge people. Its perfectly all right to use this classifying principle when we judge clinical work. It will be wrong to resort to such crude and prejudicial classifying principles when it comes to other areas of management of a health care institution. You will notice that the private health care institutions have taken a lead in this regard, You see more professionally trained hospital and health care managers in the private corporate hospitals than you see them in the public hospitals.

It is important to recognise that in future people are going to expect higher levels of responsiveness and efficiency from health care organisations. We need to do many things to meet this expectation. I have touched upon the need for multi disciplinary health care management teams, since the time available is short. I hope you will ponder over this, do some soul searching, look forward into future and make your own contribution to keep the medical and health professions vibrant enough so that we continue to merit the respect and deference so readily bestowed on all of us by the people of our country.

Thank you very much!

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