
Chapter - 12

Alternate Private Practitioners

To understand the private health sector market, we sampled an alternate private practitioner for each of the private clinic or PHC included in the study. We simply looked around the sampled clinic/PHC to identify the nearest alternate private practitioner (APP). Alternate private practitioners are defined as those who practice alternative systems of medicine, or those who may practice Allopathy but are not formally qualified to do so. Altogether 158 APPs were located. Table-12.1 shows that Homeopathy, Ayurveda, as such or combined with Allopathy are in vogue. About 34% of APPs in the sample practiced Homeopathy. Another 7% practiced Allopathy along with Homeopathy. Ayurveda as such (19%) or in combination with Allopathy (23%) is also as much in vogue as is the case with Homeopathy and Allopathy. Many APPs include some component of Allopathy in their practice.

Table-12.1 : System of medicine, educational status, and training background of APPs.

System(s) of medicine practiced	%	Educational status				
		Prof. Degree	High School+	<High School	Intern-Ship	Prof. Mship
Homeopathy	34.18%	74%	24%	2%	39%	64%
Ayurveda+Allopathy	22.78%	33%	50%	17%	44%	61%
Ayurveda	18.99%	47%	30%	33%	63%	53%
Allopathy	13.92%	9%	86%	5%	73%	50%
Allopathy + Homeo.	6.96%	36%	64%	0%	64%	27%
Others	3.16%	60%	40%	0%	40%	40%
All (N=158)	100%	47%	44%	9%	52%	56%

About 47% of all APPs have a professional degree. Another 44% had passed high school or higher general education but did not have a formal professional education. About 9% of the APPs had not completed high school. Almost three fourth of Homeopathy practitioners had relevant professional degree. Prevalence of high school dropouts was lowest among the Homeopathy

practitioners and highest among practitioners of Ayurveda. The higher prevalence of high school dropouts among practitioners of Ayurveda may be attributable to family traditions. A little less than half (about 40%) of the Ayurveda practitioners have professional degree. The rest (60%) appear to continuing family tradition of practice in Ayurveda. Most (91%) of the APPs who practiced Allopathy did not have any professional degree. Since the sample excluded practitioners of Allopathy with formal professional training, this is expected. The interesting finding here is that 73% of these alternative practitioners of Allopathy had internships, earlier. This is consistent with common knowledge that sometimes people working as pharmacists, nursing assistants develop enough skills and confidence to set up their own practice. A little more than half (56%) had some kind of membership in a professional association. Almost half of all APPs had done some form of apprenticeship or internship. Overall impression from Table-12.1 is that more than half of alternative private practitioner do have formal professional degree in an alternative system of medicine. Of those who do not have formal professional degree, some of the APPs come with past experience of working in another health care institution. These persons generally practice Allopathy. Ayurveda practitioners are more likely to combine Allopathy in their practice.

We asked the APPs to state top three reasons why does (s)he choose to be a doctor? Summary of responses to this question is given in Table-12.2. Providing service to people was cited as the primary motivation by 40% of APPs. Following a family tradition and having a good source of income were other major motivating factors. Some people faced with career failure in other areas turned to medical practice as an alternative. Some had an ambition to become a doctor and some were motivated by a family member.

Table-12.2 : Top reasons given by APPs for choosing medical profession.

	First	Second	Third
Providing service to people in need	39%	27%	9%
Following a family tradition	23%	4%	4%
Having a good source of income and career option	15%	15%	8%
Ambition to become a doctor and interest in	13%	9%	1%
Motivated by family member	4%	1%	0%
Career failure	3%	0%	0%
Alternative medicine is good	0%	3%	1%
Being free from bosses	1%	9%	4%
Being able to live in a good place	0%	4%	7%
Being trusted by clients	0%	8%	13%

Table-12.3 summarises the practice characteristics of APPs. On an average each APP sees between 4 to 342 patients a day with an average of about 50 patients per day. These figures are based on APP's report about number of patients seen during last three days preceding the date of interview. We asked about the conditions treated by APPs using a list of pre identified list in the questionnaire. Although the questionnaire provided for additional conditions to be reported by the respondent, this option was not used very much. Out of the given conditions the ones more commonly treated by the APPs include cough, fevers, pains and aches, skin diseases, diarrhea, high blood pressure, diabetes, tuberculosis, etc. We also asked about availability of diagnostic instruments, medicines, etc. For each of these areas we prompted items already included in the questionnaire. Here again, we allowed for additional information to be given by the respondent. But this was not used very much. The prelisted items in the questionnaire contain instruments, medicines, and practices that are generally associated with Allopathy. Almost all (90% and above) APPs have diagnostic instruments like thermometer, stethoscope and blood pressure measuring apparatus. Very few use a microscope. Sterilisers required for sterilisation of syringes, needles, etc. are used more often by those who practice Allopathy. Usage of steriliser by practitioners of other systems of medicine is comparatively less. Some APPs (6%) had operation theatres. We asked about availability of certain medicines mostly used in Allopathy. Those practicing Allopathy as such or in combination with another system of medicine are much more likely to stock these medicines compared to those who practice only Ayurveda or Homeopathy. Among those who reported that they practice Ayurveda only, about 10% to 43% reportedly stock some Allopathic medicines as well. Among practitioners of Homeopathy, the prevalence of stocking these allopathic medicines was much less (0% to 19%). Oral rehydration salt appears to have wider acceptance among most systems of medicine. For example, if we exclude oral rehydration salt, then the prevalence of other listed medicines in stock by the Homeopathy practitioners was between 0 to 7%. However, 19% of Homeopathy practitioners reported to stock ORS. About 27% of those who said they practice Ayurveda only, also stock ORS. The prevalence of ORS in stock was much higher at 64% to 73% among those who practice Allopathy singly or in combination. This is an encouraging finding. APPs readily adopt simple technologies like the use of thermometer, stethoscope, blood pressure apparatus and oral re-hydration salt, irrespective of the system of medicine from which they originated. The wider adoption of ORS by most systems of medicine may be attributed to the simplicity of the technology, the power of the technology and its consistency with the philosophy of various systems of medicine. We asked the APPs to list the conditions where they use injections. About 86% of those who practice Allopathy singly or in combination identified at least one condition for which they usually prescribe injections. Use of injections among

those who practice Homeopathy or Ayurveda alone was much less. Very few (8%) of the APPs reported to perform surgery. Those who performed surgery did mostly minor procedures like (a) suturing, (b) hydrocoele, (c) haemorrhoids, (d) minor injuries, etc. This is consistent with common observation that most APPs provide ambulatory care for common illnesses.

Table-12.3: Practice characteristics of APPs in Andhra Pradesh.

Patient load and conditions treated		Procedures, Equipment, & Medicines					
		Ho	Ay	Al	Ay+Al	All	
Av patients / day	49	Procedures:					
Range:	4-342	Give injections	6%	23%	86%	86%	44%
Conditions treated		Perform surgery	4%	10%	5%	14%	8%
Cough	94%	Equipment					
Fevers	90%	Thermometer	91%	83%	100%	94%	92%
Pains and aches	89%	Stethoscope	94%	77%	100%	94%	92%
Skin conditions	71%	BP Apparatus	93%	77%	100%	92%	90%
Diarrhea	68%	Microscope	9%	17%	5%	36%	16%
High BP	61%	Sterilizer	11%	20%	64%	56%	35%
Diabetes	53%	Opn. Theatre	0%	7%	5%	11%	6%
Tuberculosis	37%	Medicines					
Sexual dysfunction	36%	Paracetamol	7%	43%	86%	81%	48%
Vaginal discharge	35%	Antibiotic capsules	7%	40%	86%	78%	46%
Penile discharge	29%	Antibiotic injections	7%	20%	68%	72%	38%
Insect bites	28%	Steroids	0%	13%	18%	31%	15%
Antenatal care	28%	Oral rehydration salt	19%	27%	73%	64%	42%
Fractures	18%	Oral contraceptives	2%	20%	32%	42%	21%
Delivery	13%	Saline and IV fluids	9%	20%	73%	69%	38%
Snake bites	11%	Condoms	7%	10%	32%	22%	16%

Ho=Homeopathy, Ay=Ayurveda, Al=Allopathy.

Table-12.4 shows some additional practice characteristics of APPs. Majority (63%) APPs reported that a medical representative visited them during the month prior to the date of interview. About 52% received free sample of medicines from medical representatives during the previous month. There is

hardly any difference in incidence of medical representative visits to practitioners of different systems of medicine, except those who practice Allopathy alone. About 14% APPs reported that they get rewarded to promote products by pharmaceutical companies. In the absence of comparable data for all private sector clinics, it is difficult to say if the prevalence of reward linked to promotion of pharmaceutical product is more or less among the APPs. The important conclusion evident from all these data is that the APPs are quite well integrated into the health care market.

Table-12.4: Additional Practice characteristics of APPs (n = 158)

Characteristic	Ho	Ay	Al	Ay+Al	All
Visited by a pharmaceutical representative.	67%	60%	50%	69%	63%
Received free samples of medicines from medical rep.	48%	57%	45%	58%	52%
Get rewarded to promote their product	7%	10%	27%	19%	14%
Refer patients to outside diagnostic centre for tests.	52%	67%	82%	97%	71%
Get payment for referring patient to outside diagnostics	4%	13%	18%	3%	7%
Usually accompany patients to the referred hospital	15%	13%	27%	33%	22%
Visiting private consultants offer services at this clinic	4%	3%	0%	8%	4%
Visiting govt. consultants offer services at this clinic	0%	0%	0%	0%	0%

Most APPs (71%) refer patients for diagnostic tests and a few of them (10%) get paid for ordering tests by the diagnostic service providers. About 25% of APPs reported that they usually accompany their patients when referred to a hospital. This is probably an important distinction of services provided by APPs and may be a source of their strength and popularity. It is well known that patients usually have a lot of anxiety to access services from a hospital. Escort services provided by APPs may be an important factor to improve patients ability to access the services of a hospital, which would usually be located at a distance and be an unfamiliar place for the patient. APPs may gain familiarity by regular visits to the same hospital. We asked about visiting private and government consultants. None of the APPs reported to receive visiting government consultants. Very few (4%) reported to receive visiting private consultants.

Table-12.5: National program participation by APPs.

Programme	Ho	Ay	Al	Ay+Al	All
Polio prevention	22%	30%	36%	42%	31%
Family Planning	6%	20%	41%	36%	24%
Malaria control	13%	13%	36%	22%	17%
Tuberculosis control	9%	20%	23%	17%	15%
AIDS control	9%	20%	14%	25%	15%
Blindness control	4%	17%	23%	22%	13%
Leprosy control	7%	17%	9%	11%	11%
Want to participate	65%	63%	77%	81%	71%

Table-12.5 shows the extent of participation by APPs in various National public health programmes. Between 11% to 31% of APPs reported that they participate in different public health programmes. About 71% said that they want to participate in National public health programmes. Maximum APP participation was there for the polio control program, followed by family planning, malaria and tuberculosis control. Participation in national programmes is comparatively higher among those who practice Allopathy singly or in combination. Those who practice Ayurveda are more likely to participate in national programmes compared to those who practice Homeopathy. Level of participation in national programmes by APPs and private solo clinics are similar for most programmes.

Table-12.6 shows the fees charged by APPs and their income. On an average APPs charged fee ranging from Rs.5 to Rs.200 with mean fee of Rs.27 per visit. Average monthly income reportedly was about Rs.6800. About 70% of the APPs reported that medical practice was their main profession and contributed nearly all or about $\frac{3}{4}$ th of their income. Another 20% said that medical practice is their secondary profession. The rest 10% did not respond to this question.

Table-12.6: Fees charged, Monthly income and % of APPs engaged in other profession

Characteristic	Mean	Range
Charge per patient (In Rs.)	26.7	5 - 200
Monthly income (In Rs.)	6,848	500 - 100,000
Medical practice is secondary profession		20
Medical practice is primary profession and contributes "nearly all or about $\frac{3}{4}$ th" of the income.		70

We asked the APPs if they follow any fair financing practice to help poor patients (Table-12.7). Almost all (99%) of APPs reported to practice some fair financing to help poor patients. Provision of free care was the most preferred mechanism of helping the poor, followed by free samples, discount prices, deferred payment, etc. Most APPs (68%) said they identify poor and needy patients based on their personal knowledge about the patient's economic status. Sometimes they go by the clothing and appearance of the patient or question the patient and family members to satisfy about economic status. On an average each APP helps about three poor patients per day.

Table-12.7: Fair financing practices for poor patients by APPs.(n = 158)

Fair financing practice		Nature of fair financing practiced:	
Poor patients helped / day	3	Some fair financing	99%
Range:	0-203	Free care	84%
		Free samples of medicine	52%
		Discount prices	37%
Fair financing process		Deferred payment	13%
Prior knowledge	68	Less expensive care	9%
Clothing and appearance	28	Senior citizen discounts	9%
Question family and patient	28	Payment in kind	4%
		Medical camps	4%

The APPs were asked to rate the quality of various government health service in their area. Most APPs (77%) rated public health services consisting of immunisation, disease control programmes as good or very good. Yet more number of APPs (83%) rated the government family planning services as good or very good. But less than half (49%) of the APPs rated the ambulatory services provided by government as good or very good. Assessment of government hospital services was intermediate with about 64% of APPs rating them as good or very good. These ratings are on expected lines. Most APPs provide ambulatory services. Their perception that ambulatory services are poor is consistent with the niche of ambulatory care offered by them.

Table-12.8: Good or very good rating by APPs of government health services.

Public health services	77%
Ambulatory services	49%
Hospital services	64%
Family planning services	83%

Table-12.9: APPs choice of steps to improve quality of their practice.

Books guidelines for practitioners	63%
Training	50%
Communication materials	46%
Equipment	43%

Finally we asked APPs opinion about the kind of assistance that may improve the quality of their practice. Training, equipment, communication material, books and guidelines were prompted to each respondent in the same order. Majority of APPs (63%) felt that books and guidelines for practitioners would help them improve their practice. About 46% confirmed the need for communication materials, which supports the expression of interest in books and guidelines. Half of them felt the need for training and more than 40% of them require equipment.

Summary :

To understand the private health sector market, we sampled 158 alternative private practitioners (APP) by locating the nearest APP for each clinic or PHC. APPs essentially provide ambulatory (out-patient) medical care and quite well integrated into the health care market. Homeopathy (34%), Ayurveda (19%), Ayurveda plus Allopathy (23%), and Allopathy (14%) systems of medicine are in vogue. Most Homeopathy practitioners (74%) had a professional degree. A little less than half (40%) of the Ayurveda practitioners have professional degree. The rest (60%) appear to continuing family tradition of practice in Ayurveda. A lot (73%) of those who practice Allopathy alone, had gained experience and knowledge through internship with Allopathy practitioners. On an average each APP would see about 50 patients per day. Most of them treat common complaints like cough, fevers, pain, skin diseases, diarrhea, etc. APPs readily adopt simple technologies like the use of thermometer, stethoscope, blood pressure apparatus and oral re-hydration salt, irrespective of the system of medicine from which they originated. An important strength of APPs is the readiness to escort their patients to hospitals if necessary.

