



PRIVATIZATION OF OF HEALTH CARE SYSTEM IN INDIA

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ABSTRACT

One of the most significant trends emerging in the wake of liberalization is the new vigour of the entry of corporate hospitals and multinationals in the health care scenario. The reason for this new tempo is the potential that India offers to NRIs and multinationals. With the current ratio of population to all types of beds being 1300: 1, it has been estimated that there is a huge demand–supply gap which may require nearly 3.6 million beds to overcome it. Taking into account the requirements of primary and secondary health care, the shortfall is estimated to be around 2.9 million beds. In tertiary health care, the gap may be somewhere around 20% of the above total, which amounts to some 0.58 million.

Keywords :Health, Government ,Public ,Private

Introduction

The Constitution of India makes **health in India** the responsibility of the state governments, rather than the central federal government. It makes every state responsible for "raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties". The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002. The National Health Policy is being worked upon further in 2017 and a draft for public consultation has been released. There are great inequalities in health between states. Infant mortality in Kerala is 12 per thousand live births, but in Assam it is 56. According to World Bank, the total expenditure on healthcare as a proportion of GDP in 2014 was 4.7%

Individuals, on the other hand, may choose to abide by the state's laws and follow general health guidelines, in their own interests. Private and voluntary organisations have an important role to play, depending on their specific aims and objectives.

It is largely curative and rehabilitative medicine which is getting privatised, and rightly so. Such services are not only costly but highly individualised and time-consuming as well. Recent advances have expanded vistas in health care, raising people's expectations. They can not only stay healthier but also live longer. Body imaging and scanning procedures, endoscopic surgery and screening examinations have helped diagnose diseases earlier and with greater precision. New drugs and interventions have modified the natural histories of most diseases. Both morbidity and mortality have decreased.

Newer methodologies have also helped rehabilitate even the most severely disabled, including those with chronic and systemic diseases. People with gross respiratory, cardiac, renal or cerebral insufficiencies are now able to live more meaningful, useful and enjoyable lives.

The price of privatisation

Privatisation leads to steep hike in health expenditures, attributable to the increased costs of medical consultations, drugs and devices, medical tests and hospitalisation. Everybody involved has to earn; private medical practice is a profession, not just a public service.

Because of the pressure to make a profit, many private doctors, hospitals and diagnostic centres promote uncalled-for investigations and treatment in order to recover their initial investment. So services with limited value will be popularised and promoted to many people – whether or not they need it.

This is true for the simple ultrasound scanner, endoscopy centre and test laboratory as well as the more costly and sophisticated lithotripsy, CT and MR imaging, balloon angioplasty and transplant. Every test and treatment must be marketed like a commercial consumer product. This is done by individuals as well as big commercial organisations. Newly developed drugs, test kits or instruments are promoted aggressively. All kinds of methods are used to prove that the product at hand is superior to other, and almost indispensable in itself. The strategy succeeds at the cost of rational, ethical practice and patient care.

Points of concern

I will not make value judgements, only raise certain points that concern all of us. The most important is the availability of health care. The economically deprived are bound to suffer in a private health system.

The public sector provides limited services and charity encourages inefficiency and dependency. But knowing this does not help one overcome a feeling of helplessness and guilt when seeing a needy patient with a curable illness suffering because of the absence of a sincere social welfare system.

Privatisation has also encouraged unhealthy competition among the groups involved, since the objective is not only to earn, but to earn more than others.

Privatisation leads to the relative neglect of problems from which there is little to earn. Everyone including the state is interested in setting up commercially viable units. National preventive programmes get neglected.

There is also an undue stress on procedure-oriented medicine. Well-considered, comprehensive advice is bypassed for a computerised laboratory test, resulting in the loss of the human touch.

Conclusion

The general decline in standards of medical education and research in most Indian medical colleges can be partly attributed to privatisation. Busy clinicians and hospitals see little reason to invest their time and money in education.

Running private medical colleges is lucrative, but the standards of education have fallen, especially at the undergraduate level since the primary motive is to make money. The basic MBBS diploma is devalued today. An MBBS doctor is reduced to doing the work of a village level health worker or being a postgraduate-in-waiting.

I believe this is at least partly due to privatisation, because private practitioners and institutions almost always prefer practice to teaching and training.

Research, a high-cost investment with poor or uncertain returns, is largely the domain of a few institutions and pharmaceutical companies. Most medical research in India is unoriginal, rarely resulting in improved techniques or therapies.

Privatisation has undoubtedly improved the quality of health care, and widened its scope and availability. And private health services will continue to flourish, since they provide curative and rehabilitative services that the state does not provide. But privatisation has resulted in a number of problems hitherto alien to Indian society. Promoting health care as a consumer service and product is both unhealthy and risky.

It is high time we ponder this worsening situation and take remedial steps.

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