



Health Care in India

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EDITORIAL

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India is more than a country. It is a vast continent with diverse ethnic, religious, and social classes of people living in harmony. They could show to the world the principle of unity in diversity. The bane of Indian people is the poverty level in the rural masses that still dogs the country. While there are the large numbers of people who are filthy rich in India, some of them making it even to the Forbes Fortune list, the majority do not know where the next meal will come from. Poverty is the womb of all diseases. Diseases originate in the human mind. The greatest stress for man is not knowing where his next meal comes from; the next most important cause is intense fear. The gulf between the haves and the have-nots is widening by the day in every part of this universe. In America this is the main cause for the newer epidemics of heart attacks, cancer and suicide. Whereas the poor, even in the rich countries, do not know where their next meal will come from and suffer from killer diseases, the rich, on the contrary, live in intense fear of the poor. It is the poor who form the bulk of terrorists, muggers, car-jackers, murderers, robbers and what have you. No one could go out of the house, in large cities like New York, with the certainty that he/she would return home safely at the end of the day! The rich, therefore, suffer from degenerative diseases basically because of the intense fear and frustration. Recent studies in the US have shown how important the mind is in the genesis of heart attacks and cancer.¹

Independent India

When the British left India in 1947 without any bloodshed, they left behind abject poverty in the country, having looted it for well over two hundred years. Resurgent India inherited this very low-income group of the masses of people whose *life expectancy* at that time was just about 27 years. It is heartening to note that it is nearing 70 years today. The country has progressed very well. The foreign exchange reserve has crossed the all time high and today stands at \$ 80 billion. India is the first country to have prepaid a large part of the loan and has now declared that it does not want loans from any nation. India has already come forward to give loans to small countries. But the gulf between the rich and the poor has widened, leaving behind large parts of the country still in poverty. The overall picture looks good in that the sanitation and the food position have improved dramatically. This is the main reason for the life expectancy to go up. Common belief is that doctors, hi-tech hospitals and, the modern drugs are the cause of health improvement. This reminds one of Oscar Wilde who said, "*lies are the truth of other people.*" This myth that modern hi-tech medicine is the cause of health improvement of the common man is the biggest lie that the drug and the technology lobbies want the public to believe, as this myth keeps their till moving. One would be shocked to know that American medical education, which most parts of the world emulate, is run mainly by the money from the drug companies!²

Be that as it may, health does improve only with basic amenities being given to people, but India still needs to go a long way, very long way indeed, to make its masses healthy. Even today 70% of the children have less than 50% hemoglobin because of rampant hookworm infestations in the rural areas. Malnutrition and diarrhoeal diseases take a very



heavy toll on human lives, basically because of lack of clean water supply to villages. A recent UNIDO report noted that the developing world would have to concentrate on four fundamental aspects to improve the health levels of their masses:

- Clean drinking water for all.
- Three square meals a day uncontaminated by human and/or animal excreta.
- Avoiding cooking smoke from coming into the house. This kills children below the age of five of pneumonias and women of lung cancers and heart attacks.
- Economic empowerment of women in the village to be able to feed the hungry kids when the husband comes home drunk having spent all the money for alcohol. For any mother the greatest health risk is seeing her own kids go to bed on empty stomachs.

Poverty does kill people even in developed countries. A recent report in Ireland showed that in one year nearly 6000 people died basically because of poverty in that country.³

Present Scenario in India

The present state of affairs, vis-a vis medical care delivery in India, could be compared to any developed country in the world. However, that does not mean that the health of the Indian masses has kept pace with the developments in the curative modern medical field. The hi-tech medical facilities in India are as good, if not better than, many of the advanced western countries. Increasing the number of doctors per population and increasing the number of hospitals has nothing to do with either life expectancy or mortality. Across the industrial world the numbers prove my point. United Kingdom has only 160 doctors for 100,000 population. Italy, on the contrary, has thrice that number (thrice as expensive also) but the life expectancy is almost the same, slightly better in the UK. This is no fluke. Ireland and Japan have around 200 doctors per 100,000 population compared to Belgium and Switzerland where there are 400 and 320 respectively. Life expectancies are the same all the same in all those four countries.⁴

Hi-Tech Five Star Hospitals

We have more hospitals of the hi-tech variety in India than many other developed countries in the world. Every metropolitan city in India has more hospitals than hotels. Most of them over do things so much that most of them could easily be closed without detriment to human health in general! This is the situation in many countries. Recently, a large hospital's cardiovascular surgical facility was forced to close down as the two doctors there were doing more than 50% coronary bypass surgeries on normal people to make money. One of the shareholders of this hospital made a profit of \$ 67 million last year! This is the Tenet Hospital in Redding, Northern California. If that were so in the US one shudders to think of the problems in a country like India.

The modern medical facilities in India are of such good quality that the National Health Service of the UK is negotiating with many corporate hospitals in India to get their patients on the long waiting lists to be flown to India for elective surgery. Many private hospitals are already in this business. Modern medicine has become a business these days and doctors are easily brainwashed by the drug and technology lobbies to do what they want them to do.⁵ When doctors went on strike in Israel recently death rate came down significantly.⁶ Similar experience was there in Israel in 1983, Los Angeles County about ten years ago and, Saskatchewan in Canada fifteen years ago. Lately drug companies have been creating new diseases to sell their drugs. Female impotence is one such disease produced with the help of specialists by the Drug Company to sell viagra tablets!⁷

Now it would become clear to anyone that modern hi-tech medicine is not a panacea for human ills. However, modern medicine is definitely a boon to the suffering humanity as it could "cure rarely, comfort mostly, but console always," in the words of the father of medicine, Hippocrates. The problem with the present modern medicine is that it claims to do good to healthy people by changing their body parameters, even when they are healthy. This is labeled as doctor-thinks-you-have a disease syndrome. This is the bane of modern medicine. Time evolution in the human body does not follow



linear rules. Changing the initial state partially with drugs or surgery, in healthy people, might not hold good as time evolves.

In the long run all interventions in healthy people results in higher deaths and disability. This is the reason for the fall in death rate when doctors do not interfere with healthy peoples' lives. The medical profession, along with the drug lobby, has turned even an advanced nation like the USA into a nation of hypochondriacs! This is just to make big money.⁸ The screening industry is another big fraud on the public. Doctors have been predicting the unpredictable all these years making everyone anxious.

The problems lie in medicine's difficulty in defining the *normality*, the devil of false positives and their poor understanding of time evolution and natural history of diseases. "Simple minded enthusiasm for screening-combined with industrial opportunity to make fat profits-may mean that soon none of us will be normal. We will be screened for every kind of cancer....It is always hard to put a case for *not knowing*, but economists-cold hearted beasts that they are-have a wonderful notion of *rational ignorance*" writes Dr. Richard Smith, the editor of the *British Medical Journal* in his editorial.⁹ Ignorance can be bliss.

India, thus, does not lag behind the world community in this rat race for the latest in technology, but all that is for the rich and the powerful. This brings to mind the Mathew Law in the Bible, of course with the wrong connotation. "He who hath shall be given." The poor in India are that way happy in that the ravages of this kind of modern medicine do not touch them. More than 80% of Indians (80% of world population also) live without any influence from modern medicine. So far so good. There is another side of the coin that must be made known in this context. In India we have a mix of the good, bad and the ugly even in the field of human health. Whereas the life expectancy of a new born child in the southern state of Kerala and, in my own district of South Kanara, is as good as that of a child in Europe today, the picture in north Indian states like Bihar and eastern Uttar Pradesh, the life expectancy is at the level of Sub Saharan Africa. This shows the distribution of literacy levels as also the poverty standards.

Despite all these the *health expectancy* of an average Indian is very high compared to the advanced west. Health expectancy is the number of years a newborn baby could expect to live well without the help of doctors and medicines. Many of our able bodied villagers would not have seen doctors all their lives and some of them, the ratio might be the same elsewhere, are centenarians! Medical facilities also are distributed without consideration for the need in society. The highest incidence of diseases is seen in the poor population of the villages while the large number of specialists and sub specialists are seen in large cities. This kind of disparity exists even in the west. A thinking senior doctor of Wales, Tudor Edward Hart, calls this the inverse care law.

While there were only sixty odd medical colleges and as many large teaching hospitals in India around 1947, we have hundreds of medical colleges and as many private corporate hi-tech hospitals in larger cities. Unless and until the economic prosperity reaches the poor in the villages and they are literate the health disparity would continue. India could still show case itself as the most advanced medical center in the world. Even Pakistani children come to India for heart surgery. The media blows up these simple events into large events. The truth again is otherwise. While the third world countries still have a large burden of valve heart disease in children due to lack of sanitation and warm dry homes for children, we make a fuss about a rare congenital heart child being treated for a small hole in the heart. No one bothers to treat valve disease, as the victims are very poor children. A study in the USA in the last decade did show how even in that country the improvement in health standards and deaths were predominantly due to the change in life style and affluence (59.4%) while the role of modern hi-tech medicine was miniscule (3.4). The latter, however, gets the limelight and media claptrap. Story is the same in India.



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PEER REVIEW

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CONFLICTS OF INTEREST

The author declares that he has no competing interests



COMMENTARY

We warmly welcome Prof Hedge's editorial in this the inaugural Special Edition featuring health care in India. India has offered the world a great deal not least its children who settled across the globe and are making an immense contribution to the health and well being of mankind. My grandfathers migrated from the subcontinent in order to assist in the commercial development of Africa. Africa was then the base from which 100s of their progeny set off West and took with them the great Indian work ethic which allowed them to flourish in their new homes wherever that may be. As the population of India grows, and ages, Indians must rise to the challenge of securing a healthy future for all. It is therefore with great pleasure that we welcome the contributions to this edition of the journal. We had many papers to choose from and we now publish those contributions that resonate with the views expressed in this editorial.

As Prof. Hegde suggests the greatest scope to improve the well being of India rests in public health and primary care. India must deliver clean water, adequate nutrition and basic health care for all regardless of age, gender, religion, caste or social standing. In this edition of the Journal we read about the high prevalence of iron deficiency anaemia during pregnancy especially in rural India. Ahmad and colleagues suggest that this is an indictment of the World Health Organisation and national programmes that set out to tackle the issue of anaemia in pregnancy. Those pregnant for the first time appear to be at greatest risk of developing anaemia. A highly significant association was found with the mother's age, educational and socio-economic status, religion, parity and Body Mass Index (BMI). Clearly there is great scope to improve the outcome for mother and child by simple interventions. It was therefore pleasing to receive a paper from Bilimale et al describing the feasibility of recruiting a member of the community to supervise the uptake of oral iron preparation by pregnant women. Setting aside whether their data, though statistically significant are clinically significant, one has to support the findings of this elegant study in which the team harnesses goodwill towards neighbours and friends to improve health.

Prof. Hegde suggests that clean drinking water for all is a fundamental requirement for a healthy nation. This was borne out in the study from part of Mangalore where it was reported that although almost one in five homes have a private source of water a significant number do not use any method to purify that water and put themselves at risk of preventable infections.

Older people in India are accorded great respect. It is therefore important to remind ourselves that hearing loss is a significant feature of ageing. As with so many other problems those most significantly affected are reported by Giri et al to be the most vulnerable sectors of the population including people of lower socioeconomic status. It is a priority to ensure that these elements of the society are not further disadvantaged as they age and suffer the added indignity of social isolation. At the other end of the age spectrum Joseph and colleagues explore the use of tobacco and arecanut in school aged children. Almost one in three boys studied were reported to chew arecanut despite the risk to their health. Apart from the carcinogenic potential, arecanut has been shown to be addictive. The habit of taking these poison, though socially accepted, is once again most marked in those least equipped to handle their noxious and social ill effects. India has a long road ahead in addressing these issues. In making the decision to deal with the most basic of healthcare problems we are reminded that the supply of resources, manpower and skills are often least available to those who need them the most.¹ Though this is sometimes called the inverse care 'law' being aware may be all that is required to generate solutions to common problems. In the spirit of enterprise for which Indians are best known we applaud all those who seek to be creative. It is a privilege to offer a forum for their ideas.

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