

*Editorial***Health care: Private practice of government doctors -a boon or bane?****Varghese Thomas**Chief Editor, Calicut Medical Journal

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The health needs of third world countries are provided through a mix of private and public enterprises. The government sector cannot boast of universal availability of basic health care facilities throughout India. Even in the state of Kerala, with highest literacy in the country, the government sector takes care of only about 40% of the health needs of the society. The non-governmental sector (NGS) caters to more than 50% of the health needs. While the governmental agencies take care of both curative and preventive health, the NGS deals mainly with the curative health needs. The NGS includes private practitioners of various systems of health, small nursing homes and hospitals and large corporate hospitals. The major players catering to most of the outpatient health needs of the society are the small time practitioners which includes private medical practitioners attached to small clinics, doctors employed in government sectors doing private practice and doctors in small nursing homes. Large hospitals and nursing homes are limited to bigger towns and cities. Common people generally do not go to these hospitals for immediate health needs and trivial problems for fear of the high rates for treatment.

The major limiting factor in health needs is the spending capacity of the patient. Those patients belonging to the extreme lower strata of the economic ladder have no choice other than to depend upon the government sector whether they like it or not. Those with some ability to spend money, generally prefers to consult doctors in private set up for many reasons. Large hospitals have an intimidating atmosphere, requires a lot of waiting period to see a desired consultant and the patient will have to spend more money to get treatment even for a trivial illness. Even if government hospitals cater to about 40% of health needs of the society, why the middle class -which constitutes the majority in the community- does not like the set up in government hospitals? Usually there is a huge crowd everywhere -from the point of getting the outpatient ticket, in the waiting area and in front of laboratories.

The super-speciality out patient clinics are run only on limited days due to shortage of staff even in medical college hospitals. There are not enough specialist doctors in taluk and district level hospitals. The primary health centres are run with the help of brand new graduates. The basic needs like seats in waiting areas and drinking water are not available in most of the government hospitals. Toilets are kept abysmally dirty and stinking. There is a long waiting list for x-rays and scans even up to a few months. Most of the laboratory tests which are available in small private labs are not even available in medical college hospitals. The results of lab tests and scans are obtained many days after tests. There is a very long waiting list for surgery even for cancer patients. Can we call our government medical colleges centres of excellence or centres of suffering?

There is absolute lack of privacy in government medical college hospitals. As undergraduate and post graduate students are always with their teachers in out patient clinics and in the wards, the patients find it difficult to openly express their personal and private matters publicly in front of everybody. During repeat visit to a government hospital, there is no guarantee that the patient will be seen by the same doctor who saw them initially and this leads to lower patient satisfaction. There is no effective doctor –patient relationship and trust in government set up. Patients are seen as cases by the doctors and students. The attitude of some of medical and non medical staff to the patients and bystanders often lacks compassion and kindness.

There are enough and more reasons for patients to avoid government hospitals and large private hospitals. The patients find it easy, comfortable and economical to consult individual doctors or small clinics. They can consult doctors at their convenience; the atmosphere may not be cosy, but any way definitely not intimidating. There is privacy for the patient and continuity in treatment. For smaller fees patients can often get advice from senior experts from government hospitals. They can consult the doctors in the evenings without affecting their work during day time. So even casual labourers find it convenient to consult doctors in private practice.

This sort of medical practice should be actually called “social practice” rather than private practice. However it is to be pointed out that some doctors in government hospitals make use of the facility of private practice to fleece their patients for providing services in government hospitals. This is to be considered as outright malpractice which is worse than corruption. The governments in third world countries should have effective control mechanisms with the help of the public to watch out against these undesirable tendencies among doctors in government set up. It is curious to note that even in some big private hospitals, the relatives of patients go to the residence of their doctors and offer money to please them prior to surgical procedures even if the doctor has never asked for any extra money. The patients want to make sure that the doctor is kept pleased. So there is private practice in private set up also!! This shows how weak is our doctor-patient relationship in the current scenario. A lot more is to be taught to the patients regarding their rights and responsibilities and a lot more is also to be done to improve health care delivery in the public sector.

