Central Bed Bureau - Emergency Health Response

What is the issue?

- The Government invoked the Disaster Management Act (2005) and the Epidemic Diseases Act (1897) to handle the COVID-19 pandemic.
- But the difficulties that patients are facing in hospitals in emergency situations demand more systematic response in place.

What was the Health Ministry's claim?

- In a briefing on 12 April 2020, the health ministry assured that India was over-prepared with regard to the pandemic.
- This was in terms of testing, training and hospitalisation.
- It was stated back then that if India needed 1,671 beds for COVID-19 patients, there were over 1 lakh 5 thousand beds available.

What is the ground reality?

- The ministry's figure looked impressive but on the ground, the beds were scattered.
- Beds were not located as per the hospitals' requirement at a given point in time.
- At some place, there was no coordination and collaboration among hospitals in a geographical region.
- So, the problem of shortage of beds got acutely exacerbated.
- It became unmanageable even with a slight increase in the number of patients.
- A hospital that is full may deny admission, whereas beds may be available in another hospital.
- But for a patient, it is too burdensome to locate hospitals with vacant beds.
- This has caused tremendous hardship to many patients, resulting in delayed treatment and even deaths.
- Notably, Neelam, who was 8-months pregnant, was refused admission by 8 hospitals in 12 hours, and died in an ambulance in Noida.

What were the courts' remarks?

- The high courts and the Supreme Court took note of the people's difficulties in accessing medical care.

- They have passed scornful remarks on the governments' handling of the situation.
- The Court reminded the custodians of public health services that they are duty-bound to provide care.

What was the government response?

- The government, aware of its inadequacies, tried to rope in private hospitals.
- It tried to cover as much ground as possible from testing to hospital beds for serious COVID patients.
- But these were delayed corrective measures, more than 4 months after the first COVID case.
- This reflects misjudgement of an evolving, calamitous pandemic.

What were the SC guidelines in an earlier case?

- In 1992, Hakim Seikh, a farm labourer, fell from a train at Mathurapur station in West Bengal, and sustained a head injury.
- After first-aid in a primary health centre, for further treatment, he was denied admission due to lack of bed in 4 government medical colleges, and 2 private hospitals.
- In this regard, in 1996, the Supreme Court ruled that denial of emergency treatment is a violation of the right to life guaranteed under Article 21 of the Constitution.
- Considering the range of implications, the SC observed that other states, though not parties, must take necessary steps in light of the directions passed.
- The order laid out comprehensive guidelines for proper documentation and protocols for referral/transfer of patients.
- If a patient is too sick to be transferred, he/she is to be kept on a trolley and even on the floor till she/he can be accommodated.
- To ease the pressure for emergency beds, the SC recommended that a Central Bed Bureau should be set up.

How does a Central Bed Bureau work?

- A particular hospital may not be able to admit an emergency patient due to physical limitations.
- In such cases, the hospital concerned should contact immediately the Central Bed Bureau.
- The Bureau will communicate with other hospitals.
- It will then decide in which hospital an emergency moribund/serious patient is to be admitted.

- In this way, it facilitates accommodating patients when there is shortage of space and other resources.
- The Central Bed Bureau should be equipped with wireless or other communication facilities.
- The SC recommendations were not taken seriously and followed anywhere in India in the last 27 years.

What is the way forward?

- In this regard, the Delhi government's "Corona App" is a good initiative to locate vacant beds, but is yet to prove effective.
- Going ahead, all the beds available with every hospital in a geographical region need to be pooled.
- This will facilitate equitable distribution in the best interests of the patients.
- The neglect of emergency health services for decades is taking a toll; the governments must respond responsibly at least now, with the pandemic in place.

Source: The Indian Express

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