Regulating the private health sector

What is the issue?

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In India there is an absence of strong regulatory system, to oversee exploitation or malpractice in private and public healthcare sectors.

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What are the significance Indian healthcare sectors?

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- Indian health care has achieved success in delivering speciality services be it cardiology, oncology, complex surgery etc.
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- Sophisticated diagnostics have revolutionised medical treatment at a fraction of the cost of treatment overseas.
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- In India private health sector accounts for 80 per cent of outpatient care and 60 per cent of inpatient care.
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- The private health players were conferred the status of industry which opened access to cheap, long-term loans.
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- Private health sector followed 100 per cent automatic Foreign Direct Investment (FDI) from 2000 onwards.
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What are the concerns in accessibility of proper healthcare?

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- In India speciality hospitals have a presence only in the metros and other major urban centres.
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- In India there are only about 30,000 Primary Health Centres, that to located some 5-15 kilometres away from hundreds of villages.

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- The cost of going to a qualified doctor involves foregoing the day’s wages for rural masses and facing unforeseen expenditure on transport.
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- Due to this a daily wage has perforce to go to an unqualified practitioner (UMP).
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- Provision for free medical treatment to economically weaker sections of patients is often ignored by private institutions.
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- There is general impression prevails that private establishments are often unethical, greedy, treating medical service as a business and hospitalisation as a source of profit.
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What is the status of unprofessional medical services?

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- A WHO (2016) analysis reveals that India has more unqualified practitioners than qualified doctors.
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- The bulk of the Indian districts have no private hospitals while innumerable single practitioners run thriving businesses.
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- These establishments are run by persons whose highest qualification is at school level- possessing no recognised medical qualification whatsoever.
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- Rural inhabitants are expected to visit Government sub centres managed by an auxiliary midwife (ANM,) for health care.
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- An ANM is however not authorised to stock or prescribe drugs needed for acute illnesses.
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- In the absence of enforcement, UMPs and ANMs stock and treat with strong medicine often as demanded by the patient.
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- As a result multi-drug resistant TB, failed antibiotic treatment and the irrational use of fourth generation drugs have become a reality.
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What are the shortfalls with government polices?

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- There is virtual absence of regulation of almost everything that happens standards, quality, costs and the absence of an ombudsman.
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- Due to unjustified exemptions many trusts and charitable hospitals across metros have avoided binding obligations towards the weaker sections.
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- Regulators like the Medical Council of India and the State Medical Councils rarely react to medical malpractice.
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- Consumer Protection Act 1986 deals with the failure of service contracts and compensation are not applicable for public sector doctors.
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- Clinical Establishment Act 2010 was made to register and regulate all health establishments.
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- Not a single state has actually adopted the Act by establishing a regulatory structure capable of enforcing either standards or quality.
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What is the way forward?

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- Technological and regulatory oversight have controlled the private sector in telecommunications, electricity, civil aviation and corporate enterprise.
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- A host of Authorities, Boards, Commissions, Tribunals and Appellate bodies have exercised the power to supervise and enforce.
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- Likewise needs for a strong medical sector regulator for treating and saving human lives has a larger imperative.
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Source: Business Standard

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