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HEALTH SERVICES IN INDIA

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ABSTRACT

India being a large populous country with a population of 1.3 billion, health services are stretched to maximum strain within existing insufficient resources. Despite limitation of effective and advanced systematised infrastructure great strides have been made in providing minimum basic health care to its citizens from birth till end. Implementation of Bhore Committee proposals (1946) to improve our health delivery system all over the country and subsequent National Health policy drafted in 1983 have improved the scenario of health care in India. Further National Rural and Urban Health Care Missions have reduced infant mortality rates, improved Mother and Child Health Care, controlled communicable diseases, improved immunisation programme, reduced morbidity and mortality due to Tuberculosis, created awareness about life style diseases and its prevention, opened up a chain of AIIMS all over the country besides creating total of 643 Medical Colleges both in Public and Private sectors having total of 99763 MBBS seats thus expanding and modernising health care delivery. India offers the state of the art high tech therapeutic care through numerous tertiary care centers all over the country in select urban areas. Health services in India are provided by both the Union Government and State Governments, each having distinct areas of responsibilities. Successful health care delivery can only be possible by preventing diseases by creating awareness, mass screening programmes, holding medical camps and universal literacy besides reaching to disadvantaged communities living in rural areas and remote settlements. To achieve higher goals for improving health care financial outlay for health services must reach global standards of developed nations.

KEYWORDS: Health care needs, Health services in India, National health mission, Health awareness, Problems of health care delivery system.

INTRODUCTION

No civilization can ever survive unless it is inhabited by healthy men, women and children.

Mankind has suffered immensely since time immemorial due to diseases, hunger, wars, social turmoil, pandemics and natural calamities. Last century too was witness to great loss of human lives because of epidemics, diseases, injuries due to wars, battles, natural disasters, nuclear explosions and accidents. To keep mankind healthy and free from diseases is global, national and local objective and responsibility of various governments, authorities and people. Healthy citizens mean healthy and strong nations. An ideal healthcare system as defined by Ayurveda is one which cures a disease without causing or precipitating other illness.[1]

Health is a state of physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity. It is the duty and responsibility of individuals, society as such and governments to strive for achieving goal of universal good health, elimination of diseases, conflicts, mass casualties and prevent man made climatic and environmental catastrophe.

In last century tremendous efforts were made globally to eradicate disease and hunger by concerted efforts of various national and international health promoting organisations.

Use of newer technology in discovery of causation of diseases and treatment thereafter has helped millions to enjoy good health and useful lives. Dedicated international and regional branches of World Health Organisation have helped to eradicate completely diseases like Smallpox and Polio and has also significantly reduced the occurrence of diseases like HIV, AIDS, TB, Cholera, Measles, Mumps, Malaria, Viral diseases, water and airborne diseases. Good health is directly related to healthy life style, spread of

education, good economy, provision of safe drinking water, good nutrition, preventive measures like immunization, availability of more qualified medical staff, more hospitals, medicines, diagnostic aids, awareness, better communication, more ambulance services and increase in funding of health services. With increasing prosperity and harmful life style certain non-communicable diseases like Diabetes, Heart diseases, Hypertension and psychiatric disorders are on increase due to sedentary life style, anxiety, tension and long working hours. Besides certain diseases like cancer are related to unhealthy practices of smoking, chewing of Pan, betel and lime. Similarly, consumption of alcohol is linked to untimely death, anxiety, liver disorders, stomach pathology like gastritis, ulcers, malignancy and psychiatric disorders Good health can be achieved by awareness about diseases and preventive measures to avoid these diseases.

Health services in India

Report on the Health Survey and Development Committee, commonly referred to as the Bhore Committee Report, 1946 has been a landmark report for India from which the current health policy and systems have evolved.[2] Health care for people means promotion of good health, prevention of diseases, provision of hospitals, infra structure and availability of trained staff. The elements of technical and professional human resources to manage diseases are of paramount importance. The necessary functioning medical equipment too has to be certified for its good quality and it should be ensured that only original genuine equipment is installed. It has been seen that at times the original good equipment is replaced by defective old equipment by vested interests in collusion with vendors. At times the defective costly equipment has been procured instead of a new equipment and installed too. It must be ensured that expert consultation from experienced doctors from advanced hospitals should be made available to patients at all levels and throughout the country at designated centers and peripheral hospitals in remote places. Use of telemedicine facilities to help doctors placed in remote places will be useful from guidance by more experienced doctors working in higher centers with immense benefits. Such advice and guidance will enable doctors in periphery to make correct diagnosis and give appropriate treatment to needy patients. The treated patients should be rehabilitated and followed up for recurrence of disease if any and followed up for complete eradication of ill health. The patients need correct dietary and follow up advice.

India has seen a great revolution in improvement of health services after freedom despite low per capita public investment. The current financial layout for health sector is around 1.6% of GDP which is likely to increase to more than 3%. The advanced countries like Britain and Germany are spending on health of their people 9.63% and 11.25% of their national GDP respectively. Bhore committee on health in had suggested provision of universal health services to all through public service by creation of Primary Health Centres and hospitals for prevention and treatment of diseases throughout the country with special stress on immunization, prevention of maternal and child mortality.

Newer trends

Due to increasing population and excessive work load on public sector hospitals, patients prefer to go to private sector hospitals which have emerged in large numbers all over the country providing good and better health services to patients within reasonable period of time. The empanelled private sector hospitals have been successful in drawing patients for better and quicker treatment at modest costs. The insurance dependent patients get treated free of cost in private hospitals. The state of the art private sector hospitals provide timely health care to patients due to better infrastructure, adequate staff, better diagnostic treatment facilities, good super specialist care comparable with best hospitals anywhere in world at comparatively low rates in terms of foreign currency. More over the quality and genuineness of medicines being provided by private hospitals especially in corporate sectors is definitely better than other hospitals and clinics. The waiting period for investigations in private sector hospitals is short. The quality and performance of private hospitals in rendering treatment in India has resulted in flow of medical tourism worth 9 billion dollars annually which will increase further. However, the private sector hospitals for poor patients are difficult to approach and afford unless the patients are covered by insurance. Out of pocket treatment in private hospitals for poor patients who are not insured results in heavy losses to them due to loans they take for emergency expeditious timely treatment. Many are compelled to sell off their properties to meet the hospital expenses thus severely affecting their family livelihood.

The health services in India have gone beyond the limits of prevention of diseases, diagnostics and treatment to an era of telemedicine and medical tourism in large cities. Health care services in India both in private and public sector have done well in managing Covid-19 patients with the help of 1.54 lac ANMs. India has both Public and Private health care systems which are functioning well. There is also positive development of Public-Private participation in health care services. The Public health care services in India provide curative treatment through Primary, Secondary and advanced tertiary care hospitals. Tertiary care hospitals are located in cities mainly which have good access and are fully capable to tackle all kinds of complicated diseases.Urban health care system in India functions better than the rural health delivery system due to easy accessibility to its citizens, having short distances to cover, availability of secondary and tertiary care hospitals in close proximity as compared to spread out rural areas where patients might have to be taken to hospitals on back specially in mountainous terrain. Urban areas have highly well

qualified and experienced doctors to manage patients. Urban hospitals have full component of diagnostic and therapeutic elements with no dearth of essential drugs and life support system.

Most urban centers are fully competent to impart prompt management to emergency cases due to trauma and diseases of non- traumatic nature at all hours. No such benefits and facilities are available to patients in rural areas where lack of access to treatment and delays are the general rule rather than exception. The health services in rural areas differ from the services available in cities in quality and outcome. Rural areas are widely spread out and therefore treatment centers have to give cover to much larger areas with thinner number of clienteles. Rural areas do not have that kind of specialist expertise which urban centers have though the need for urgent care is identical in any terrain and situation. Rural areas particularly in remote and mountainous terrain do not have facilities of urgent air evacuation of grave emergency cases to tertiary care hospitals. The possibility of air evacuation of emergency cases may become hopeless in bad weather. Rural areas have lesser beds for patients, inadequate staff, and most of the times the doctors detailed or posted in rural areas remain absent from duty for months together leaving health care in the hands of their assistants and pharmacists. Many rural health centers do not have ambulances to evacuate the patients to higher centers.

Rural health centers are generally manned by fresh, inexperienced doctors who are unable to operate and deal with cases which need accomplished expertise and experience of years. It is a wrong policy to post and position inexperienced fresh medical graduate in remote rural areas where there is none to guide and supervise him or her to tackle complicated cases which is beyond his experience and expertise to manage. Detailing such doctors to treat difficult medical and surgical cases at places where there is none else to support them would amount to handing over the precious life of the patient to fatal outcome. Most of the problems of rural health care are due to lack of effective monitoring of personnel, their limitations and lack of on ground supervision and visits to rural areas by administrative and senior health authorities up the ladder over and above inadequacy of staff, material and expertise expected out of a general duty Medical Officer.

National Urban Health Mission

National Urban Health Mission was approved in 2013 to give quality health care to urban population especially poor and slum dwellers. NUHM intends to improve health care in cities and towns having a population more than fifty thousand and State and District Head Quarters having more than 30000 population. Urban health programme is planned to be implemented through urban local bodies in seven Metro cities, and for other cities this plan will be implemented either by state health department or by urban local body. Urban health centers will have Community Health Centres for a population of 250000 and for Metro cities for 500000 population. Similarly, Primary Health Centres will be established for a population of 50000. These centers will provide necessary health care. Besides these Urban health care systems, Urban Health and Wellness Centers will have outreach through camps, mobile medical units and home visits. These centers are now being upgraded regularly.

National Rural Health Mission

Rural health services have been augmented after National Rural Health Mission began in 2005 which has reduced maternal and child mortality markedly. India has sub centers for a population of 5000 people in plains and for 3000 people in hilly and difficult remote areas which provide maternal and child health care, family welfare care, nutritional care, immunization, diarrhoea control and prevention of communicable diseases entirely funded by Central Government. These sub centers are designed to have first contact with patients at periphery manned by one female ANM and a Male health worker. Primary Health Centers cater for thirty thousand people in plains and for twenty thousand in difficult hilly terrain and are manned by a doctor and 14 paramedics and provide preventive and curative treatment and has three to four beds for patients. PHCs refer the difficult cases to higher centers and have three to four beds to hold patients. Patients have first contact with doctors at PHCs. Patients who reach at health center with great difficulty in remote areas get harmed when sufficiently trained staff, necessary equipment, medicines and materials are not available to treat them. The doctors posted in remote areas remain absent at times without being observed and monitored and indulge in practice at other places convenient to them. Any system to succeed and become useful to health care delivery for needy patients to save their lives and prevent disease and promote good health must have sincere, devoted and dedicated personnel. Therefore, full staffing, provision of functional equipment and good quality medicines is of utmost importance. Lack of staff in any health care centre would certainly affect the efficiency of health care delivery. According to the rural health statistics of the Government of India (2015), about 10.4% of the sanctioned posts of auxiliary nurse midwives are vacant, which rises to 40.7% of the posts of male health workers. Twenty-seven percentage of doctors posts at PHC were vacant, which is more than a quarter of sanctioned posts.[3]

Community Health Centres

Community Health Centres have four Specialists which include Obstetrician and Gynaecologist, Surgeon, Physician and Paediatrician.This centre has 30 beds, X-ray unit, OT, Lab facilities and Labour room.

First Referral Units.

These units exist at District or Block levels which should provide 24-hour services for obstetrical surgery like Caesarean section and new born care and blood storage

facilities. These units should be able to provide emergency obstetric surgery.

Health services in India

Health services in India function under Central and State governments with clearly defined spheres of responsibilities and mutual cooperation. The health issues like family welfare programmes, prevention of major diseases, outbreak of pandemics, disease control programmes are handled by National Government. The State Governments are responsible for smooth running of hospitals, promotion of health and prevention of diseases, sanitation and implementation of various national programmes.Besides Public and Private health services now there is Public--Private collaboration where government supported patients can be treated in designated and empanelled hospitals on the basis of insurance. One such example is Ayushman Bharat Pradhan Mantri Jan Arogya Yojna which was launched by Government of India on 23 September 2018 giving access of healthcare to 500 million people with a budget of Rs 6400 crore. The plan gives an insurance cover of INR 5 lakh per family annually. One can avail free health services for pre and post hospitalization period and care of new born. One can seek treatment under this insurance in any empanelled hospital for cashless secondary and tertiary health care with minimum and no contribution. Patient has the choice to get treatment including surgery in public or empanelled private hospital by showing PMJAY e card. The scheme covers 100 million people in rural areas and 23 million in urban areas from weaker and poor families. Rich people can get insurance-based treatment in private hospitals. Employees of Private and Public sector can avail treatment in empanelled hospitals through Employees Health Insurance Scheme which meets all the expenses for entire duration of treatment for surgical and non-surgical diseases. Armed Forces personnel and their dependents get free state of the art treatment from nationwide peripheral to highly advanced tertiary care hospitals with excellent system of referral and evacuation to hospitals by surface and air from any part of the region on recommendations of treating doctor. The Veterans of Armed Forces and their attendants can get free treatment in empanelled private hospitals and the service hospitals without incurring any cost. The veterans of Armed Forces and their dependents are also entitled to receive treatment throughout the country in chain of ECHS clinics and polyclinics. These clinics get the patients investigated in service or empanelled hospitals and also provide the prescribed medicines. These clinics are authorized to refer the patients to empanelled hospitals of the region or city, the choice of the hospital for treatment lying with the patient. Similarly retired Central Government Employees get free treatment in hospitals dedicated to them. In Corporate and Private hospitals the waiting period for insured and non-insured patients for OPD and emergency services does not take much time. Emergency surgery does not take more than couple of hours for preparation for surgery or emergency procedure. Employees of tea gardens and private corporate hospitals too get treatment in their unit hospitals.

Special features of health care distribution.

Approximately 65% of Indian population lives in rural areas and 35% lives in urban areas.

The number of public and private hospitals in India stands at 69 thousand having 1.9 million beds. There are 43486 hospitals in private sector and 25778 hospitals in public sector. Private health care accounts for 62% of health infrastructure.

There are 12.5 lakh qualified and 3.71 lac specialists in India. India has one doctor for 1500 of its citizens. 80 % of doctors serve in urban areas and 20 % work in rural areas.

Besides MCI/NMC registered doctors urban and rural populations are also served by doctors of other systems like Ayurveda, Homeopathy Unani and naturopathy. Then there are unaccounted, unregistered practitioners working all over the country in both urban and rural areas. These practitioners remain unchecked and cater generally to poor and illiterate patients who want quick relief to avoid hospital formalities which are time consuming. These untrained practitioners are mostly those persons who have learned the tricks of trade while serving with doctors in their private clinics and hospitals giving a tough competition to collocated registered doctors.

At present India has 24 AIIMS spread out all over the country and 4 more are expected to come up by 2025. Many of these institutes admit students for MBBS course. These hospitals provide state of the art treatment to patients. 80 percent tertiary or the advanced health care in India is being provided by private hospitals. India has 1.9 million hospital beds, 95 thousand ICU beds and 48 thousand ventilators. Urban hospitals have double the number of beds than in hospitals in rural areas.

Problems of health services in India

Although the first national population programme was announced in 1951, the first National Health Policy of India (NHP) got formulated only in 1983 with its main focus on provision of primary health care to all by 2000. (4) India has multiple problems as far as health services to patients are concerned. The health services are not well organized and do not have a proper system of appointments, postings and health delivery system. There is insufficient monitoring, observation and disciplining of staff in remote rural areas and even in urban areas. The public hospitals in cities are overcrowded with patients, there are insufficient number of hospitals, doctors, nurses, hospital beds, logistic supports and total lack of coordination amongst the local administrative, health services and public representatives. In cities and mega cities the overcrowding of hospitals results in

sufferings to patients who come to hospital from far and near. With heavy OPD work load of hundreds of patients, it is difficult for doctors to do justice to patients. The waiting period for operations is long in Government hospitals where as in Private-Corporate hospitals definitive treatment does not take much time.

At times the approach to hospitals is blocked due to heavy and chaotic traffic, processions, rallies and bad roads. It is accepted that health consumer opinions should be considered in design, delivery and evaluation of health services and in creating the conditions that support healthy living.[5]

To meet the challenge of congestion in hospitals it is well advised to create more hospitals in cities having heavy work load with provision of adequate staff, space and equipment.

Similarly in remote and rural areas the settlements and villages are located at wide areas, the population is spread out and therefore health centers and hospitals are stretched out and spaced over long distances. Rural areas have smaller hospitals, lesser staff, less equipment, fewer medicines and are comparatively less well organized because of inadequate attention. The importance of patient centred health services has also been emphasised; the needs, wants, and preferences of patients and carers should be found and addressed.[6] Rural hospitals at times remain without doctors who are not willing to go to rural areas as there are no monetary incentives to them, there are no good schools for their children in villages and no suitable accommodation to live and there is no streamlined policy for postings of doctors in rural areas by rotation and they lack necessary experience which is so much important in treating patients in areas where age and experience matters a lot between life and death, the purpose will not be solved merely by positioning an young doctor fresh after internship and without experience. Rural masses in remote areas are not guinea pigs to be handed over to inexperienced doctor for trials. It may be added here that largely young fresh medical graduates are detailed and posted in remote areas to tackle grave emergency which they are not competent to tackle. So only experienced doctors be posted to such places to provide definitive treatment to these people in inaccessible or remote places. National surveys indicate that up to 63% of rural physicians have inadequate medical training.[7] Therefore, a proper, just policy has to be drafted for postings in remote places by rotation. Another way to solve the problem of non-availability of doctors in remote regions is to train local doctors who would serve their own people after gaining sufficient expertise in their speciality. Therefore, to solve the problems of health needs of people in remote areas doctors should be given additional substantial financial benefits, good accommodation, transportation and secure professional advancement in future to encourage them to opt for rural service.

At present our health system works by diverse systems of disciplines and the most popular is evidence based modern system of treatment through preventive measures, private-public hospital-based treatment to patients and by clinic supported private efforts. Not much stress is laid on educating and motivating people to develop and acquire healthy habits in first place. Since the outstanding astounding performance of Corporate hospitals in urban areas of India with high star standards, health services in rural and remote regions should be outsourced to private corporate health sector. Such a public- private participation has seen a great success in urban areas after introduction of Ayushman Bharat Pradhan Mantri Arogya Swasthya Yojna which helped millions of poor people to get quality treatment in empanelled hospitals in urban areas.

Prevention of diseases and community education

This includes universal immunization everywhere including remote places, delivering lectures and demos to groups of people, healthy dietary advice, importance of sanitation and so on.

It is advisable to conduct school medical examination, holding of medical camps to detect diseases, need for family welfare measures and screening for latent diseases by examination and relevant tests to exclude breast cancer and other diseases well in time before these become untreatable.

Screening of community to detect diseases and education for prevention of communicable and non-communicable diseases is very important aspect of health promotion. The school medical examination for detecting disease pertaining to behaviour, stress, AIDS, malnutrition, skin diseases, obesity are important. Similarly, health education through media, lectures, camps, screening for Hypertension, Diabetes, Cancers, Obesity, Cardiovascular diseases, drug abuse and prevention of injuries in road traffic accidents and work places is of paramount importance. Life style problems like smoking and alcohol consumption need special attention for restricting its use.

Polytasking and training

Time has come out making doctors specialized and well trained in all disciplines. It is difficult to provide all types of specialists and super specialists in all the hospitals. Such doctors who are well trained in multi-specialized fields are of great service to community they serve. It has been observed that doctors trained to conduct many procedures of diverse nature are more skilled and useful to patients because of their wider touch and experience than those who are focused to single speciality. Like in good old days doctors were so well trained that they could tackle all kinds of medical, surgical, gynaecological, obstetrical diseases including emergency without much sufferings to patients. Role of such well-trained experienced doctors has special place in health care delivery system in cities and rural areas. A Trauma

Surgeon can tackle severe trauma of multiple organs effectively and there is an urgent place for them for managing patients with severe polytrauma under one roof. A single well-trained experienced trauma surgeon performs well instead of sending the traumatised patient to organ specific surgeons from one specialist to another.

Visiting consultancy to remote places

Specialist consultants must visit hospitals in peripheral areas to provide expert opinion and advice so that the treatment is offered to patients at the hospitals nearest to their homes and they are saved from travelling long distances to receive super specialised management. Such consultant visits can be made on weekly or bimonthly basis depending upon the work load and by rotation.

Change in medical education

Our method of training medical graduates say MBBS doctors is obsolete and out of date. We have a system where a fresh graduate is turned out of the Medical College who is not adequately experienced to conduct lifesaving procedures while posted alone in a hospital. The system of examination of MBBS students is not only defective but also an eye wash in some places.

MBBS students have to clear three professional exams which are conducted under the supervision of internal examiner which is wrong and faulty. In many Medical Colleges, since admissions to MBBS course are made on public or private considerations. At present the examination of three professionals are conducted by a four men team of external and internal examiners which can result in bias or favour unreasonably to students. The conduct of examination of students in all Medical Colleges irrespective of Public or Private status for all three professionals should be carried out by External Examiners only to stop students from passing MBBS examination who have never studied during their entire duration of course. There are students who manage to pass MBBS examination without putting much effort. There are a few students who are not interested in becoming doctors but they have been forced to join Medical Colleges by their parents so that they could take over the hospitals of their parents.

Board of all external examiners conducting all three professional examinations of MBBS course will eliminate the unworthy students to clear MBBS examination who otherwise will prove harmful to patients taking advantage of favour from internal examiners.

Simple MBBS degree does not bestow upon a student enough required knowledge and experience to treat patients independently in the beginning of their professional carrier.

Therefore the training period of MBBS students be extended by two and a half years more so that they come out as poly specialist Post Graduates because as such also our country is facing extreme shortage of specialists in hospitals. It is sad that some premier institutions in our country do not have more than six or seven seats in super specialized courses for a population of several millions. No wonder such precious services are just not available anywhere except in tertiary care hospitals in large cities. Integrating undergraduate and post graduate courses will not only fulfil the most valued expert specialised service unavailable to our countrymen in all parts but will also dramatically increase their strength to required number.

Trauma centres

At present injury and trauma due to road traffic accidents is taking toll of at least 1.5 lakhs people annually in India specially the youth because of diverse factors. The traumatized patients generally need immediate resuscitation and surgery in hospitals. But as our hospitals remain busy treating normal cases or other emergency cases, the traumatized patients may not get proper focused attention and therefore there is need for specially dedicated separate trauma centres on highways and in hospitals with high volume turnover of patients. Trauma patients must get focused undiluted attention as they generally have multi organ injuries.

Besides trauma centres we need to have a good system of pre-hospital trauma care with means for prompt and safe evacuation facilities for patients to trauma centers from accident site.

Mobilisation of available doctors to meet the deficiency of suitable faculty

At present large number of doctors specially qualified eligible experienced faculty members are retired from Private Medical Colleges due to age restrictions beyond 70 years, as a result almost all of the private Medical Colleges in India depend upon ad hoc faculty who may not be available to these Medical Colleges and Hospitals full time. What is more important is the experience and state of general good health of individual faculty as he is more useful to patients and students by virtue of experience. In many countries doctor cum teacher never retires. Therefore, it would be a wise step to use the services of highly trained and experienced eligible doctors and teachers in Private Medical Colleges which will augment both the quality and quantity of health care and Medical Education. The employability of eligible faculty, teachers in Private Medical Colleges and Hospitals should be left to management of private Medical Colleges as they are best suited to choose who would be most suitable for the job rather than to follow the directive of NMC which is not aware of health status of an individual and his academic and clinical capability and the need for highly active and useful individuals. The authorities of Private Medical Colleges are the best judges to decide the usefulness of a teaching faculty for employment even after 70 years of age after assessment of health and capability of faculty. Therefore, decision to employ teachers cum doctors beyond 70 years be left to the management of Private Medical Colleges.

Some other health issues pertaining to staff, quality of drugs, deficiency of equipment, lack of ambulance services, safety of medical staff and property of hospitals.

In many health centers in some states there is scarcity of medicines and necessary equipment to manage patients. The health care delivery system is defective and without monitoring. There is deficiency of staff and doctors. There is non-availability of water in many state run hospitals in poorly managed states of East India and water is not available even for washing of hands for surgeons and the patients relatives are asked to bring buckets of water on the day of surgery. At places appointed staff is missing being busy elsewhere in private practice which should not be permitted to those who are working in Government service. In absence of satisfactory health services in some states, the poor patients without means flock to tertiary care hospitals in other states or national capital thus overcrowding the already busy hospitals which affects optimum working of hospitals.

Problems related to medicines.

There are issues of procurement and dispensing of good quality drugs. It has been seen that procurement of poor-quality drugs at higher rates is damaging the health of patients besides soiling the reputation of hospitals and administrators. It is important to procure good quality drugs which are effective and presentable. The system of inviting tenders for procurement of medicines not only causes delays but also ends up in purchase of poor-quality drugs at higher rates from sub substandard drug manufacturing units. It is recommended that only good quality drugs be procured by a board of honest responsible doctors after through market survey eliminating the cumbersome and unreliable, corrupt, fake tender enquiry system. Alternately the medicines and necessary material should be procured from known established reputed concerns like multinational companies of which there is no dearth in India. These companies provide good quality medicines at much lower rates than the drugs obtained from substandard tender processed pharma units.

Ambulances services

Another issue is non-availability of ambulances to take the patients to hospitals especially from villages and remote areas. At times patients suffering from life threatening emergency require immediate hospitalization but due to remote location air evacuation remains the only option to save life. Therefore, our country has to evolve a system of air evacuation of patients to referred hospitals for necessary treatment.

Improvement of health services

To bring our health services to highest level the public - private participation has to increase to create more hospitals at all levels from large villages to Block and city levels. In this regard the recommendations of National Health Mission must be implemented.It is important to increase the investment on health up to at least 3.5% if not up to 7 % of GDP. A national health commission may be formed to coordinate health issues between various states under the guidance of Union Health Ministry. It may not be possible to give institutionalized health care to needy in remote areas like deep mountain valleys and inaccessible areas where people have no connectivity to health centers and no access to good health services. It would be in fitness to health services to organize health camps rendering specialist and super specialist services in remote places on voluntary basis or part of obligatory state services. These camps can be supplemented by providing additional services like giving vocational training, talks on healthy living, educating children and stressing upon preventive aspects of diseases.

There are other issues pertaining to enthusiasm, morale of health providers and safety of life and property of doctors and health care workers. There are relentless incidents of attacks on doctors and their properties by unruly attendants of patients which need to be countered and checked by law enforcing agencies. How can doctors work without fear to best of their capability in absence of security of their life and property.

Doctors and health care workers back to their native places.

There is great shortage of doctors and health care workers in rural areas particularly in remote mountainous regions which do not have road connectivity and not many doctors and health care workers are ready to go and serve. It would be a matter of great service to our less fortunate part of population if nation could provide them too with good trained doctors, nurses and health car workers. This can be possible if we start choosing and training doctors, specialists, nurses and health care workers from their native origins and thereafter placing and posting them in hospitals, health centres and advanced treatment centres in their own native places.

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