CHAPTER 6

INVESTIGATING THE PROBLEM

A STUDY OF RIGHT TO HEALTH CARE IN GUWAHATI CITY
6.1 Introduction

Of late, Guwahati emerged as one of the important health care destinations not only for the State of Assam or of the North Eastern Region alone but also for the neighbouring countries like Bhutan, Bangladesh and Myanmar etc. Guwahati has, however, been a centre of health care for more than a century now as a few important public health care institutions- Government Ayurvedic College and Hospital (1948); Gauhati Medical College and Hospital- GMCH (1960) B. Borooah Cancer Institute- BBCI (1973) & Mahendra Mohan Choudhury Hospital- MMCH (1984) were located in the city catering health care service to the region. There are around 2000 hospital beds with these four important public health care institutions and equipped with almost all specialties & super-specialties in medical care. But, Guwahati’s significance as a health care destination increased with the establishment of a good number of multi-specialty & super specialty private hospitals and diagnostic centers in the city since late 1980s onwards. This coincides with the process of liberalization, privatization and globalisation in the country. Today, there are around 60 big and small private hospitals with around 2000-hospital bed capacity and more than 70 private diagnostic centers in Guwahati City. Apart from the leading private health care establishments like Gauhati Neurological Research Centre- GNRC (1987); down town hospital (1988); Sri Sankardeva Netralaya (1994); International Hospital (1999), etc, the middle range private health establishments like Dispur Poly Clinic (1978); Goenka Nursing Home (1979); Advance Neuro Science Research Centre (1996); Good Health Hospital (1996); Swagat Endolaparocopic Research Centre (2000),), Sanjevani Hospital (2004), etc.- to name only a few- along with leading diagnostic Centres like Ecopath, Primus, Saharia Lab, Sky Lab etc. do possess very costly equipments mostly supplied by foreign companies. With these developments the city witnesses a huge inflow of patients to Guwahati City from different parts of the state.
and the region as well as from the neighbouring countries both for Outdoor and Indoor treatment.

6.2 History and Significance of Guwahati as a Health Care Destination: A Brief Sketch

Guwahati has a long and glorious history as a health care destination.

In 1916, a charitable health care initiative in the name of Marowari Databya Aushadhalaya came up under the aegis of the Marowari Community in the city. In the long run, this community also established the Marowari Maternity Hospital in 1985 and the Marowari Hospital and Research Centre in 2002. Marowari Maternity Hospital is relatively less expensive in terms of hospital/diagnostic/treatment charges among the private hospitals in the city today. The next important initiative in health care and the first in modern health care took place in 1926 with the establishment of a 25 bedded hospital basically meant for women and children in the year 1926 under aegis of Christian Missionaries in the City. The hospital was named as Gauhati Women and Children Hospital. The hospital was re-named as American Baptist Missionary Hospital in 1944. The hospital pioneered in starting Nurses Training, first of its kind in Assam, in the year 1927 and the first graduate Nurse came out in 1930. Today this hospital has full fledged Nursing School affiliated to TNAI.

The hospital grew both in its physical amenities and its service to the people. From a small 25-bedded hospital, it became 75-bedded hospital in 1943 and 100 bedded in 1958. Today the hospital has 155 beds with all the major departments of medical care. Prior to the establishment of Gauhati Medical College, the civil hospital run by the State Government- now known as Mahendra Mohan Choudhury Hospital, and this Christian Hospital were the only two places where medical treatment and care were provided.¹

¹ Dr. RPM Bordoloi, (2001) Satribari Christian Hospital- A Brief History, in Platinum Jubilee Souvenir

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In 1948, in the next year after the achievement of independence, *Government Ayurvedic Collage and Hospital* was established in Guwahati along with the establishment of two other important institutions in Assam—*Assam Medical College and Hospital* at Dibrugarh and *Gauhati University* at Guwahati. Government Ayurvedic College now is a PG teaching Institute with multi-specialty Ayurvedic health care. With 100-hospital bed capacity, it has both OPD and IPD facilities along with surgical facilities.

However, the most important milestone in health care was laid down in the year 1960 with the establishment of *Gauhati Medical College* and inauguration of the *Gauhati Medical College Hospital* in the year 1964—the second of its kind in the region. GMCH is a Teaching and Research Institute as well as tertiary health care hospital. In its decade long existence, GMCH has catered service to the cross section of the population in the region. GMCH provides all specialized and super-speciality treatment and is equipped with Blood Bank, ICU, Emergency Ward, and Telemedicine Centre etc. ICU of this hospital is considered as one of the best ICU in the Northeast region rendering service at a nominal charge.²

The next important move has been the establishment of *B. Borooah Cancer Institute* (BBCI) in the year 1973. BBCI was first set up as a private hospital by a voluntary organization for the treatment of cancer patients. BBCI is the only Institute of its kind in the entire North East Region. It was recognized by the central government as a *Regional Institute for Cancer Treatment & Research* in 1980 and was taken over by the Government of Assam in 1986. In 1986, development of this Institute was also included in the Assam Accord signed by the Govt. of Assam; Govt. of India and All Assam Students Union (AASU). In November 1989, the State Government of Assam entered into an agreement with the North Eastern Council (NEC) and Department of Atomic Energy (DAE), commonly known as tripartite agreement, with the objective of mobilizing resources for the development of this Institute. In pursuance of this agreement, a Plan of Action called *Revitalization Plan Phase I* (RPP-I) was prepared and implemented from 1989 onwards for a period of five years. However, since this

² 43rd Annual Report (2003) GMCH, p 4
plan could not achieve the desired objective in totality, during the period 1989-95, the Tripartite Agreement had to be renewed on 9.10.97 and in pursuance of this agreement, a *Phase II of the Revitalization Plan* (RPP II) was proposed and was adopted through the 2nd Tripartite Agreement between the three parties. Once the Second Tripartite Agreement came to an end without achieving fully the desired objectives, the three signatories of the First & Second Tripartite Agreement signed the Third Tripartite Agreement in the Year 2004 to be implemented in the next five years.

The other significant development was the establishment of Mahendra Mohan Choudhury Hospital in the City in the year 1984. It is a 350 bedded multi specialty hospital and specialized in Medicine; Surgery; ENT; Obstetrics & Gynaecology; Eye; Dental; Casualty; Orthopaedics; Paediatrics; Radiology; Anesthesia; Pathology, Microbiology and Blood Bank.

In late 1960s Dr. S. Changakakati established the first Private Hospital in the City in GS Road, which was, however, shifted to the Middle East just after its establishment. The establishment of Kalicharan Das Nursing Home at Kalapahar followed this. In 1970s a few other important private initiative took place in the health care sector and among them the establishment of Barthakur Clinic Private Limited in 1977; Dispur Polyclinic in 1978 and Goenka Nursing Home currently known as the Institute of Human Reproduction (IHR) in 1979 were important. In the early 1980s a few more private hospitals were added to this list.

However, Guwahati assumed more significance as the health care destination since late 1980s with the coming up of a number of multi specialty and super specialty hospitals under private initiative. This coincides with the process of liberalization, privatization and globalization in the country. Today, there are around 60 big and small private hospitals with around 2000-hospital bed capacity and more than 70 private diagnostic centers in Guwahati City.
Let us have an overview of leading private health establishments as well other significant dimensions related to health care in the city.

**Guwahati Neurological Research Centre (GNRC)**, a fully air-conditioned super specialty hospital with 155-bed capacity, was established in 1987 and superspecialized in Neurology and Cardiology. The aim is to bring together the best medical professionals and the latest technology and working environment at an affordable cost. It is incorporated as a private company. GNRC is today recognized as a referral hospital by all state governments of Northeast; Royal kingdom of Bhutan and different public sector and private sector organizations in the Northeast. GNRC continued to evolve and enlarge its activities during the last one and half decade and so. GNRC established its Heart Institute in the year 1997 and in 2001 set up the Institute of Critical Care. Through the Heart Institute GNRC ushered in an era of competent service for cardiac ailments, and the best possible men and machine has been brought within the reach of the Region.

Today GNRC is managing three full-fledged super specialty hospitals with a team of 52 doctors, 170 Nurses, and about 429 Employees. There are 155 beds for patient care supported by a team of dedicated doctors, nurses, technicians and attendants who are providing round the clock service. The services and tariff rendered by GNRC are at per or even less than hospitals of its kind in the country. Apart from diagnostic and therapeutic function, the company promotes academic programmes like annual lectures and regular research programmes. The latest development in medical sciences is constantly kept abreast by the doctors who frequently sent outside the state for further training.³

*down town hospital*, established in the year 1988, is a winner of ISO 9001:2000 declared by Bureau Varitas Quality International, London. The Assessment by the organization found the services provided by investigation departments as well as various health care departments along with supporting services of maintenance, house keeping, food service, security, materials, medical records and reception & guest

³ *A Profile on GNRC* 2003
relations to in accordance with the requirements of quality standards. Originally approved in May 2000, the certificate is now valid for a period of three years from 5th May 2003.4

down town hospital offers reputed consultants both for specialty and select super-specialty medical care and is equipped with world-class technology.5

Sri Sankardeva Netralaya (SSN) located at Beltola, Guwahati, is a hi-tech eye hospital of the North-East. It is a unit of Sri Kanch sankar Health and Educational Foundation, charitable trust, duly registered in Assam on 13-01-1994. SSN has been functioning from 14-10-1994 in technical collaboration with the Sankara Netralaya & Medical Research Foundation, Chennai under the guidance of Padmabhushan Dr. S. S. Badrinath, the Executive Chairman of Sankara Netralaya, Chennai. The hospital was inaugurated by the then Prime minister of India, Shri P. V. Narasinha Rao, on November 24, 1995.

The eye treatment facility in the Northeastern region is substantially less in comparison to its requirement. According to NPBC- India, incidence of blindness is highest in North East Region. Surgical coverage for Cataract in Assam is only 84 per 100,000 populations. It is being stated that ophthalmology is a rapidly expanding subject. The different diagnostic and therapeutic procedures to diagnose an eye disease and treat such a case require a number of sophisticated instruments. These instruments are very much costly and most of them are to be imported from foreign countries. Moreover, every year the modern facilities are increasing for early and accurate diagnosis and adequate treatment of patients. In different parts of India, a number of eye hospitals are there with modern diagnostic and therapeutic instruments. It is very sad to observe that the Northeastern India is very badly lagging behind in these regards. Sri Sankardeva Netralaya is a silver lining in this respect.6

4 A Profile of down town hospital 2003
5 Ibid
6 Brief Raport on Sri Sanakardeva Netralaya (2005) Guwahati

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Swagat Endolaparoscopic Surgical Research Institute is the first super specialty surgical centre of the North East India in the field of Endoscopic Surgery. With a 50 bedded capacity the hospital has provision for different economic segments of society and equipped with the best of technology. Video Laparoscopic Surgery is performed with advanced and sophisticated equipment of Karl Storz, Germany. Video Endoscopy for Gastrointestinal Diseases is done with the most modern state of the art equipment from Fujinon and Olympus Optical Company, Japan. Besides Semi Private, Private and deluxe Rooms the hospital has VIP suites, postoperative Recovery and Surgical ICU with the most sophisticated and latest cardiac and anesthetic monitoring equipment of Larsen and Toubro and Hewlett and Packard.7

Apart from these hospitals there are a few Departmental/Organizational Hospitals like Refinery Hospital at Noonmati; Railway Hospital at Maligaon; Army Hospital at Beltola and the CRPF Base Hospital at Jorabat. Those have not been taken for investigation as those hospitals provide service only to the patients of the respective organization/department.

As mentioned, every year new private hospitals have been added and few unispecialized like Diabetic or Palliative Care centers have also come up in the city.

Altogether, the hospitals in Guwahati city provide treatment almost in all specialty and super-specialty branches of medical care like Medicine, Surgery, Obstetrics & Gynaecology, Orthopaedics, Paediatrics, Dermatology, Eye, ENT, Radiology, TB & Chest, Psychiatry, Anesthesiology, Cardiology, Nephrology, Neurology, Endocrinology, Gaastroenterology, Urology, Neuro-surgery, Paediatric Surgery, Plastic Surgery, and CTVS-Cardio-therapic Vascular Surgery etc.

Besides, almost all hospitals- both public and private- have its pathological and radiological laboratories. But, besides these in-hospital diagnostic facilities a good

7 Information for Research Work (2003) Swagat Endolaparoscopic Surgical and Research Institute, Guwahati.
number of diagnostic laboratories have been established in the City. The accurate number of these centers is not available, as every year new laboratories have been added to the list of existing ones. The list of Clinical Laboratories/X-Ray centers etc. in Guwahati City prepared by the directorate of health services (2003) shows 53 laboratories in Guwahati but the list does not include the upcoming ones like Primus, Saharia Path Lab or Ecpath etc. Field survey reveals that there are more than 70 plus private laboratories/diagnostic centers in the city today.

Of late, proliferation of private chambers, particularly for OPD consultancy, has been another significant development in the city. Both public as well as private health professionals are engaged in private consultancy and this private consultancy has been a convenient means of patient mobilization for private diagnostic centers and Nursing Homes. Private consultancy has emerged as one of the very profitable business both for the doctors as well as for the drug sellers and diagnostic centers/nursing homes. Many reputed doctors in the city do have private chambers in more than two three places and most of them are attached either to private nursing homes or pharmacies. One can find the name plats of some very reputed doctors hanging very prominently in many nursing homes/pharmacies. One can find long queue in front of these private chambers waiting for the doctor. In case of some reputed doctors the list of patients for consultancy crosses even fifty and consultancy to this huge number is being provided within three to four hours.  

Guwahati is significant not merely with its existing health care facilities. It is also important because it provides wide-ranging information regarding health care facilities outside the State. For example, a few Apollo Regional Information Centres have also come up in Guwahati and other parts of Assam. These centres bring doctors from the Apollo Hospitals of Delhi, Chennai, Calcutta or Hyderabad, particularly for private consultancy. These centres acts as local agents in mobilizing patients for

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8 The private chambers of the reputed doctors mainly from the public hospitals are not well equipped to accommodate the long queue of patients. One can even find a huge number of patients standing in front of a very small pharmacy for a long duration—three to four hours. These doctors cannot go in for better accommodation as they do practice without legal sanction. Field survey in the month of June 2005 in Mahigaon found 61 patients listed for consultancy by a Gynaecologist from GMCH and the doctor provided service to these patients sitting in an extremely uncomfortable and congested chamber with no urinal/toilet facility from 4-30 pm to 11-00 pm.
critical care in those Apollo Hospitals situated outside the state. Apollo Regional Information Centre in Guwahati City provides the following services to the patients:

- All information relating to treatment and facilities of Apollo hospitals situated in Chennai, Hyderabad, Delhi & Kolkata;
- Fixing up appointments with doctors of Apollo Hospitals for patients prior to leaving station;
- Assisting in procuring advice/second opinion on behalf of the patients and post treatment follow up cases;
- Conducting consultation camps at regular intervals with Apollo Doctors in Guwahati and Dibrugarh;
- Telemedicine Consultancy with doctors of Apollo Hospitals directly from Guwahati.  

Guwahati’s significance as a health care destination assumed new magnitude with the penetration of sophisticated and world-class technology in the health care institutions. Private health establishments have excelled in regard to the consolidation of high technological equipments compared to public hospitals. This has brought new opportunities and severe challenges to the people’s right to health care in the city.

6.3 Patient Turn Out to Guwahati City and Demographic Composition of the Patients

There has been no proper documentation of actual patient turn out to the City. The government hospitals like GMCH and BBCI, of course, have kept medical records. BBCI has been very particular in this regard. Leading private hospitals like downtown hospital, International Hospital, GNRC, SSN, Swagat and a few others maintain record of the patient turn out to the respective hospitals. However, most of the middle range private hospitals do not maintain these records.  

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9 Boucher of Apollo Hospitals Regional Information Centre, 2003, Guwahati

10 The researcher met the President of the Association of Private Health Establishments in Assam Dr. D. P. Goswami, who is also the proprietor of East End Nursing Home in the City, and asked for the records. He informed that they do not keep the records properly, but can provide for last few years and it will take time. The important point to be noted is that as per Health Establishment Rules 1995 all
Hospital or downtown also reveal the demographic composition of the patients. However, most of the middle range hospitals rarely keep these information in an accessible manner. So, estimating the patient turn out to the city hospitals is a very difficult task. As stated, there has been a proliferation of private consultancy chambers that do not maintain any records of patient turn out. It adds new difficulty in calculating the patient turn out, particularly OPD turn out to the city. But, the profiles of a few leading hospitals reveal that patient turn out to the city has gradually increased over the years.

Despite all these problems, a rough estimate could be worked out by reading the patient turn out in a select few hospitals and necessary multiplication based on that. The hospitals selected for the present purpose are:

(a) Gauhati Medical College & Hospital (The biggest public hospital in the city)
(b) B. Borroah Cancer Institute (public hospital & super specialized in cancer treatment)
(c) Satribari Christian Hospital (private & the oldest)
(d) Downtown hospital (biggest in the private sector)
(e) GNRC (private & leading super specialty hospital)
(f) Sri Sankardeva Netralaya (private & specialized in ophthalmologic treatment)
(g) Swagat Endolaparoscopic Surgical & Research Institute (Specialized in endolaparoscopic surgery)

Private Hospitals are required to submit annual report providing information on patient turn out as well as nature of diseases reported and treated etc.
The points of justification have been indicated within bracket against the respective hospitals.

The following table shows the patient turn out to the hospitals mentioned above in the year 2000.

**Table 6.1-Patient Turn Out in Select Hospitals in Guwahati City Hospitals- Base Year 2000***

<table>
<thead>
<tr>
<th>Name of the hospital</th>
<th>Year of Establishment</th>
<th>No of OPD patients</th>
<th>No of IPD Patients</th>
<th>No of Major Surgeries</th>
<th>No of Minor Surgeries</th>
<th>Lab/Investigation cases</th>
<th>No of Delivery</th>
<th>No of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>GMCH</td>
<td>1960</td>
<td>281102</td>
<td>38116</td>
<td>9905</td>
<td>16689</td>
<td>5811</td>
<td>2748</td>
<td></td>
</tr>
<tr>
<td>B. Borooah Cancer Inst.</td>
<td>1973</td>
<td>30912</td>
<td>1314</td>
<td>165</td>
<td>2641</td>
<td>12303</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satribari Christian H.</td>
<td>1926</td>
<td>14047</td>
<td>6196</td>
<td>1326(Major &amp; Minor)</td>
<td>36916</td>
<td>1470</td>
<td>210</td>
<td></td>
</tr>
<tr>
<td>Downtown hospital</td>
<td>1989</td>
<td>35083</td>
<td>6967</td>
<td>2661</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GNRC</td>
<td>1987</td>
<td>26045</td>
<td>4322</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sankardeva Netralaya</td>
<td>1994</td>
<td>57000</td>
<td>4702</td>
<td>8258</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swagat Hospital</td>
<td>2000</td>
<td>1938</td>
<td>1035</td>
<td>819</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Base year for Swagat is 2002

6.3.1 Aggregate OPD Turn Out

The figures reveal that GMCH recorded total 281102 OPD cases in the year 2000. Down town hospital recorded 35,083 cases whereas GNRC recorded 26045 cases as OPD patients in the same year. BBCI had seen total 30912 OPD cases in the year 2000. A middle range hospital like Swagat had seen around 2000 cases in the year 2002. (Swagat is more or less uni-specialized in laparoscopic surgery.) Satribari
Cristian Hospital- which is multi-specialized, had seen 14047 cases in the year 2000. Sri Sankardeva Netralaya had seen total 57,000 OPD cases.

Mahendra Mohan Choudhury Hospital- a multi-specialty hospital with 350 bed capacity, for which statistics could not be collected, must have seen not less than 40,000 OPD patients in a year.

Field survey reveals that middle range multi specialty hospital records at least 50-70 OPD patients a day. If 50 is taken as the average figure and the working days in a month is calculated at 20 then the monthly turn out will be around 50X20= 1000. As mentioned, there are around 50 middle range hospitals in the city. So, approximately the OPD turn out in a month will be 1000X 50=50000. So, yearly OPD turn out in the middle range hospitals will be 50,000X 12= 6,00,000.

But, there has been no documentation on the number of doctors engaged in private consultancy and the patient turn out to these chambers. However, even if we take a very conservative account of the number of private consultancy outside the Nursing Homes and Public Hospitals, it will cross 400 in the city. This is based on very preliminary survey of number of private chambers in some locations in Guwhati like Panbazar, Ganeshguri etc and the necessary multiplication/calculation based on that. The number is increasing every day. As stated, the number of patient turn out to some of the private chambers crosses 50. Even if the average number is taken at 10, then per day patient turn out to private chambers will be 400X 10= 4000. If, the Sundays, holidays and unwarranted Bandhs are excluded and the working days in a month is calculated as 20 then per month patient turn out to the private chambers will be 4000X 20= 80,000. Accordingly the patient turn out to the private chambers in a year will be 80,000X 12= 9,60,000.

Let us find out a very rough and conservative aggregate of OPD turn out in the City.
2,80,000 (GMCH) + 30,000 (BBCI) + 40,000 (MMCH) + 28,000 (International)\textsuperscript{11} 
+ 35,000 (down town) + 26,000 (GNRC) + 55,000 (SSN) + 6,00,000 (all middle 
ranged hospital) + 9,60,000 (consultancy at Private Chambers). The sum total comes 
at 20,54,000. (Approximately 20,00,000)\textsuperscript{12}

6.3.2 Aggregate IPD Turn Out
The analysis of the figures given in the table reveals that there has been variation in 
number of IPDs in a year against per hospital bed in different hospitals. For example 
GMCH accommodated 25.27 patients against every hospital bed in the year 2000. In 
the same year Satriabari Christian Hospital accommodated 40 patients against per 
hospital bed. In case of BBCI the number stands at 15.45 whereas in case of 
International hospital it is 43.2. Like wise the IPDs in down town hospital against per 
bed is 34 and in case of GNRC it is 27.88. For Swagat it stands at 24.66. The average 
is 35 in-patients against per hospital bed. There is no accurate estimation of hospital 
bed capacity in the City as every year new private hospitals have been added. 
However, a rough estimate reveals that there are approximately 4000 hospital beds in 
the city. If 35 is calculated as the average yearly turn out against per bed than total 
IPD turn out comes at $4000 \times 35 = 1,40,000$

The aggregate OPD and IPD turn out also reveals that the OPD turn is around 14 
times higher than the IPD turn out.

6.4.1 Decadal Growth Rate of Out Patient in Select Hospitals- Higher Turn Out 
in Private Hospitals
A rough idea of the decadal growth of outpatient to the city could also be worked out 
by looking at the decadal growth rate of out patients in the hospitals mentioned above.

In case of GMCH between the year 1992 and 2001 the OPDs recorded were 274026 
and 265972 respectively and it shows a 6.58% decadal fall of OPD turn out. In case of 
BBCI, in the year 1990-91, the OPD recorded was 3749 and it increased to 5657 in

\textsuperscript{11} International Hospital is a leading private hospital and its patient turn out is very high. So, the figure 
of International Hospital has been shown differently.
\textsuperscript{12} The figures have been rounded off.
the year 199-2000 i.e. 50.89% growth in OPD turn out in the decade. In case of Satribari Christian Hospital too there was a decline in OPD turns out from 17125 in 1991 to 14047 in 2000 i.e. a decadal fall almost at the rate of 18%. However, in case of leading private hospitals the growth rate was very high. For example, in down town hospital the recorded OPD in 1991 was 23480 which increased to 35083 in the year 2000 i.e. growth at the rate of 49.41%. In case of GNRC it is even higher. In the year GNRC recorded OPD turn out at 11149, which increased to 26045 in the year 2000 i.e., decadal growth of OPD turn out at the rate of 133.60%.

In case of SSN (established in the year 1994) in the year 1994 the OPD (fresh) was recorded at 1665 that increased to 22702 in the year 2003 i.e. a decadal growth at the rate of 1263.48%.

The analysis reveals that there has been higher turn out in the private hospitals than in the public hospitals except for BBCI. This is basically due to the absence of any private hospital adventuring in Cancer treatment. Till date BBCI remains almost the single point of destination for cancer treatment.

6.4.2 Decadal Growth Rate of Indoor Patients in Select Hospitals- Private Hospitals Moving Fast

In the year 1992 GMCH admitted total 34374 Indoor patients which increased to 41448 in the year 2000 i.e. decadal growth at the rate of 20.57%. BBCI admitted 751 indoor patients in the year 1990-91 which increased to 1314 in the year 1998-99. (Year 1999-2000 records 11314 indoor patients, which is extraordinarily high and so was not taken for analysis) The growth rate in 9 years was 74.96%. Satribari Christian Hospital admitted 6643 indoor patients in the year 1991 which decreased to 6196 in the year 2000 i.e. decadal fall at the rate of 6.72%. down town hospital admitted 3025 patients as IPD in 1991, which increased to 6967 in the year 2000 i.e. a decadal growth at the rate of 130.31%. GNRC recorded 1207 IPD cases in the year 1991 which went up to 4322 in the year 2000 i.e. decadal growth at the rate of 258.07%. SSN conducted surgery of 1921 patients in the year 1995 (in 1994 SSN conducted
only 23 surgery which is too low, so it has not been taken for analysis) that went up to 4430 in the year 2003 i.e. a decadal growth at the rate of 130.60%.

These figures also reveal a faster growth rate of IPD in private hospitals than in the public hospitals.

6.5 Demographic Profile of the Patients

As stated, Guwahati has been a health care destination not only for the population of the state or of the region. Leading hospitals of Guwahati have attracted patients from different parts of the country as well as from the neighbouring countries like Bhutan, Bangladesh, and Myanmar etc.

All hospitals do not maintain the demographic composition of the patients in a proper and easily accessible manner. For example, the present researcher could not collect the demographic profiles of the patient turn out in GMCH. Besides, all hospitals do not maintain extensive disaggregated demographic profiles of the patients. Some of the hospitals provide only indicative percentage and only a few hospitals provide it in numbers. BBCI provides both statewide as well as district wide demographic profiles of the patients. However, no other hospital provides the profile in such an extensive disaggregated manner.

In the year 1999-2000 out of the total patient turn out (3956) to B. Borooah Cancer Institute 84.35% (number- 3337) were from the State of Assam; 4.75% (188) from Meghalaya; 1.44% (57) from Manipur; 3.03% (120) from Nagaland; 2.62% (104) from Mizoram; 2.19 % (87) from Arunachal Pradesh and 1.18% (47) from Tripura; 0.30% (12) from other states and 0.10% (4) from Bhutan.\textsuperscript{13}

B. Borooah cancer Institute also provides the demographic composition of the patients within Assam. Out of the total patient turn out (3337) to BBCI from different districts of Assam, the patient from Kamrup (978) constitutes the highest i.e. 29.30%. The nearby districts also share a bigger percent. Nalbari constitutes 7.94% (265 number)

\footnote{\textsuperscript{13} Demographic composition of the patients in tabular form is available in Annexure XI-A}
and Barpeta constitutes 7.97 (number 266). Nagaon constitutes 10.99% (number 367). This is due to geographical proximity with Guwahati City.

**GNRC** sources reveal that the geographical spread of its patients are as follows:

**Table 6.2 Demographic Distribution of GNRC Patients**

<table>
<thead>
<tr>
<th>Region/State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>From Assam</td>
<td>60%</td>
</tr>
<tr>
<td>From neighbouring State</td>
<td>25%</td>
</tr>
<tr>
<td>From neighbouring countries</td>
<td>15%</td>
</tr>
</tbody>
</table>

**down town hospital** profile states that right from the inception the hospital has succeeded in establishing a status as a referral hospital for the patients of the entire region including the neighbouring countries. An indication of this can be drawn from the sample data of the year 2002.

**Table 6.3 Demographic Distribution of Patients of down town hospital**

<table>
<thead>
<tr>
<th>Region/State</th>
<th>Number of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assam</td>
<td>27651</td>
<td>71.85</td>
</tr>
<tr>
<td>Meghalaya</td>
<td>2538</td>
<td>6.59</td>
</tr>
<tr>
<td>Manipur</td>
<td>5343</td>
<td>13.88</td>
</tr>
<tr>
<td>Nagaland</td>
<td>688</td>
<td>1.78</td>
</tr>
<tr>
<td>Mizoram</td>
<td>370</td>
<td>0.96</td>
</tr>
<tr>
<td>Arunachal Pradesh</td>
<td>1609</td>
<td>4.18</td>
</tr>
<tr>
<td>Bhutan</td>
<td>96</td>
<td>0.24</td>
</tr>
<tr>
<td>Tripura</td>
<td>177</td>
<td>0.45</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>0.01</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>38479(^{14})</td>
<td>100</td>
</tr>
</tbody>
</table>

**Sri Sankardeva Netralaya** provides the demographic outreach of the hospital since its inception. It has reached out almost all states of India and the neighbouring countries like Nepal, Bhutan and Bangladesh. Besides, every year SSN's demographic outreach is increasing. Annexure Table IX-C under Annexure IX provides the decadal figures of demographic composition of the patients of SSN. In the year 2004, SSN attracted patients from Arunachal Pradesh (287); Assam (18713); Bihar (195); Himachal Pradesh (14); J & K (25); Manipur(570); Meghalaya (1785); Mizoram (405); Madhya
Why has there been such a wide demographic distribution of patients who come to Guwahati for treatment? This is due to various factors that have already been mentioned. The following section elaborates the important factors behind this wide demographic distribution of the patients treated in Guwahati City.

6.6 Health Care Infrastructure in Guwahati City

Guwahati provides well-equipped health care infrastructure both in the leading public health care institutes like GMCH or BBCI as well as in the leading private health care institutions. Highly qualified health professionals man these institutions. Many leading hospitals do have the provision of visiting faculties from leading health care institutes of the country. Almost all important and emerging specialized treatment is available in Guwahati City. 24 hour emergency care is also another important dimension that ensures easy access to the hospitals. Whereas, the public hospitals, including GMCH, have been facing problems in running the emergency wards, but the private hospitals are more or less well equipped for emergency care. A patient enjoys wide ranging option of treatment in different hospitals and the City also provides different level of care to the different social strata. Whereas the rural health care institutions, even the health care institutions at the district head quarter levels are marked by the absence both of essential health care equipments and qualified health personnel, Guwahati, in contrary, consolidates the both. Some specialized, or super specialty areas of care like treatment of cancer or cardiological/neurological treatment is available only in Guwahati City.

Almost all hospitals have both pathological and radiological laboratories as well as operation theaters. All private hospitals- big and small- has at least one Operation Theatre. So, for a surgery one need not be in the queue for long.

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14 This figure does not match either with the OPD/IPD or Surgery figures.
19 Figures in the brackets indicate the number of patients.
Almost all middle range private hospitals provide a range of specialty treatment and is equipped with minimum infrastructure and qualified health personnel. Almost all private hospitals provide diagnostic facilities and OPD & IPD care. Let us see the infrastructure of a few middle range private nursing homes that can be model representation for the other middle range hospitals.

**Good Health Hospital**

Established in the year 1996 and equipped with 33 hospital beds, this multi-specialty hospital provides:

1. **Specialized services** in Obstetrics and Gynaecology; Paediatrics and Neonatology; ENT; Medicine; Surgery including Endoscopy; Plastic and Reconstructive Surgery; Anaesthesiology and pain clinic; Orthopaedics Pathology; Radiology and Imaging; Gastro-enterology with latest fibreoptics endoscopy.

2. **OPD & Indoor facilities**

3. **Specialized Clinic**: Infertility Clinic; Ante-natal and Post-natal clinic; Child Health and Immunization Clinic; Deaf Clinic with digital audiometer; Pain Clinic for Scientific management of chronic and cancer pain; High risk baby clinic for mentally retarded babies; Cancer detection clinic.

4. **Emergency Management Wing for**: Maternity; Medicine; ENT; Paediatrics and other emergencies

5. **Maternity Wing With**: Ante-natal observation ward; Labour Observation Ward and Labour Room

6. **Neonatal Intensive Care Unit For High Risk Newborn with**: Thermostatic control of room temperature; Digital Servo Control dual mode sensor electronic solid state baby incubator; Photo therapy unit with cooling; Ventilatory support with oxygen; Digital servo control dual sensor electronic solid state Neo-natal resuscitation unit.

7. **Diagnostic Facilities**: X-ray with spot film device; Portable X-Ray; Ultra sound Scanner with conventional and trans vaginal probe; Biochemistry; Microbiology; Computerized ECG with three channel facilities; Portable ECG; Latest Fibre optics GI Endoscope

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*Brochure of Good Health Hospital (2003) Guwahati*
8 Patient Monitoring Facilities: Cardiac Monitor with Defibrillator; Bed side Monitor; Pulse Monitor; Oxygen Monitor; Antenatal and intra-natal electronic foetal monitor; Glucotrend Alfa for instant blood glucose monitoring; Multi parameter life scope.

9 Major Facilities includes: Fully air conditioned Modern operation theatre for major and minor surgeries; Laparoscopic surgery; Orifacial surgery; Gynaecological Laparoscopy, Diagnostic and Operative; Therapeutic endoscopy including ERCP; Harmonic Scalpel (Ultrasonic) for minimizing Tissue Trauma and blood loss during surgical procedure; Orthopaedic surgery under IITV with specialized orthopaedic table; World Class C-Arm with 9 inch image intensifying screen, latest high frequency X-ray generator and Digital Image Processor; Cardiac Pace-making; Post anaesthetic care with ventilatory support; Recovery ward with Intensive Care Unit (ICU)

10 Other facilities: Pharmacy; Canteen; Ambulance; Scientifically Treated hot and cold water.

Sanjevani Hospital

Established in the year 2004 and equipped with 50 hospital beds, Sanjevani Hospital-a modern multi specialty hospital- has the following facilities:17

Diagnostic Facilities: Computerized Pathology Laboratory; X-Ray; CT Scan (in pipeline); Cardiological ECG, Defibrillator Monitor, TMT 6 Channel Holter Analyzer, Echo Cardiography; Ultra Sonography- 3 D Digital Whole Body Colour Doppler Ultr Sound Imaging System with 4 Probes; Video Endoscopy and ERCP; Digital EEG; Histiopathology and Cytology; Infertility Mangement; Foetal Medicine: Anomaly Tripple Test; Fully Automatic Electrolytes and Gas Analyser; Laparoscopic Investigation

Indoor Patient Department:
• 50 bedded indoor hospital with central oxygen and suction line

17 Sanjevani (2005) Published by Sanjevani Hospital, Maligaon Guwahati
• 6 bedded state of the art ICU, with central monitor, ventilator, central oxygen, suction and compressed air line
• 2 Major Operation Theatres, 1 Minor and 1 CS operation theatre for open surgical procedure, with central oxygen, suction, nitrous oxide & compressed air line
• 2 bedded recovery unit with bed side multi channel monitoring
• 3 bedded neonatal ICU

Outpatient Departments: Medicine; Cardiology; General Surgery; Obst. & Gynaecology; Paeditrics and Neonatology; ENT; Orthpaedics; Opthalmology; Surgical Gastroenterology; Neurology; Dermatology; Nephrology; Haematology; Urology; Psychiatry and Burns Plastic & Maxillo facial surgery

All middle range hospitals do have a few resident doctors, a number of nurses and other staff. But, most of them do not have full time specialized doctors or even if they do have, the number is very few. So, for specialty treatment, most of the middle range hospitals are dependent on floating doctors- both private practitioners as well as doctors from public hospitals like GMCH or MMCH. A good number of reputed retired doctors now serve in most of the private hospitals in Guwahati City.

Gauhati Medical College & Hospital is now plunged into different kinds of crises due to mismanagement and financial constraint. But, despite these crises this hospital is equipped with the art of the knowledge of advanced health care. GMCH is the only institute that represents the presence of all multi-specialty and super specialty health care facilities in a single institute. With relatively reasonable charges compared to very expensive private health care establishments, GMCH still remains the last destination for a huge population of the state and the region. The best health professionals in different critical field of health care are still in the GMCH and the average as well as leading private health establishments in the city is still dependent on GMCH in different fields of critical care.

BBCI is the only institute of its kind in the region. It has huge potentialities in its own field of treatment.
According to the 2003 Profile of the Institute, the Institute is specialized in Radiation Oncology; General Surgical Oncology; Gynecological Oncology; Head and Neck Surgical Oncology; Pathology and Bio Chemistry; Medical Oncology; Anaesthesiology; Radiology and Nuclear Medicine and Medical Research. The hospital is has adequate and qualified staff to provide service in those specialty and is being supported by necessary modern equipments. However, it is the leading private health care institutes that have moved faster in terms of both man and material infrastructure.

Let us look at the infrastructure in GNRC; down town hospital and SSN.

GNRC has three important segments: Institute of Neurological Sciences; GNRC Heart Institute and the Institute of Critical Care.¹⁸

Institute of Neurological Sciences, established in 1987 has grown into one of the largest Neurosciences unit in the country. It runs various departments related to specialty of Neurosciences.

GNRC claims that its Institute of Neurological Sciences is one of the best and most competent neurology units in the country and it is equipped to cope with the most complex neurological problems. The unit has a 37-bedded Intensive Care Unit managed by a dedicated Team of Neurologists and Intensivists. Facilities for EEG, EMG, Nerve condition and Evoked Potential studies are also available.

Facilities at a glance:
(a) 40 bedded Neurology Ward.
(b) Stroke Unit.
(c) Daily Out patient facility including Sunday/Monday & evening Clinics.
(d) Epilepsy Clinic.
(e) Headache Clinic.
(f) Movement Disorder Clinic.

¹⁸ All information on GNRC from A Profile on GNRC, 2003
(g) Muscle and Nerve Clinic.
(h) Stroke Clinic.
(i) Neurophysiology: EEG/EMG/VIDEO EEG
(j) Neuro psychiatry clinic,
(k) Clinical psychology.

To run this Institute GNRC has its own efficient health personnel having long experience in the field medical practice and research. Besides, GNRC brings experienced and renowned faculties in Neurology from other leading institutes like PG institute of Medical Education and Research, Chandigarh; AIIMS, New Delhi; NIMHANS, Bangalore etc. Neurosurgery, a part of the Institute, performs the critical procedures like Vascular Surgery, Spinal Surgery, Anterior Cervical Microdisectomy, Stereotactic Surgery, Craniotomy, Skull base surgery, Peripheral Nerve surgery etc. has the facilities of two ultra modern operation theatres, Zeiss Operating Microscope, Image Intensifier with intra operative digital subtraction facilities (DSA), CT guided Stereotactic surgery etc. For this surgery also they bring senior and renowned faculties from AIIMS, New Delhi or CMC, Vellore.

GNRC Heart Institute was established in 1997 with the collaboration of Madras Medical Mission, Chennai. The Cardiovascular and Thoracic Surgery (CNTS) unit of the Institute became operational in 1999. GNRC Heart Institute has ushered in an era of competent services for cardiac ailments, and the best possible men and machines have been brought within the reach of the region. This unit is capable of handling all types of cardiac problems including cardiac emergencies. The unit has a dedicated Intensive Coronary Care Unit with 22 beds. The facilities available are Non-invasive cardiac Lab., Invasive Cardiac Lab., Temporary and Permanent pacemaker Implantation, ICU, Cardiac Operation Theatre & Post-operative ICU etc. This CVTS unit is being served by a group of experienced doctors of GNRC’s own and also visiting faculties from AIIMS, Batra Hospital, New Delhi, Madras Medical Mission, Apollo Indrapastha Hospital, New Delhi, Guwahati Medical College and Hospital and Assam Medical College and Hospital, Dibrugarh.
The Departments of Radiology & Imaging, Pathology and Microbiology, Blood Bank as well as physical medicine & Rehabilitation are also well equipped as per the statistics of GNRC.

*Institute of Critical Care*, established in 2001, has under it the departments of Trauma Centre, Emergency Medicine, Medical Toxicology, Respiratory Care Unit, Acute Renal care Unit, Orthopaedic, Surgical Gastroenterology, General Surgery and Plastic, Cosmetic and Reconstructive Surgery. The Intensive care Unit (ICU) of this Institute is an ultra modern one, competent of managing any emergency, at par with the best in the country.

GNRC is the leading hospital in the Northeaster Region importing very sophisticated technology both for diagnostic and treatment purposes. A separate unit on penetration of high technology in the health care sector will highlight on this issue.

down town hospital\(^9\) provides diagnostic services in Radiology and Imaging and Pathology. Radiology and Imaging is equipped with the facilities of Ultrasound, CT Scan, 3D Colour Doppler, Computer Stress Test (CST), Bone Mineral Densitometry (BMD) along with all types of X-Ray facilities. Down town hospital is the first one in the Northeast to install *Multi Slice Helical CT Scanner*. Department of Pathology has also the facilities of fully automated analyzer, blood gas analyzer, blood bank, enhanced chemiluminescence analyzer, HIV and Hepatitis profile and capable of performing the special tasks like Oncology, Thyroid, Cardiac, Reproductive Fertility, Metabolic and Metabolism. Other diagnostic facilities include the Department of Audiology equipped with the facilities of digital audiometers, impedance audiometry, evoked response audiometry etc.

The hospital has 6 fully equipped, centrally air-conditioned spacious operation theatres with central gas and suction line in the main OT complex structured as per OT Complex guidelines; 3 other major and minor OT’s in the annex building; Anaesthetic ventilators; Multi-channel Invassive & non-invasive monitor;  

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\(^9\) All information on down town hospital from *A Profile of down town hospital, 2003*
Defibrillators. This hospital has also the other facilities like Surgical ICU, Neuro Center, Cancer Detection center, Dialysis Center etc.

down town hospital is equipped with highly qualified health personnel trained in and outside the country. Every unit of the hospital- for example Radiology & Imaging Department; Department of Pathology; down town Cancer Detection Centre; Institute of Orthopaedics and Physiotherapy etc.- has its own equipments and a list of qualified health personnel. It also provides ambulance services and has established outlets in different parts in the region.

Sri Sankardeva Netralaya20, established in the year 1994, is engaged in ophthalmological treatment in this region. The hospital has the following facilities:

1. Comprehensive eye examination with up dated instruments
2. Special clinics for infective diseases of eye, Retina, Galucoma, Squint, Contact lens, Ocular injury, Ocular Tumour, Corneal disorders, Vitroretinal disorders etc.
3. Microsurgery for Cataract, Glaucoma, Intraocular, lens implantation, Squint, Adnexal, and Oculoplastic problems, malignant intraocular and adnexal problems
4. Special investigations viz. Ultrasonography (Diagnostic B scan A Scan and Biometry), Autoperimetry, Flourescein angiography and documentation photography etc.
5. Retina Surgery, Pneumoretinopexy, Scleral Buckling etc.
6. Vitreous microsurgery- full range viz. Pars plana vitrectomy Endolaser, Membrane surgery, Retinitomy and facility for C3F8, SF6 LPFC & silicon oil
7. Laser treatment facility (Diode, Argon, Nd Yag) for after cataract, Glaucoma, Diabetic retinopathy and other medical and surgical retinal problems including retinal detachment and retina peripheral degenerations etc.
8. General anaesthesia under constant monitoring and facility resuscitation.
9. Cryosurgery for retinal diseases and Glaucoma

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20 All information from A Brief Report on Sri Sankardeva Netralaya, 2005
SSN is equipped both with trained ophthalmologists and technology to perform various OPD and IPD procedures related to ophthalmologic problems. Recently SSN has also launched an eye bank in collaboration with NGOs in the region. Apart from SSN, a good number of private eye hospitals have come up in the city. Besides, almost all public and private hospitals have specialty in Eye Care and Treatment.

Infertility treatment and human reproduction is another domain where private hospitals have taken huge interests. Many hospitals like downtown hospital, international hospital or good health hospital have developed infertility clinic with necessary health personnel and equipments. A few hospitals like Goenka Nursing Home, Marowari Maternity Hospital, Guwahati Maternity Home (earlier known as Good Friends Hospital) are uni-specialized in Obstetrics and Gynaecological treatment. Gynaecological laparoscopic procedures are performed by many hospitals. Goenak Nursing Home is specialized in human re-production and it calls itself as Institute of Human Re-production (IHR). The rate of Caesarean Cases are also very high in the city hospitals and of late the number of CS cases are surpassing the cases of normal delivery except in case of a few hospitals like Satribari Christian Hospital and Marowari Maternity Hospital.

Dentistry, of course, is in a peripheral position in comparison to other specialties. Although, most of the public and private hospitals have specialty treatment in dentistry and a good number of private chambers of dentists have already come up in the city, however, apart from the Regional Dental Collage attached to the Gauhati Medical College Hospital, no private dental hospital has been established in the city.

In other words, today there is no dearth of qualified doctors and hospital infrastructure in Guwahati City, particularly due to the proliferation of private hospitals/diagnostic centers in the City. Penetration of high and latest technology has enriched the health care infrastructure in the city.

6.7 Penetration of Technology in Healthcare in Guwahati City
Consolidation of technology in the health care sector has been very dominant in the post-liberal phase in India. This has been intensified with the increase in profit once
the government reduced duties on import of high-technology medical equipment and other appliances. Data on the value of imports of a variety of medical equipment and radiological apparatus shows a steady increase from 1976 and a fairly steep increase from the early eighties onwards.  

As far as the case of Assam in general and Guwahati City in particular is concerned, aggregate figures are not easily available or no systematic and comprehensive work has been done on the penetration of technological equipments in the health care sector. However, almost all middle range private hospitals in the city have the technology like X-Ray & Portable X-Ray; Ultra Sound Scanner; Computerized ECG; Portable ECG; GI Endoscope; Computerized Pathology Laboratory; CT Scan; Cardiological ECG, Defibrillator Monitor; Holter Analyzer, Gas Analyzer, Echo Cardiography; Ultra Sonography; Ultra Sound Imaging System; Video Endoscopy and ERCP; Digital EEG etc. A field investigation in Guwahati City reveals that the leading private hospitals like GNRC, down town hospital, International Hospital, Swagat Endolaparoscopic Research Centre etc. have, apart from those equipments, more sophisticated technological equipments like MRI, Anaesthetic Ventilators; Multi-Channel Invasive & Non-invasive monitor and Defibrillators; IITV with C-Arm; Harmonic Scalpel etc.  

These technologies have been manufactured by leading Multinational Companies like Hewlett Packard; Gambro Health Care; Siemens; Datex Ohmeda; Carl Zeiss; Nova Biomedia; Marquette; Agilent Technologies etc.

These equipments are very costly. For example, an MRI without accessories costs 400 lacs. A CT Scan costs 100 lacs. Like wise, a Cardiac Monitor (Invasive) costs around 42 lacs, X-Ray Machine (Mobile) costs around 20 lacs. Blood Gas Analyzer costs

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22 Annexure X-A to X-G provide the lists of equipments and their costs of a few select hospitals in Guwahati City.
33000 US dollar. A Dialysis Machine (Prisma) costs around 7.5 and a Ventilator 900C costs around 40 lacs and Ventilator 300A costs 43 lacs. An operating Microscope costs 10 lacs. In other words, almost all private hospitals invest crores of rupees in technological equipments. For example, GNRC has 21 Nos of Cardiac Monitor (Invasive) and one such equipment costs 42 lacs. i.e. GNRC costs 882 lacs only in Cardiac Monitor (Invasive). It has another 11 such Cardiac Monitors (Invasive) costing 22 lacs per unit i.e. worth of 242 lacs.

It is believed that with the penetration of the world-class technology it has become easy, comfortable as well as less time consuming to diagnose and treat challenging diseases. Technological intervention has made it possible to reach out any internal micro organ of the human body that could not be reached by the application of mind of a doctor. It has also upgraded the very standard of health care comparable to any leading hospital in the country, which could not even be imagined, for example, 10-15 years back. The vision/ mission statements of many of the leading private hospitals clearly states that one of their important objectives behind the establishment of the hospitals have been to open the world of health care to the latest, sophisticated and world class technologies.

However, the question that a social scientist need to ask is: can these equipments really help in accurate diagnose and safe and speedy treatment of diseases? This question is important because there has been an unwarranted romanticization about the capacity technology in the health sector. Technology has virtually assumed an autonomous role- devoid of humane control. A sense of total dependence on technology is under consolidation. Technology is no longer the facilitator; it has assumed a determining role. This dimension has been analyzed separately.

6.8 Right to Health Care in Guwahati City
The comprehensive documentation on available facilities, technology and qualified health care personnel in Guwahati City reveals that the city is more or less at par with the leading metros in the country as far as health care infrastructure is concerned. However, the existence of a health care infrastructure does not necessarily fulfill
people's right to health care. Besides, the notion of infrastructure itself is debatable once one looks at it from a wider perspective or holistic perspective. For instance, a hospital may be equipped with qualified health personnel or technology but may not provide adequate facilities for food to be served to the patient or to the attendants. The attached canteen may or may not provide nutritious food as desired. The same may be true in case of medicine too. If there is no quality surveillance on the medicine sold by the pharmacies around the hospital and they are engaged in selling fake medicine, as is happening in Guwahati today, the infrastructure cannot be claimed to be good.

Apart from these technical dimensions, the discourse on right involves a variety of other issues that the current neo-liberal discourse on development has virtually ignored. The issue of fair and universal affordability and accessibility are two such important issues. This dimension will invite a fair and universally applicable social control mechanism and so this mechanism of social control will also be a part of the discourse on right. In an age of technological revolution and experience with excess intervention of technology having huge negative fallouts, social mechanism of controlling technological intervention and laying down rules and ethics of rational use of technology will also be a part of the discourse on right. This is very important particularly in the discourse on right to health.

A critical discourse on right to health care in Guwahati City reveals that despite the huge health care infrastructure, the City is far away from fulfilling people's right to health care. People's right to health care has been violated extensively in the city. The City has emerged as a centre of profiteering over people's distress. The ethical and moral dimensions are very weak and there is virtually no social control mechanism in controlling use of technology and charging the patients for treatment. The holistic dimension of health care is totally lagging. The private health care establishments- in contrast to the highly claimed rationality of market theory- is not at all transparent and competitive. In other words, the health care system in the city is engulfed by huge deficiencies hindering people's right to health care in multiple ways. The important dimensions of the deficiency can be discussed as below:
(a) Flaws in private Consultancy
(b) Technological Consolidation and 'False Health Security'
(c) Negligence towards the Public Health Care Institutions
(d) Fragmented Approach to Health
(e) Inadequacy and limitation of the Health Care Establishment Rules
(f) Problems arising out of Floating Doctors
(g) Cost of Health Care Expenditure- Public Vs. Private

All these issues need not be discussed separately as some of the problems are very much interconnected. For example, discourse on technological consolidation and 'false health security' will cover the dimension of fragmented approach to health.

6.8.1 Flaws in Private Consultancy

As stated, the number of patient turn out in the private chambers in Guwahati City is very high. The rough estimate cited above suggests that there are at least 400 such private consultants in the city and aggregate yearly patient turn out to these chambers is around 9,60,000.

This private consultancy has lot of flaws. First of all, there is hardly any rule of registration for the patients. As a result, most of doctors charge fee for every return visit, even for verifying the investigation reports. Secondly, there is no limit of number of patients that a doctor will see in an hour. At many instances, the doctor pays maximum five to seven minutes to a patient. This has generated different sorts of problems with huge negative fallouts. Both diagnosis and treatment has become technology dependent. The doctor, rather than applying the mind or taking stock of the history of the diseases and other related developments, prefers to send the patient to a diagnostic centre with a long list of investigation. In other words, basing on the symptoms revealed by the patients the doctor remains inconclusive about the disease and so prescribes for a long list of investigation. This benefits both the doctor and the diagnostic centre, however, at the cost of the resource and health of the patient. The symptom-centric approach to treatment has emerged as a very dangerous tool of exploitation. The real objectives and consequences of it have been dealt differently.
There has also been no uniform fee pattern for private consultancy and it ranges from Rs. 100.00 to Rs. 200.00, or more than that depending on the reputation of the doctor concerned. The private consultancy does not fall under the rules and regulations of the Health Establishment Act 1993 and Health Establishment Rules 1995.

The other dangerous trend has been the proliferation of specialized-centric consultancy. The integrated public health care system had a hierarchy starting with the health sub-centres and passing through primary health centers and specialized state hospitals and ultimately ending up in the tertiary health care system- the medical college and hospitals. This system provided the opportunity of first consulting general physicians and then moving to specialized health personnel. However, under the private health care establishments and particularly private consultancy system the very notion of general physician has virtually been eliminated. So, a patient gets confused when he/she suffers from a disease- for example headache, which may be due various factors and may fall under the jurisdiction of the department of medicine, ENT, Neurology or gastro-enterology. In the absence of general physician to consult with to which direction to move, the patient, on his/her own, moves to any specialized branch. At many instances, the doctors will not leave a patient even if it does not fall under his/her area of specialization. However, under an integrated system, for example in Christian Medical College (CMC), Vellore, even if a patient approaches a specialized doctor, the doctor after recording the history of the disease refers back to another doctor under whose discretion that particular disease may fall. Centralized record keeping system is another advantage in CMC. That is not possible under private consultancy and even not available in public & private health care institutions in the city. So, the gross outcome has been a directionless health care system, where, at many instances, the patients are converted into guinea-pigs.

There are some other significant dimensions, which invite serious research. Indian Systems of Medicine (ISM) like Ayurvedic or Homeopathy has been a low priority in India as a whole. This is evident in terms low priority given to this system in the budgetary allocation by the successive governments. This is true in case of Assam.
too. With the Government Ayurvedic College, established in the year 1948, Assam produces a good number of Ayurvedic doctors every year. Currently, due to the various side effects of allopathic treatment, Ayurvedic and other alternative systems of medicine are gaining popularity in different parts of the world. But, in case of Assam in general and Guwahati in particular, one witnesses the ironic phenomenon of Ayurvedic practitioners practicing allopathic medicine either in private chambers or even in private Nursing Homes.23

6.8.2 Technological Consolidation and ‘False Health Security’

As stated, Guwahati has recorded the concentration of high technology, particularly after the establishment of a good number of multi-specialty & super specialty private hospitals and diagnostic centers in the city. The magnitude of technological penetration has been stated above. The lists included in the Annexure X provides the lists of technology in a few leading hospitals (both public & private) in the city. One of the important reasons behind the huge inflow of patients to the city for health care has been the availability of world-class technology in the health care sector in the city. However, the day-to-day experience of the people with this technology-led health care system has already generated skepticism and apprehension about the capacity of technology to diagnose and cure diseases. This is yet to be proved with substantive empirical evidences. But, skepticism and apprehension is already under consolidation and this is certainly not without reasons.

Is technology really a solution or itself a disease in the health sector?

The real outcome of use of technology in the health sector has been a point of debate in the recent past. Andrew Kimbrell in his Human Body Shop: Engineering and Marketing of the Human Life (1993) focuses on an ugly story of marketing and profiteering over human organs made possible by unprecedented development in science and technology. He writes: “a whirlwind of advances in various biological technologies has created a boom market in the body organs and fetal transplantation, reproductive technologies, and genetic manipulation that have made body parts-
small amounts of our tissues—extremely valuable. Trade in human parts is becoming a worldwide industry.” Richard Levins (2000), an expert of the US health sector, informs that today the US has more MRIs and more CT scan machines and more dialysis machines than most other European countries do have. But, the health security record of the US is relatively inferior in comparison to many European countries. Why is it so? Levins suggests that it is due to the fact that medical decisions in such a situation is not always taken on medical ground. For example, once a hospital buys an expensive machine it just cannot sit idle. “You cannot allow an MRI machine to sit idle in hospital, so doctors are encouraged to use it if only to amortize the institution’s investment.” In India too, the use of technology in the health sector has not been a very good experience. In an investigative Report, published in Tehelaka, titled Prescription Scam; Your Doctor Could Be Bleeding You (Tehelka 2004 April 28), Aman Khanna, a Tehelka journalist (who took up the job a representative in two Diagnostic Centres in Delhi to unravel a flourishing malpractice in which big bucks bind corrupt doctors and greedy businessmen) informs that each time a doctor refers a patient for a Scan or a Test to particular diagnostic centre, chances are the doctor is getting a fat commission from there. “Government hospitals and dispensaries, private hospitals, and individual practitioners big and small—doctors everywhere getting fat envelopes under their tables courtesy prescriptions they write to diagnostic centers.”

As stated, Guwahati also witnesses concentration of world-class technological equipments in the health sector. These technologies, at many instances, have helped in easy diagnosis and speedy treatment of diseases. However at many other instances it generated a sense of ‘false health security’. Why is this a ‘false security’? This is due to various reasons. First of all, technology can provide only fragmented views about the order or disorder of the human body. But, human body is an organic whole and so, mere act of interrelating the fragmented views derived through the intervention of technology cannot provide a true picture about the order or disorder in the human body. Of course, technology can be a facilitator in reading the human body but, it cannot truly determine the actual functioning of the organic human (whole) body.
Besides, there is no guarantee that the technological consolidation is in the right direction. For example, as is evident in case of Guwahati City today, Intensive Care Unit (ICU) has become a status symbol for almost all private hospitals. This is, of course, necessary to treat very serious cases. However, most of the ICUs are not well equipped. For example, ICUs in many hospitals do not have bedside echocardiograph, which is, however, essential to treat any serious patient. Bedside dialysis is also a must in an ICU. In no hospital in Guwahati city this ‘whole some arrangement’ is available- even in the super specialty hospitals providing tertiary care. On the other, all super specialty hospitals are not equipped with the essential in-house and full-time super specialists like nephrologists or cardiologists. They are dependent on ‘floating’ nephrologists or cardiologists. This is a dangerous situation as only very serious patients are put into ICU and lack of balanced combination of technological and human inputs may result in unexpected catastrophe.\textsuperscript{24}

Another contentious issue is that has emanated from technological consolidation is the Master Health Check Up. With the penetration of world-class technology in a city like Guwahati, there has been a euphoria that a regular master health checks up can ensure everybody his/her physical well-being. A few private health establishments in the Guwahati city like down town hospital today has come up with packages of master health check up and are aggressively campaigning for this.

There are five different forms of health Check Up in down town hospitaal. These are Economy Health Check Up; Executive Health Check Up; Executive Health Check Up for Women; Master Health Check Up and Week-end Master Health Check Up. The rates are different for all categories of check up but certain percent of discount is given for all categories of health check up. For Economy Health Check Up the total package cost is Rs. 1200 and after 25 % discounts it comes at Rs. 850. The package cost of Executive Health check up is Rs. 2360 and after 30% discount it comes at Rs. 1650. The cost of Executive Health Check Up for Female is Rs. 3100 and after 35 % discount it comes at Rs. 2000. The package cost of Master Health Check Up is Rs.

\textsuperscript{24}This shortfall in technological consolidation has been pointed out by Dr. H.S. Borthakur, a specialist in Internal Medicine and one of the owners of Borthakur Private Clinic Hospital Ltd- the first multi-specialty private hospital in the city.
4650 and after 35% discount it comes at Rs. 3000. The package cost of Week-end Master Health Check up is Rs. 7000 but it is offered at Rs. 5000. There are around 10 common tests for all categories but for costly packages extensive tests are offered. The very common tests are Blood routine Examination; Lipid Profile; Liver Function test; Blood Sugar; Uric Acid; ECG; Chest Chest X-Ray etc.  

Hopefully, this notion of master health check up is not there in other parts of the world. This virtually defies the very ethics and basics of the notion of health check up. What is a health check up? It is a regular check up of the health and difference in age, sex, climatic conditions, food habits, and cultural practices, pre-check up diseases invite diverse check ups, and certainly not a uniform procedure applicable to all. But, the master health check up, becoming very popular these days, indulges in certain standard procedures, which may also provide a sense of ‘false security’.  

Obsession with specialty and super-speciality is also an important trend in the technology-led health care system. The outcome is dangerous. In a situation like Assam communicable disease constitutes the highest burden. For the treatment of such diseases we need more general practitioners than specialists and super specialists. However, no private hospitals in a city like Guwahati offers consultancy by general practitioners at the entry point. Rather, they are pushed to a ‘direction-less situation’ and one approaches a specialist basing on the speculated ground of the diseases. In such a situation, the patient is subjected to huge technological intervention in the name of determining the cause of the disease as well as to eliminate the possibilities of other diseases. Too much of technological intervention by too many of specialists ultimately lessens and at times eliminates the capacity of general resistance of a human being and he/she is converted into an all time patient. This, of course, is an objective of the profit orient health care system, which sustains on profiteering over people’s distress.

25 For You to Live Better a Health Check Up is a Must Every Year (2003) Down Town Hospital, Guwahati
26 Based on interaction with Dr. H.S. Borthakur
Authentic sources\textsuperscript{27} reveal that a doctor receives 20-25\% commission for sending a patient to a private hospital or diagnostic centre for tests. He also informed that some private diagnostic centre does a CT Scan free after every four CT Scans for the patient of a doctor who generally refuses to take commission. Some hospital or diagnostic centre, however, refuses to rebate the patient even if requested by a doctor with an apprehension that such practice will generate a demand to reduce charge of a particular test. They prefer to pay back the commission to the respective doctor rather than rebating a patient. A Retired Principal of GMCH, Dr. B. M. Goswami acknowledged that, although, he does not send his patients to a particular diagnostic centre and the patient himself/herself decides to which diagnostic centre he/she should go, he (the doctor), however, receives his commission from the respective diagnostic centre. So, a patient pays both for the test as well as for the commission to be paid to the doctors who prescribed for the test.

Some health practitioners, for example Dr. D. P. Goswami, owner of East End Nursing Home and the President of All Assam Non-Government Health Establishments Association, suggest that too much of diagnosis through technological intervention has become inevitable due to the \textit{Consumer Protection Act}. The breach of faith between the doctor and the patient, currently intensified by irresponsible reporting in some of the vernacular newspapers, also pushed the doctors to go in for unnecessary tests at many instances. In other words, a doctor may be brought under litigation for an act of negligence on his/her part. Being afraid of it, doctors adopt the strategy of eliminating possibility of any other disease, which forces them to go in for more tests. However, once we look at the number of litigations against doctors under Consumer Protection Act, the numbers are too little to substantiate the plea for more and more investigations.

\textbf{6.8.3 Negligence towards the Public Health Care Institutions}

People's right to health care in the city has also been threatened with growing negligence towards the public health care institutions. GMCH is a fitting example in this regard. There has been a threat from Medical Council of India (MCI) to de-

\textsuperscript{27} The researcher met a few doctors and account officers of a few private hospitals, who do not want to get their names mentioned
recognition some of the courses of all three medical colleges in Assam due to inadequacy of teaching staff and hospital infrastructure in the medical college hospitals. Taking out protests on the street by the Junior Doctors or Medical College Student Unions against such moves have become a common phenomenon in the recent past that paralyses the functioning of the respective hospitals, particularly the important departments like Casualty.

The negligence is all encompassing. This is very explicit in financial allocation and mismanagement of the hospitals.

To substantiate the allegation, let us refer to the budgetary allocation to this premier health care institutions in the recent years.

**Table 6.4 - (A) Budget Allotment for Gauhati Medical College in 2002-03 & 2003-04**

<table>
<thead>
<tr>
<th>Sub-Head</th>
<th>Budget Allotment (2002-03)</th>
<th>Budget Allotment (2003-04)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Plan</td>
<td>Rs. 6,41,63,000</td>
<td>Rs. 9,06,12,054</td>
</tr>
<tr>
<td>Plan</td>
<td>Rs. 4,21,00,000</td>
<td>Rs. 1,49,87,000</td>
</tr>
<tr>
<td>Total</td>
<td>Rs. 10,62,63,000</td>
<td>Rs. 10,55,99,054</td>
</tr>
</tbody>
</table>

**Table 6.4- (B) Budget Allotment for Gauhati Medical College Hospital in 2002-03 & 2003-04**

<table>
<thead>
<tr>
<th>Sub-Head</th>
<th>Budget Allotment (2002-03)</th>
<th>Budget Allotment (2003-04)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Plan</td>
<td>Rs. 13,21,38,000</td>
<td>Rs. 14,67,00,000</td>
</tr>
<tr>
<td>Plan</td>
<td>Rs. 2,27,00,000</td>
<td>Rs. 23,50,000</td>
</tr>
<tr>
<td>Total</td>
<td>Rs. 15,48,38,000</td>
<td>Rs. 14,90,50,000</td>
</tr>
</tbody>
</table>

*Source: 43rd Annual Report, Gauhati Medical College & Hospital (2003)*

In both the years there has been an increase of allotment under the Non-plan allocation both to the College and to the hospital. However, there has been gross reduction in plan allocation. As a result, grand total allocation both to the medical college and the hospital decreased. Besides, as alleged by the Junior Doctors
Association of GMCH, major portion of allocation to the hospital is being spent in staff salary leaving very little for medicine and infrastructure development etc.

A preliminary investigation, undertook by the researcher, reveals that the Radiology Department of all leading private hospitals and the diagnostic centers in the city are very well equipped and well functioning. The list of equipments given in the Annexure III- IX substantiates the point. However, the Radiology Department of GMCH is relatively poor with only 3 CT Scan Machines, Two USG & 6 X-Ray Machines that are functioning properly. But, these have also been frequently jeopardized by lack of in house service engineers for machine maintenance; frequent power failure and fluctuation and poor maintenance of the buildings resulting in roof leakage and damage.  

GMCH is running short of anesthetists. This premier hospital has total 22 operation tables, 14-bedded ICU and all multi-specialty departments. In deed, all departments need at least one anesthetist, apart from anesthetist for each operation table. ICU also needs its own anesthetist. But, the existing number of anesthetist is grossly inadequate hampering the smooth functioning of the hospital. The ICU unit in the GMCH is the best in the region. The charge is relatively cheaper. It has all necessary equipments. But, as stated, it is running short of anesthetists and there has been leakage in the roof. It is a minor problem, compared to the heavy investment in the ICU. But, this minor problem remained unresolved creating constant threat to the safe functioning of the ICU.

It was running short of Nurses. As per norms, one ICU bed needs one nurse. The duties of the nurses are distributed in three shifts and so against every ICU bed the requirement of Nurse is 3. Total requirement is 3X14= 42. But, the ICU was running with only 19 Nurses i.e. shortage of 23 Nurses. 

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28 Based on personal interaction with the Head of the Radiology Department of GMCH, September 2003.
29 Personal Interaction with the Head of Anesthesiology GMCH, September, 2003
Some of the departments like ENT are proud owner of rare equipment like Voice Analyzer, donated by WHO. However, ENT is having peculiar problems like shortage of clerical staff, sweepers, shortage of bed strength in proportion to the doctors etc.

Cardiology is one of the important Departments in GMCH and pacemaker installation is one of its important expertises. However, from time to time GMCH pushes out patient to private hospitals for pace maker installation as the IITV, which is essential equipment for pacemaker installation, remains out of order in GMCH.\textsuperscript{30}

Recently one private News Channel revealed the pathetic condition of the kitchen in GMCH. The water being used for cooking is completely unsafe. GMCH is one of the dirty hospitals in the city. As a part of the neo-liberal policies, supply of medicines has already been stopped. Even the very common and cheap medicine like saline is also not being supplied. Preliminary investigation reveals that the Labour Room under Gynaeocology Department is in a serious state. It is not at all hygienic. The Dialysis Room of a tertiary hospital is one of the very delicate units. It needs to be maintained very carefully with watertight cleanliness. However, at GMCH this has also not been maintained properly.

One of the very important features of a modern hospital is the readiness to receive and treat any emergency situation round the clock. So, Casualty Department/Emergency Department is all-important. However, the Emergency Department was one of the very neglected Departments in GMCH. The Operation Theatre of the Emergency Ward remained un-utilized for years due to leakage from the roof and the sidewalls. It was also running without a full-fledged in-charge and without adequate staff and equipments. The Principal- Cum Chief Superintendent of the Hospital announced in the 43\textsuperscript{rd} Annual Report (2003) of the GMCH that the O.T. was under renovation and it was getting ready with the equipments like Oxygen Cylinders, ECG Machine, and

\textsuperscript{30} Based on the certificate issued by Dr. A.K. Bhattacharyya, Professor & Head, Department of Cardiology, GMCH to B.N. Dutta Borah on 12.10. 2002. Dutta Borah had undergone pacemaker installation in Dispur Polyclinic and Dr. Bhattacharyya installed it. Dr. Bhattacharyya issued this certificate stating the non-performing state of IITV so that Dutta Borah an reimburse the expenditure from the State Government. Under normal circumstances, Government does not reimburse the expenditure incurred in private hospital.
portable X-Ray etc. It is a matter of great concern that these equipment are readily available even in a small range private Nursing Home.

It was stated that almost all the middle rang private hospitals are running on floating specialty and super specialty doctors and these doctors are mainly from GMCH. Many doctors from GMCH take Operation theatres in rent from private hospitals to carry out surgeries. This is a very profitable domain. For example, for a laparoscopic surgery, the surgeon is paid 6000 or more. The State Government enacted the Assam Health Establishment Act in 1993 and the Heath Establishment Rules were framed in 1995. The Health Establishment Authority has also been established. However, this has severely failed to do away with this un-ethical nexus between the private hospitals and the public health personnel. This weakness and failure of the Act is also responsible towards growing erosion of the standard and reputation of this premier health care institution.

Equally significant is the B. Borooah Cancer Institute, established in the year 1973. The numbers of cancer patients are increasing day by day in Assam and in the region as a whole. The B. Borooah Cancer Institute is the only one of its kind in the region. Today, it provides treatment to a huge number of patients at affordable prices. It has also contributed towards the slowing down of the exodus of patients, particularly of poor patients. There has been more patient turn over to this hospital over the years.

Basic source of funding for the hospital are Health and Family Welfare Departments of Government of Assam and Government of India; North Eastern Council and the Department of Atomic Energy. There has also been severe fluctuation in funding to this hospital, particularly in the year 1996-97 and 1998-99. In contrast to the higher patient turn over to this hospital, decline in funding is bound to hamper people’s right to health care. The fate of the hospital hangs on the tri-partite agreement. Any delay in the Agreement, as it happened in 1996-97 or 2003 may create havoc for this premier health care institute. The government has yet to come up with any sustaining solution to the problem of smooth flow of fund.
In contrast to the announcement made in the NHP-2002, the Indian System of medicine (ISM) - Ayurvedic, and Hōmēopathic etc.- have been grossly neglected in Assam. The only Government Ayurvedic College in Assam, located in Guwahati, which is also a postgraduate teaching institute, was running its 100-bedded wards till few months back even without proper windows and doors. Significantly, one finds, growing popularity of Ayurvedic treatment even in Guwahati City. But the patients prefer to consult the doctors from Government Ayurvedic College Hospital, not in the Hospital itself but in their private chambers. For having no proper planning on the part of the Government, many qualified doctors from this college practice allopathic treatment either in private chambers or in private nursing homes.

Assam has three homeopathic colleges: at Guwahati, Nowgaon and Jorhat. The recognition to these hospitals was withdrawn by CCH due to inadequacy in staff, infrastructure and students. Although, the recognition has been restored, however, it is conditioned by the removal of current deficiencies. The state government has not paid adequate attention to it. 32

In other words, the public hospitals are facing multiple problems and the on-going neo-liberal policies, to a great extent, are responsible for these current ailments.

6.8.4 Inadequacy and non-implementation of Health Care Establishment Rules
Huge shortcomings and malpractices in the health care sector urgently requires a comprehensive and visionary Health Establishment Act to monitor and control the functioning both of the private health care establishments and public health care personnel. This is all-important for Guwahati City marked by proliferation of private nursing homes; private diagnostic centers; private chambers; growing nexus between private health care institutes and public health care personnel.

31 Based on field survey. This has been elaborately stated in the section dealing with floating doctors in the city.
As stated, the Government of Assam enacted the Assam Health Establishment Act in 1993 and laid down the Assam Health Establishment Rules in 1995. The loopholes of the Act and the Rules have already been pointed out in the preceding chapter. However, the existing rules have also not been implemented properly during the time of its existence.

Dr. D. P. Goswami, owner of East End Nursing Home and also the President of All Assam Non-Government Health Establishment Association informed that till 1995 there was no such regulation for private health establishment. Only requirement was a trade license from the Municipality Corporation. In 1995 the Health Establishment Rules was adopted, which was modified in the year 2001. By 1995 Rules, existing Nursing Homes were asked to apply for registration. Government gave 90 days for completion of all procedures. However, after being applied for registration, Government did not respond and pursue it. In the year 2001, again the Nursing homes were asked for registration. Most of the Nursing homes applied for registration. But till date (as on 23/08/2003) only 9 Nursing Homes were duly registered. Even after two years of application, the scrutiny was not over. In the 2005-06 Budget Session, the Health Minister of the State declared that total 120 private Nursing Homes applied for registration. However, according to Government sources itself, there were total 149 private hospitals in the state.

Besides, there was no provision to deal with the problems arising out of the proliferation of private chambers. As stated, there is no uniform fee for private consultancy. Even there is no minimum time limit to see a patient. Neither there is any norms of registration. No provision to deal with excess medication and investigation. Without these provisions, the Health Establishment Act or Health Establishment Rules cannot facilitate people’s right to health care.

The health care system in the city assumes dangerous trend with the nexus between private health establishments and public health care personnel. The section on floating doctors reveal that almost all middle range private hospitals in the city are dependent on doctors from GMCH and MMCH. This is dangerous both for the public hospitals and the private health establishments as it makes both the public and private hospitals
dependent on floating doctors. The Health Establishment Act and Rules have grossly failed to regulate and control these un-ethical practices.

The magnitude of technological consolidation in the city health care system and its negative fallouts urgently needs extensive rules on the limit of use/intervention of technology in the human body. However, the Health Establishment Act and Rules are silent in this regard.

6.8.5 Floating Doctors

This is also a serious problem in Guwahati City. As stated, most of the middle range private hospitals do not have its in-house specialists. Even, leading super specialty hospitals do not have all necessary in-house specialists and super specialists. They are dependent on Floating Doctors.

There are three categories of floating doctors in the city private hospitals.

(a) Doctors from the leading public hospitals like GMCH. Almost all middle range private hospitals use their service and for critical care and surgery they are dependent on them. For example, City Heart Hospital- a multi-specialty hospital with 28-bed capacity- does not have any permanent specialized doctor. The hospital has four nos of general MBBS as their permanent staff. For surgery they are dependent on GMCH. Preliminary investigation reveals that a senior professor in Surgery from GMCH is regular visitor to the hospital, who has, however, regular engagement with Good Health Hospital too. For Orthopaedic surgery also this hospital is dependent on a Professor and an Assistant Professor in Orthopaedics from GMCH, who have, on the other, apart from their private consultancy, regular engagement with Aruna Memorial Hospital. Aruna Memorial Hospital- a multi-specialty hospital with 29-hospital beds- does not have any specialized in-house doctor and for specialty treatment or surgery they are mostly dependent on specialty & super specialty doctor from GMCH. This hospital has regularly engaged one nephrologist; one Neurologist; one cardiologist and two orthopaedic
specialists from GMCH. Wintrobc Hospital- a multi-specialty hospital with 25-hospital bed capacity reveals that for surgical purposes the hospital regularly avails services from specialist in MMCH. Both Kumar Nursing Home and Goenka Nursing Home engages regularly specialists in Obstetrics & Gynecology from GMCH. Dispur Polyclinic avails the service of one reputed cardiologist, who also happens to be the HOD of the cardiology Department in GMCH, particularly for pacemaker installation.33

(b) The second category floating doctors are basically private practitioners but they are not in-house specialists of any particular private health establishment. Rather, they do have engagements in more than one, and for some it goes up to 5-6, private health establishments. Field survey reveals that retired Professor of GMCH in Obstetrics & Gynecology, has her own private chamber at her residence; consults patients at International Hospital, Brahmaputra Hospital Limited., Kalicharan Das Nursing Home and also in East End Hospital. A reputed Gastro-Enterologist in the city, who has been named as the Chief of the Department of Gastro-Enterology of Swagat Endolaparoscopic Surgical Research Institute, has his own private chamber in Panbazar and consults patients both in the morning and in the evening and in between from 1pm to 3 pm he has his engagement as a consultant in International Hospital. Out of the 9 specialists/super-specialists that Swagat claims to have as their permanent doctors, 5 are honorary consultants. The Chief of various departments, excluding the Medical Director of the Hospital, are also floating, as is the case with the Chief of the Department of Gastro-Enterology. A reputed psychiatrist has his own private chamber; gives a round in Barthakur Clinic Private Limited; visits International Hospital from 5 pm to 7 pm. An Internal Medicine specialist, who has his own nursing home in the city, has also got a private chamber in Panbazar and visits International Hospital from 7 pm to 8 pm. The names of these reputed doctors are being exhibited very explicitly in the respective hospitals. Good Health Hospital Profile reveals that the regular surgeon of their hospital is available only on

33 Derived from interviews through a written questionnaire with the owners/promoters of respective hospital.
Tuesday/Thursday and Saturday from 10 am to 1 pm. However, they do have visiting surgeon on weekdays. Although their names have not been mentioned, however, they are mostly from GMCH.  

(c) The third category of floating doctors is the visiting doctors. The super-specialty hospitals basically avail the service of this third category of floating doctors. For example, GNRC is rich with reputed visiting faculties from Chennai, Delhi, Vellore, Chandigarh etc. In the Neurology Department, GNRC has got a list of 4 visiting faculties; Neuro Surgery has got 2; GNRC Heart Institute has got 6 visiting faculties; Institute of Critical care has got 19 visiting faculties. Visiting Faculties is not at all uncommon either in health care sector or even in higher education. However, by visiting faculties what is usually meant is that an educationist or health expert will take leave for a definite period of time from one's own institute and will offer service in another institute for that period. So, he/she is not floating every day/month. However, the visiting faculties in these private hospitals are floating by nature as they do come only for a specific days in a week or in the month.

Floating doctors provides the advantage of availing service from a very renowned doctor by more than one hospital. Guwahati health establishments are also availing this service. For example, availing service of a reputed doctor from Vellore or Chennai may not be affordably for a client of the Northeast. But, when the doctor is available here in Guwahati, it becomes relatively cheaper and affordable. Today, many health establishments have also come up with the telemedicine facilities, which have made the concept of floating doctors more meaningful.

However, in the long run, the system of floating doctors involves the serious risk of ad-hocism in this crucial sector of human life. For example, some of the hospitals even do not have in-house anaesthetists. But, without an anaesthetist no surgery can be done. As stated, almost all private hospitals provide emergency service. Emergency often needs surgery within minutes. There have been occasional reports in

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34 Based on field survey (2003) and analysis of hospital profiles.
the vernacular dailies in the state about unwarranted casualties due to absence of anaesthetist on time. Same thing is applicable about cardiologists also. Cardiac patients need round the clock service. So, dependence of a floating doctor for such a delicate branch of health care is extremely unwarranted. This is, however, advantageous both for the doctors as well as for the private health establishments. The doctors avail more outlets of reaching out the patients. The private health establishments enjoy the advantage of availing service without paying the huge salary, as is the case with in-house doctors.

The first category of floating doctors also makes the public health care institutions extremely un-reliable.

As far as people’s health security is concerned this may have serious implication of failing to avail the service at the most crucial moment in life.

6.8.6 Cost of Health Care Expenditure: Public vs. Private

As a part of the neo-liberal agenda, the government has introduced user-fee in its own public hospitals and increased the charges from time to time. But, the most vulnerable part has been the failure of the Government to regulate the charges of treatment in the private hospitals and diagnostic centers. In contrast to the propaganda of the market forces, the private forces engaged in the health care sector has not been competitive and transparent at all. Rather, the charges have been decided in a discretionary manner by the respective hospitals and diagnostic centers without making it public and maintaining it secret as a part of the ethics of trade and commerce.36

The health care system in Guwahati City reflects all these ailments.

As stated in the preceding chapter, the Government of Assam, Health and Family Welfare (B) department, through a circular No 92/2001/78, dated 04/06/2003 raised the charges in all government hospitals of Assam. There was discontent among the people regarding this hike in charges and this was considered as one of the steps

35 A profile on GNRC (2003)
36 The researcher approached the Senior Marketing Executive of the down town hospital in the city and asked for the charge list. The Executive, however, refused to provide it on the plea that this is a part of their trade secrecy which they cannot make public.
implemented under new policy regime of liberalization and privatization. But, even after this hike, the following tables will reveal, the charges at government hospitals are many times lower than that of the private hospitals.

In Guwahati Medical College, as well as in Mahendra Mohan Choudhury Hospital and Government Ayurvedic College Hospital, the registration fee is Rs. 5/. There is no additional consultancy fee. But in case of all private hospitals, the registration fee varies from Rs. 20/ to Rs 100/. It charges extra consultancy fee, which varies, from Rs. 50/ to Rs 200/.

In the government hospitals the bed rent for the general ward is Rs. 5/ and for Non A/C paying cabin Rs. 200/. In the private hospitals the charges in the ward varies from Rs. 60 to Rs. 620/. For example, Marowari Hospital and Research Centre charges Rs. 60/, Swagat Hospital charges Rs. 150/, Brahmaputra Hospital Limited charges Rs. 200/ And GNRC charges Rs. 620/ for a hospital bed in the general ward. These hospitals also charge nursing and service charges as well resident doctors charges in addition to the bed charges. Only exception is GNRC. Its bed charge includes professional charge, nursing charge and service charge.

Let us see the pattern of charges of various categories of bed and room in a few select private hospitals in the City.

**Table 6.5- A Hospital Bed charges at International Hospital**

<table>
<thead>
<tr>
<th>Pattern of Bed</th>
<th>Bed/Room Rent</th>
<th>Nursing Charge</th>
<th>Resident Doctors Charge</th>
<th>Service Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>General ward</td>
<td>250</td>
<td>50</td>
<td>100</td>
<td>10% on bed charges</td>
</tr>
<tr>
<td>Emergency ward</td>
<td>450</td>
<td>50</td>
<td>100</td>
<td>do</td>
</tr>
<tr>
<td>Pediatric ward</td>
<td>250</td>
<td>50</td>
<td>100</td>
<td>do</td>
</tr>
<tr>
<td>Neuro ward</td>
<td>250</td>
<td>50</td>
<td>100</td>
<td>do</td>
</tr>
<tr>
<td>Cabin A/C</td>
<td>900</td>
<td>150</td>
<td>100</td>
<td>do</td>
</tr>
<tr>
<td>Cabin NonA/C</td>
<td>550</td>
<td>100</td>
<td>100</td>
<td>do</td>
</tr>
<tr>
<td>Semi cabin</td>
<td>250</td>
<td>50</td>
<td>100</td>
<td>do</td>
</tr>
</tbody>
</table>

**Table 6.5-B Hospital Bed charges at Brahmaputra Hospital Limited**

<table>
<thead>
<tr>
<th>Pattern of Bed</th>
<th>Bed/Room Rent</th>
<th>Nursing Charge</th>
<th>Resident Doctors Charge</th>
<th>Service Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>General ward</td>
<td>200</td>
<td>50</td>
<td>100</td>
<td>10% on bed charges</td>
</tr>
<tr>
<td>Cabin</td>
<td>450</td>
<td>50</td>
<td>100</td>
<td>do</td>
</tr>
<tr>
<td>Pediatric ward</td>
<td>200</td>
<td>50</td>
<td>100</td>
<td>do</td>
</tr>
<tr>
<td>Neuro ward</td>
<td>200</td>
<td>50</td>
<td>100</td>
<td>do</td>
</tr>
<tr>
<td>Baby room</td>
<td>200</td>
<td>50</td>
<td>100</td>
<td>do</td>
</tr>
<tr>
<td>Semi cabin</td>
<td>300</td>
<td>50</td>
<td>100</td>
<td>do</td>
</tr>
</tbody>
</table>
Table 6.5-C Hospital Bed charges at Swagat Hospital

<table>
<thead>
<tr>
<th>Pattern of Bed</th>
<th>Bed/Room Rent</th>
<th>Nursing Charge</th>
<th>Resident Charge</th>
<th>Doctors Charge</th>
<th>Service Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>General ward</td>
<td>150</td>
<td>100</td>
<td>100</td>
<td></td>
<td>20% on bed charges</td>
</tr>
<tr>
<td>Cabin Non A/C</td>
<td>500</td>
<td>100</td>
<td>100</td>
<td></td>
<td>do</td>
</tr>
<tr>
<td>Cabin A/C</td>
<td>1000</td>
<td>100</td>
<td>100</td>
<td></td>
<td>do</td>
</tr>
<tr>
<td>Deluxe (VIP)</td>
<td>1500</td>
<td>100</td>
<td>100</td>
<td></td>
<td>do</td>
</tr>
<tr>
<td>ICU</td>
<td>3000</td>
<td>100</td>
<td>100</td>
<td></td>
<td>do</td>
</tr>
<tr>
<td>Recovery bed</td>
<td>1000</td>
<td>100</td>
<td>100</td>
<td></td>
<td>do</td>
</tr>
</tbody>
</table>

GNRC charges Rs 620 for general bed, Rs. 1250 for sharing deluxe cabin and single standard room, Rs 2160 for single deluxe Room (A/C), Rs 3300 for deluxe suite, Rs 1700 for semi ICU and Rs. 2160 for ICU. GNRC proclaims that these charges include Professional Charge, Nursing Charge and Service Charge.

There is also a system called in-patient security deposit in the private hospitals. For example, Brahmaputra Hospital limited charges of Rs. 5000 for private cabin; Rs. 2500 for semi cabin and Rs. 1000 for general cabin as security deposit Although not declared officially, almost all private hospitals charge security deposit for Indoor Patients.

In case of investigation charges also one finds the difference between the government and public hospitals and within the private hospitals. GMCH charges Rs. 250/ for ultra sonography (without film). Swagat Hospital charges Rs 450/ for upper and lower abdomen USG and Rs. 750/ for whole abdomen USG. In GNRC the charge for lower and upper abdomen USG is Rs. 550 whereas the charge for the whole abdomen USG is Rs. 790. In case of International Hospital the charges are different for different categories of patients. For example, International Hospital charges Rs. 600/ for lower abdomen and upper abdomen USG for a patient in the A/C cabin, Rs. 550/ for a
patient in the Non A/C Cabin and Rs. 500/ for general ward and OPD patients. For the whole abdomen USG, the charges are Rs. 900/, Rs. 825/ and Rs. 750 respectively.

With the penetration of high technology and the consolidation of an un-ethical nexus between the doctors and private diagnostic centers/laboratories, there has been a trend of unnecessary technological intervention. Some tests are becoming more or less common these days. Important among them are MRI, CT Scan, Ultra Sonography and Angiographies. Almost all leading private hospitals and diagnostic Centres are equipped with the technologies to perform these procedures. However, these are very costly. Some of these are performed in important public hospitals like BBCI. And, even after charge hike, the rate in public hospitals is relatively low than in the private hospitals. Let us have comparative overview of charges for different CT Scans at BBCI, GNRC and International Hospital.

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Rate at BBCI</th>
<th>Rate at GNRC</th>
<th>Rate at International Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT Scan- Head (Plain)</td>
<td>General Patients-880</td>
<td>1920</td>
<td>General- 1600</td>
</tr>
<tr>
<td></td>
<td>Paying Cabin- 1175</td>
<td></td>
<td>Non-AC cabin- 1760</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AC cabin-------1920</td>
</tr>
<tr>
<td>CT Scan (Plain with contrast)</td>
<td>General Patients—990</td>
<td>2280</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paying Cabin-----1320</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT Scan- for each body part</td>
<td>General patients- 1320</td>
<td>2400</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paying Cabin-----1760</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT Scan- Whole Abdomen</td>
<td>5300</td>
<td></td>
<td>General----------3800</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-AC cabin --4180</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AC cabin--------4560</td>
</tr>
</tbody>
</table>

Source: Charge Lists of Respective Hospitals

At GNRC MRI (Brain) costs Rs 6000; Coronary Angiography costs 14,240, Peripheral Angiography costs 8200 and Angioplasty costs 66,500. The charge lists for these tests in other leading private hospitals were not made available.
Barium Swallow costs Rs 100 for general patients and Rs. 135 for Paying Cabins at BBCI. In International hospital it costs 500 for general patients; 550 for Non-AC cabin and 600 for AC cabin. At Swagat Barium Swallow costs Rs. 400. At BBCI Barium Upper GIT and Follow Through costs 540 for general patients and 715 for paying cabin. The charge for this investigation at International hospital is 1200 for general patients; 1320 for Non-AC cabin and 1440 for AC cabin. At Swagat it costs 950.\(^{37}\)

Let us now see the operation charges. In GMCH the charge for any major operation is Rs. 1500/ and for Minor operation the charge is Rs.1000/. In the private hospitals there is no fixed rate of operation charges. It basically depends on the charge demanded by the main surgeon. Most of the middle range private nursing homes- like Dispur Poly Clinic, Good Health Hospital, City Heart Hospital, Wintrobe Hospital etc. involve surgeons from GMCH or MMCH and so the charge is often determined by bargaining between the surgeon and the patient.

For example, BHL charge lists reveal the pattern of surgical cost in the following way:

1st Assistant (Surgeon)------- Rs. 20% of Surgeon Fee
2nd Asstt. (Surgeon)----------- Rs. 10% of Surgeon’s Fee
1st Anaesthetis----------------- Rs. 30% of Surgeon’s Fee
2nd Anaesthetis----------------- Rs. 30% of Surgeon’s Fee
Resident/ Consultant
Specialist (MD/MS)--------- Rs 200
Super specialist------------- Rs. 250

In other words, the charge for a particular surgical operation depends on the charge of the main surgeon. Most of the middle range hospitals rent out the Operation Theatre to the reputed/floating surgeons. So, the costs of operation are being disaggregated

\(^{37}\) Compared from charge lists (2003) of respective hospitals
into different categories like Charge for the Surgeon etc; OT charge and hand Instruments charge etc.

Of late, some of the private nursing homes/hospitals is offering packages for different kinds of operations. Let us see a few of them.

**Table 6.5-E Charges of Operation- Laparoscopic Appendectomy**

<table>
<thead>
<tr>
<th>Pattern of Beds</th>
<th>Marowari Hospital</th>
<th>Brahmaputra Hospital Limited</th>
<th>International Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Ward</td>
<td>5000/</td>
<td>9000/</td>
<td>12000/</td>
</tr>
<tr>
<td>Semi Private</td>
<td>7000/</td>
<td>9450/</td>
<td></td>
</tr>
<tr>
<td>Private Cabin</td>
<td>9000/</td>
<td>11300/</td>
<td>13700/</td>
</tr>
<tr>
<td>A/C cabin</td>
<td>10050/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deluxe Cabin</td>
<td>12000/</td>
<td></td>
<td>16400/</td>
</tr>
</tbody>
</table>

In Swagat hospital the package charge varies from Rs. 12000/ to Rs 16000/

**Table 6.5-F Charges of Operation: Laparoscopic Chole Cystectomy**

<table>
<thead>
<tr>
<th>Pattern of Beds</th>
<th>Marowari Hospital</th>
<th>Brahmaputra Hospital Limited</th>
<th>International Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Ward</td>
<td>6000</td>
<td>11,400</td>
<td>13000</td>
</tr>
<tr>
<td>Semi Private</td>
<td>8000</td>
<td>12,550</td>
<td></td>
</tr>
<tr>
<td>Private Cabin</td>
<td>11000</td>
<td>15,000</td>
<td>15200</td>
</tr>
<tr>
<td>A/C cabin</td>
<td>13000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deluxe Cabin</td>
<td>15000</td>
<td></td>
<td>18800</td>
</tr>
</tbody>
</table>

Disaggregation of the charges among the various stakeholders provides interesting dimensions. Marowari Hospital and Research Centre states that out of the total charge of a Laparoscopic Package, 50% are paid as Surgeon’s fee; 10% as Assistant Surgeon’s fee and another 10% as Anesthetist’s fee. Brahmaput Hospital Limited reveals that out of the total operation charge of 16,000 for a Laparoscopic Chole Cystectomy of a patient staying in a Private Cabin the room rent is Rs 2000; OT
charge (including equipments) 3500; Hand Instruments charge 1000; Surgeon charge 6000; Assistant Surgeon 1500; Anaesthesia fee or two Anaesthetist is 2000. In case of International Hospital too out of the total package cost of 15200 for a Laparoscopic Chole Cystectomy operation of a patient staying in a cabin 2200 is charged as Room Rent; 4000 as OT (including equipments) charge; 1000 as Hand Instrument Charge; 5500 as Surgeon Charge; 1250 as Assistant Surgeon Charge and 1250 as charge for two Anesthetists.

Although, it is being claimed as a total package, however, it covers only 3-day hospital stay and surgery plus OT charge. Pre-operative investigation fee and cost of medicine is to be paid extra. The number of tests varies on the discretion of the surgeon. So, as result, the total cost of an operation is necessarily high than the charge shown in the charge list.

Besides, some of the Private Hospitals refuses to disclose the official charge list for different kids of operation, investigation or other treatments. As has been argued by a Senior Marketing Executive of down town hospital- the biggest private hospital in Assam and also the winner of ISO 9001:2000 Certificate, the hospital charge list is their trade secret and that cannot be kept open for public scrutiny.

On what grounds this high cost of treatment can be justified? This has been justified on the ground of investment in private health care institutions. It has been argued that in a specialty hospital per bed investment is around Rs. 2 lakhs. On the other hand, per bed investment in a super specialty hospital is around 40 lakhs. So, until and unless, the Government does not highly subsidizes the private health care initiatives in terms of providing free land, exemption of taxes, electricity supply at low cost etc., the costs in the private hospitals are bound to be high.

In other words, maintaining a Nursing Home under exclusive private domain is a very costly affair. GNRC sources informs that out of around total turn around of 1.32 crore
in a month, the recurring and other expenditure takes away total 1.22 crore leaving around 10 lac surplus. The expenditure may be divided in the following way.38

(1) Operational Expenditure-Salary etc. 36 lacs
(2) Electricity Bill 10 lacs
(3) Telephone Bill 1.5 lacs
(4) House Keeping 3.0 lacs
(5) Bank interest 30 lacs
(6) Consumable Cost 32 lacs

A hospital like GNRC has to pay huge emoluments to its full time health care specialists. The following list shows a rough statement:

(a) A Super Specialty doctor---------1.5 lacs to 2.0 lacs
(b) A specialty Doctor------------- 40,000
(c) One Resident Doctor (MS/MD)---- 20,000 to 25,000
(d) General MBBS ------------------ 8,000 to 12,000
(e) B.Sc. Nurses--------------------- 5,000

Can the people really afford this costly health care services? A close scrutiny reveals that larger majority cannot afford it.

There is no denying the fact that the coming up of a few numbers of sophisticated private hospitals has upgraded the health care facility in the city. There are only 47 cabins in the 1508-bedded GMCH and 12 Cabins in the 350 bedded MMCH.39 In contrast to this, almost all the private hospitals provide cabins, semi cabins, and deluxe and air-conditioned rooms. The casualty departments of those hospitals are active and provide fast service than the government hospitals. But, as far as the question of people’s accessibility and affordability to health care services are concerned, these hospitals have benefited only 10%-15% of the population from the upper strata. Dr. N. C. Borah, one of the pioneers of private health care system in the region, and the chairman of the GNRC Health Care Foundation, also admits that at today’s market price the services at most of the private hospitals are beyond the reach

38 Based on personal interaction with the AGM of GNRC, 2003.
39 Based on field investigation conducted in 2003.
of the common man. Hardly 10%-15% of the people in the society can afford private health care services. Another 40% -50% of the people has to sell their movable and immovable properties or borrow money at high interest to avail private health care services.\footnote{Dr. N. C. Borah (2002) \textit{Socio-economic Development through Health Care Development}, GNRC Health Foundation, Guwahati}

To sum up, although, Guwahati has emerged as one of the very important health care destinations with comprehensive infrastructure and technology in the recent past, however, due to government’s growing apathetic attitude towards the public health care system and its inability, either to regulate the private health care system or to support them under strict vigilance, have marginalized people’s right to health care in Guwahati city. The Neo-liberal State brought about a situation, where the unregulated private forces have been \textit{profiteering over people’s distress} in the crucial sector of health security.