Chapter - III

Health Care Services in India
HEALTH CARE SERVICES IN INDIA

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CHAPTER - III
HEALTH CARE SERVICES IN INDIA

HEALTH IS MY EXPECTED HEAVEN - KEATS.JOHN

Health and human development form integral components of over all socio economic development of a nation. Health is man's greatest possession and is essential for ethical, artistic, material and spiritual development of men. The gains of health are the highest and good health is necessary for all productive activities in the society. A healthy community is the infrastructure upon which to build an economically viable society.\(^1\) The progress of a society greatly depends on the quality of its people. The promotion and protection of the health of the people is essential for sustained economic and social development. Good health and prosperity tend to support each other.\(^2\)

In view of the significant contribution of the health to social and economic development, the expenditure on health are now by and large considered as an investment rather than consumption item. One of the main goals for both developed and developing countries today is to achieve an acceptable level of health standards. Within a global health policy, governments should guarantee the existence of a health care system providing equal, accessible, comprehensive and high quality care to all at a reasonable cost, according to the economic situation of the nation.\(^3\)

Health is defined as a positive state of well being in which harmonious development of mental and physical capacities of the individual led to enjoyment of a rich and full life. According to World Health Organisation, health is a state of

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complete physical, mental and social well being and not merely absence of
disease or infirmity.4

The health status of the population is affected by a number of social,
economic, psychological, hereditary, environment and health services accessibility
factors. Since health care organisations do not have control over many of these
factors influencing health status of the individuals or communities, they try to
bring about an improvement in the health status through the provision of
acceptable and affordable level of health services. Health programmes cannot be
related unilaterally to either the economic or social spheres as they influence both
and are influenced by both. Health needs and health programmes form an
interacting part of national development.

Health care Providers

Medical treatment was identified as a part of organised religions as early as
4000 BC. Greek temples, served as resting places for patients under observation.
Hippocrates the most prominent Greek Physician was instrumental in separating
medicine from religion and philosophy. The first hospitals with all facilities were
found in ancient Egypt and India. In the beginning medical practitioners visited
the patients and treated them for their illness. The diagnostic tools and techniques
were simple and handy. A steady raise in demand for the services of the
practitioners shifted the visiting part from the practitioners to the patients. Over a
period of time such simple practitioner – patient relationship was replaced by the
organised and co-ordinated provision of health services. The rapid expansion of
medical knowledge paved the way for specialisation. The intellectual challenge of
a speciality and the desire for professional excellence also attracted the physicians
to specialise. Presently, four broad categories of institutions exist in rendering
health care facilities.

Individual physicians maintaining offices for consultation. Capital investment in equipments etc., is limited either purposely or due to lack of finance. Diagnostic services are obtained from outside agencies who provide such services independently.

- Group practice where a small group of medical and para-medical personnel share facilities and also share responsibilities for providing comprehensive health care to patients.

- Nursing homes where specialised service, oriented towards nursing supervision is provided with periodical check-up by physicians. The old and infirm and those afflicted with prolonged illness are taken care here.

- Hospitals which are multi-service and multi-specialisation institutions characterised by formal organization.

All the four categories of providers use the names interchangeably and in India all the categories of organisations exist in the health care delivery system. There has also been a marked shift in the orientation of the hospitals. A hospital which was primarily involved itself in case for the needy for charitable purposes, today has considerably transformed in response to changes in philosophy, scientific knowledge and perceptions of the varied services. Whatever may be the purpose of a hospital, the importance of hospitals to a society rests on the three basic functions – Care of patients, extension of knowledge regarding management and prevention of diseases and education of health personnel.

**Definition of a hospital**

The word hospital is derived from the latin word “hospitals” which comes from “hospes” meaning a host. The term “hospital” means an establishment for temporary occupation by the sick and the injured. Today hospital means an institution in which sick or injured persons are treated.
Dorland’s Illustrated Medical Dictionary defines a hospital as “an institution suitably located, constructed, organised, staffed to supply scientifically, economically, efficiently and unhindered, all or any recognised part of the complex requirements for the prevention, diagnosis and treatment of physical, mental and the medical aspects of social ills; with functioning facilities for training new workers in many special, professional, technical and emotional fields, essential to the discharge of its proper functions; and with adequate contacts with physicians, other hospitals, medical schools and all accredited health agencies engaged in the better-health programme”\(^5\).

A hospital in Steadman’s Medical Dictionary is defined as “an institution for the care, cure and treatment of the sick and wounded, for the study of disease and for the training of doctors and nurses”\(^6\).

According to the Directory of Hospitals in India, “a hospital is an institution which is operated for the medical, surgical and /or obstetric care of inpatients and which is treated as a hospital by the Central/State Government/Local body or licensed by the appropriate authority.”\(^7\)

**Classification of Hospitals**

The classification of hospitals based on different criteria are as follows:

**Based on ownership/control**

On the basis of ownership or control, hospitals, can be divided into public hospitals, voluntary hospitals, private nursing homes and corporate hospitals

**Public hospitals**

Public hospitals are those run by the Central Government, State Governments or local bodies on non-commercial lines. These hospitals may be general hospitals or specialised hospitals or both.

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Voluntary Hospitals

Voluntary hospitals are those which are established and incorporated under the Societies Registration Act 1860 or Public Trust Act 1882 or any other appropriate Act of the Central or State Governments. They run with public or private funds on a non-commercial basis. A board of trustees usually comprising of prominent members of the community and retired high officials of the government, manages such hospitals. The board appoints an Administrator and a Medical Director to run such voluntary hospitals. These hospitals spend more on patient care than what they receive from the patients.

Private Nursing Homes

Private Nursing homes are generally owned by an individual physician or a group of physicians. These nursing homes are run on a commercial basis and are becoming more and more popular due to the shortage of government and voluntary hospitals.

Corporative Hospitals

Corporative hospitals are public limited companies formed under the Companies Act. They are normally run on commercial lines. They can be either general or specialised or both.


The Directory of Hospitals in India 1988 lists the various types of hospitals.

General hospital

All establishments permanently staffed by at least two or more medical officers, which can offer inpatient accommodation and provide active medical and nursing care for more than one category of medical discipline.

Rural hospital

Hospitals located in rural areas permanently staffed by at least one or more physicians, which offer inpatient accommodation and provide medical and nursing care for more than one category of medical discipline.
Specialised hospital

Hospitals providing medical and nursing care primarily for only one discipline or a specific disease/affection of one system.

Teaching hospital

A hospital to which a college is attached for medical/dental education.

Isolation hospital

A hospital for the care of persons suffering from infectious diseases requiring isolation of the patients.

On the basis of the system of medicine

On the basis of the system of medicine, the hospitals are classified into

❖ Allopathic hospitals
❖ Ayurvedic hospitals
❖ Homoeopathic hospitals
❖ Unani hospitals

Health Care Services of the hospitals

The hospitals provide four main types of services i.e. medical services, medical training, medical education and medical research. In the group of medical services, line services are considered to be the core services of the hospitals. Supportive services helping core services such as laboratory, radiology, nursing etc. and auxiliary services such as registration, records, dietary etc. are offered by the hospitals. Modern hospitals also offer a number of peripheral services to add additional attractions to the hospital services such as accommodation facilities for the attendants, pay-phone, banking etc.

Line Services

Line Services include emergency services, out-patient services, inpatient services, intensive care and operation services. The casualty department provides round-the-clock, immediate diagnosis and treatment for illness of an urgent nature.
and for injuries from accidents. Emergency services necessitate due emphasis on
time management and personal commitments in addition to the professional
excellence. The best services must be provided to the patients in the emergency
wards as the patients and their relatives are under emotional strain and surcharged
with suspense and anxiety about the consequences of the disease or calamity that
has come up suddenly.

Outpatient services are important in a hospital because a number of patients
need primary care and diagnosis of the outpatient department. The requirements of
the out patient department should be given due consideration by the hospital
administration so that the patients are able to get time-honoured services.

Inpatient services are related to the services made available to the patients
after getting admission or registration. The services focus due care on ward
management where the patients are admitted and the nursing staff offer to them
different types of services with the support of physicians and the para-medical
staff.

The Intensive care unit, the most sensitive wing of the line services requires
immediate attention of physicians, nurses and para-medical personnel. The
management of Intensive care unit is based on professional excellence. Right
from the organisation of Intensive care unit to its final processing and day-to-day
maintenance a number of infrastructural facilities are found essential on priority
basis.

Operation services, an important part of line services, requires fulfillment
of a number of formalities besides the integration and co-ordination in the
availability of different types of services. The supporting infrastructural facilities,
nursing staff, junior doctors, anesthetists, availability of investigation reports,
oxygen are some of the essential requirements without which a surgeon cannot
operate.
Supportive services

Supportive services play an important role in the generation of effective core services.

Central Sterile Supply Services Management

This department is supposed to store, sterilise, maintain and issue those instruments, materials and garments which are required to be sterile. This requirement may steadily decrease as the use of disposable items becomes more economical.

Laboratory facilities

For the proper diagnosis of ailments it is necessary to have diagnostic laboratory facility efficiently manned. The success of medical prescription would depend upon proper laboratory diagnosis. These services must be available at all times, round the clock service or on-call status maintained to meet the needs of medical care in the hospital.

Radiological Services

The main function of the radiological services is to assist the physicians in the diagnosis and treatment of diseases through the use of radiography, fluoroscopy, radio isotopes and high voltage acceleration. In most of the small and medium-sized hospitals the radiology, department’s activities are limited to X-rays. In big hospitals hi-tech radiology investigations like CT Scan, MRI Scan and ultra-sound scanning, as also special investigations for different specialties have been added.

Nursing Services

Nursing is an important service that occupies a pivotal position in the hospital services without which it is difficult to offer quality health care. Success of physicians is dependent on the intelligence and skills of the nursing staff. They provide service to the patients, and execute the physicians orders meticulously.
**Dietary Services**

The dietary department plays an important role in providing the diet for the patients as the quality of diet contributes a great deal in the treatment of the patients. The dieticians are responsible for making available a diet-chart and the nursing staff are supposed to make it sure that the patients get food and beverages on the basis of the chart prepared by the dieticians.

**House keeping**

House keeping services are important in providing a safe, clean and pleasant environment for both patients and hospital personnel. A clean and hygienic environment has a tremendous psychological impact on patients and visitors which gives them an overall impression about the hospital. Good housekeeping is an asset and a powerful public and patient relations tool.

**Laundry and linen service**

An adequate supply of clean linen sufficient for the comfort and safety of the patient is important in providing high quality medical care. The hospital should have required quantity of linen for circulation and to provide a rest period in storage.

**Auxiliary services**

**Registration**

This is an important service related to the registration or admission of the patients. It helps in codifying the record according to internal disease index. The procedure of registration or admission should be such that the patient is made to feel secured.

**Stores**

The central store services stocks and issues different types of hospital materials. It is the responsibility of a material and stores manager to store different items in such a way that proper indexing or cataloguing is made available.
Mortuary

Hospitals should have a cold storage area in mortuary, where dead bodies are kept before they are claimed by the relatives. Right from the construction of the mortuary house to its proper workings, the hospital administration should make sure that there is no adverse impact on atmosphere and environment.

Peripheral Services

Modern hospitals in addition to the aforesaid services also offer peripheral services specially with the objective of adding additional attractions to their product. Most of the private hospitals take efforts to make their services distinct from others by introducing innovative peripheral services. The following services are found in the group of peripheral services.

❖ Accommodation for the attendants
❖ Safe drinking water
❖ Comfortable seating arrangements
❖ Entertainment
❖ Pay-phone Services
❖ Shopping facilities
❖ Banking Services etc.
❖ Parking facilities
❖ Canteen
❖ Pharmacy

Health Care Scenario in India

Health care is one of the functions of the state. According to the Directive Principles of State Policy laid down in the constitution, raising the level of nutrition and the standard of living and the improvement of public health are among the primary duties of the state. Improvement in the health status of the population has been one of the major thrust areas for the social development programmes of the country.
Under article 246 clause 3 of the constitution of India hospitals have been enumerated in list 11, in the seventh schedule referred to as the state list. Hence health in general and hospitals in particular are administered by the state governments and the central government restricts itself in providing finance under various schemes. The administration and execution of health polices and programmes are taken up by the state governments. In India healthcare delivery is taken care of broadly by three types of institutions (a) the Government (b) Charity Institutions promoted by individual and institutional trusts (c) the Private sector.

Improvement in the health status of the population is sought to be achieved through improvement in the access to and utilization of health services in the country with special focus on under served and under privileged segments of the population. India has built up a vast health infrastructure and manpower at primary, secondary and tertiary care in government, voluntary and private sectors. Technological advances and improvement in access to health care technologies have resulted in a substantial improvement in health indices of the population and a steep decline in mortality rates. However, the extent of access to and utilization of health care has been varied substantially between states, districts and different segments of the society.

TABLE-3.1
HEALTH CARE IN INDIA (1951 – 2000)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particulars</th>
<th>1951</th>
<th>1981</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Subcentres/Primary Health centres/</td>
<td>725</td>
<td>57,363</td>
<td>1,63,181</td>
</tr>
<tr>
<td></td>
<td>Community Health Centres</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Dispensaries and Hospitals</td>
<td>9,209</td>
<td>23,555</td>
<td>43,322</td>
</tr>
<tr>
<td>3.</td>
<td>Beds (Private and Public)</td>
<td>1,17,198</td>
<td>5,69,495</td>
<td>8,70,161</td>
</tr>
<tr>
<td>4.</td>
<td>Nursing Personnel</td>
<td>18,054</td>
<td>1,43,887</td>
<td>7,37,000</td>
</tr>
<tr>
<td>5.</td>
<td>Doctors (Modern System)</td>
<td>61,800</td>
<td>2,68,700</td>
<td>5,03,900</td>
</tr>
</tbody>
</table>

India was one of the pioneers in health services planning with a focus on primary health care. At the time of independence, the country inherited a health system devised during the British imperial rule. The health system was urban based, elite based and curative-oriented and was not geared in providing minimum health care services to the mass of the rural people. The present health care system in India has its origin in the recommendation of the Health Survey and Development Committee appointed in 1943 under the Chairmanship of Sir Joseph Bhore. The committee’s recommendations for future development of the health sector were based on the following main principles.

❖ No individual should fail to secure adequate medical care because of the inability to pay for it.
❖ The health programme must, from the very beginning lay special emphasis on preventive work with consequential development on environment hygiene.
❖ The health services should be placed as close to the people as possible in order to ensure the maximum benefit to the Communities to be served.
❖ It is essential to secure the active co-operation of the people in the development of health programmes and active support of the people is to be sought through the establishment of a Health Committee in every village.
❖ The doctor who is the leader of the health team should be a social physician who should combine remedial and preventive measures to confer maximum benefits on the community.

The Committee insisted that medical relief and preventive health care must be urgently provided as soon as possible to the vast rural population of the country.

**Setting up of Primary Health Centres**

With the launching of the Community Development Programme in October, 1952 a modest beginning was made to implement a programme of setting
up Primary Health Centres (PHCs) as an integral component for the development of rural areas. A primary health centre with three sub-centres for every Community Development Block covering approximately 60,000 people was designed to provide curative, preventive and promotive services to rural population. These centres were also expected to be responsible for medical care, control of communicable diseases, maternal and child health and collection of vital statistics. Over the years there has been considerable strengthening of the primary and community health centres spreading all over the country. The Government of India implemented the Village Health Guide Scheme from October 2, 1977 by having a worker from within the community trained in some basic health work to render assistance in maternal care and to educate mothers about immunisation and family welfare schemes.

An important milestone in India’s health services development was reached with the signing of the Alma Ata Declaraton (WHO-UNICEF – Sponsored International Conference on Primary Health Care) on September 12, 1978 recommending, “Health for All by 2000 AD” through Primary Health Care approach. A study group of the Indian Council of Social Science Research and the Indian Council of Medical Research in 1981 drew up a wide range of recommendations on these lines. Following this the Union Ministry of Health and Family Welfare drew up a blue print for action setting specific targets for attaining this goal. The issue of disappointing and poor performance of health care services of the country formed a part of the Government of India’s statement on National Health Policy 1983.

The National Health Policy has enunciated the country’s long-term demographic goal of attaining a replacement level of fertility by the year 2000 at the lowest feasible level of mortality. It also encouraged private efforts and investments to set up specialised treatment centres, health insurance schemes and research efforts to the health problems. The policy also aimed at providing Health
for All by 2000 AD as recommended in the Alma-Ata Declaration through PHC approach. The stress in the National Health Policy was on the provision of preventive, promotive and rehabilitative health services to the people. It also lays stress on integrated and comprehensive approach towards the future development of health services in the country including family planning services.

### TABLE 3.2
TARGETS OF HEALTH FOR ALL BY 2000 A.D.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Indicator</th>
<th>Goals by 2000 A.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Infant Mortality Rate (IMR)</td>
<td>Below 60 per thousand live births</td>
</tr>
<tr>
<td>2.</td>
<td>Crude Death rate</td>
<td>9 per thousand</td>
</tr>
<tr>
<td>3.</td>
<td>Pre School Children (1-5yrs) Mortality Rate</td>
<td>10 per thousand</td>
</tr>
<tr>
<td>4.</td>
<td>Maternal Mortality Rate (MMR)</td>
<td>Below 2 per thousand live births</td>
</tr>
<tr>
<td>5.</td>
<td>Life Expectancy at Birth (Yrs)</td>
<td>64</td>
</tr>
<tr>
<td>6.</td>
<td>Babies with Birth Weight Below 2500 gms</td>
<td>10 percent</td>
</tr>
<tr>
<td>7.</td>
<td>Crude Birth Rate (CBR)</td>
<td>21 per thousand</td>
</tr>
<tr>
<td>8.</td>
<td>Effective Couple Protection Rate</td>
<td>60 percent</td>
</tr>
<tr>
<td>9.</td>
<td>Net Reproduction Rate (NRR)</td>
<td>1.00</td>
</tr>
<tr>
<td>10.</td>
<td>Growth Rate of Population</td>
<td>1.20 percent</td>
</tr>
<tr>
<td>11.</td>
<td>Total Fertility Rate (TFR)</td>
<td>2.3 Children per Woman</td>
</tr>
</tbody>
</table>

Source: Health Information on India, Directorate general of health services, New Delhi.

**National Health Policy 2002**

The Department of Health services in India formulated the National Health Policy 2002 (NHP2002) which was approved by the Cabinet in the same year. NHP 2002 emphasises that any significant improvement in the quality of health services and health status of the citizens would depend on increased financial and

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material inputs, service providers treating their responsibility not as a commercial activity but as a service, a responsive health delivery system, particularly in the public sector and improved governance. Recognising that the health needs to the country are enormous and dynamic and acknowledging the human and financial resource constraints, the National Health Policy 2002 attempts to make choices between various priorities and has set the goals for the next two decades.

**TABLE 3.3**

GOALS TO BE ACHIEVED BY 2000-2015

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particulars</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Eradicate Polio and Yaws.</td>
<td>2005</td>
</tr>
<tr>
<td>2.</td>
<td>Eliminate Leprosy</td>
<td>2005</td>
</tr>
<tr>
<td>3.</td>
<td>Eliminate Kala Azar</td>
<td>2010</td>
</tr>
<tr>
<td>4.</td>
<td>Eliminate Lymphatic Filariasis</td>
<td>2015</td>
</tr>
<tr>
<td>5.</td>
<td>Achieve zero level growth of HIV/AIDS</td>
<td>2007</td>
</tr>
<tr>
<td>6.</td>
<td>Reduce Mortality by 50 percent on account of TB, Malaria and Other vector and water borne diseases</td>
<td>2010</td>
</tr>
<tr>
<td>7.</td>
<td>Reduce prevalence of blindness to 0.5 percent</td>
<td>2010</td>
</tr>
<tr>
<td>8.</td>
<td>Reduce IMR to 30/1000 and MMR to 100/lakh</td>
<td>2010</td>
</tr>
<tr>
<td>9.</td>
<td>Increase utilization of Public Health Facilities from current level of &lt;20 to &gt;75 percent</td>
<td>2005</td>
</tr>
<tr>
<td>10.</td>
<td>Establish an integrated system of surveillance, National Health Accounts and Health Statistics</td>
<td>2010</td>
</tr>
<tr>
<td>11.</td>
<td>Increase Health Expenditure by Government as a percentage of GDP from the existing 0.9 percent to 2.0 percent</td>
<td>2010</td>
</tr>
<tr>
<td>12.</td>
<td>Increase share of central grants to constitute at least 25 percent of the total health spending</td>
<td>2010</td>
</tr>
<tr>
<td>13.</td>
<td>Increase state sector health spending from 5.5 percent to 7 percent of the budget.</td>
<td>2005</td>
</tr>
<tr>
<td>14.</td>
<td>Further increase to 8%</td>
<td>2010</td>
</tr>
</tbody>
</table>

While India's overall expenditure on health is comparable with other developing countries, its per capita health expenditure is low due to its large billion plus population and low per capita income (Table 3.4). India spent 4.8% of its Gross Domestic Product in 2003 is also low compared to other developing countries, government spending on health as a proportion of total expenditure has been declined from 4.5 percent in 1999 to 3.9 percent in 2003.9

### Table 3.4

**Health Expenditure - India and Other Developing Countries - 2003**

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Countries</th>
<th>Total Expenditure on Health as % GDP</th>
<th>Per Capita total Expenditure on health at International Dollar rate</th>
<th>Government Expenditure as% of total expenditure on health</th>
<th>Private Expenditure as% of total expenditure on health</th>
<th>Government Expenditure of Health as % of total Government Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Brazil</td>
<td>7.6</td>
<td>597</td>
<td>45.3</td>
<td>54.7</td>
<td>10.3</td>
</tr>
<tr>
<td>2.</td>
<td>China</td>
<td>5.6</td>
<td>278</td>
<td>36.2</td>
<td>63.8</td>
<td>9.7</td>
</tr>
<tr>
<td>3.</td>
<td>India</td>
<td>4.8</td>
<td>82</td>
<td>24.8</td>
<td>75.2</td>
<td>3.9</td>
</tr>
<tr>
<td>4.</td>
<td>Korea</td>
<td>5.6</td>
<td>1074</td>
<td>49.4</td>
<td>50.6</td>
<td>8.9</td>
</tr>
<tr>
<td>5.</td>
<td>Thailand</td>
<td>3.3</td>
<td>260</td>
<td>61.6</td>
<td>38.4</td>
<td>13.5</td>
</tr>
</tbody>
</table>


However, India’s performance in terms of health infrastructure is not up to the mark when compared with that of other developing countries. India compares unfavourably even with low-income countries. The number of physicians per 1000 population for the world is 1.5 where as for India it is 1 which is at par with the average of low-income countries. For the public sector it is just 0.2. The number of hospital beds per 1000 population for India is 0.7 which is much lower than the world average of 3.3 and the average of 1.5 in low income countries.
TABLE 3.5
HEALTH MANPOWER AND HOSPITAL BEDS, 1990-98

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Countries</th>
<th>Physicians Per 1,000 population</th>
<th>Nurses per 1,000 population</th>
<th>Midwives Per 1,000 population</th>
<th>Hospital beds Per 1000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Indian Public sector</td>
<td>0.2</td>
<td>-</td>
<td>0.2</td>
<td>0.4</td>
</tr>
<tr>
<td>2.</td>
<td>India Total</td>
<td>1.0</td>
<td>0.9</td>
<td>0.2</td>
<td>0.7</td>
</tr>
<tr>
<td>3.</td>
<td>World</td>
<td>1.5</td>
<td>3.3</td>
<td>0.4</td>
<td>3.3</td>
</tr>
<tr>
<td>4.</td>
<td>Low-income Countries</td>
<td>1.0</td>
<td>1.6</td>
<td>0.3</td>
<td>1.5</td>
</tr>
<tr>
<td>5.</td>
<td>Middle-income countries</td>
<td>1.8</td>
<td>1.9</td>
<td>0.6</td>
<td>4.3</td>
</tr>
<tr>
<td>6.</td>
<td>High-Income countries</td>
<td>1.8</td>
<td>7.5</td>
<td>0.5</td>
<td>7.4</td>
</tr>
</tbody>
</table>


As a result of sustained efforts, considerable progress has been achieved in raising the health status of the people. India’s large public health care infrastructure and national disease control programmes have succeeded in eradicating leprosy and polio. India’s life expectancy at birth has increased from 31.7 years in 1947 to 58.6 years in 1986-91 and 64.8 years in 2001-06. The crude death rate has declined sharply from 27.4 in 1941-51 to 9.8 in 1991 and to 8.1 per thousand population in 2002. The infant mortality rate is estimated to have declined from 134 per thousand in 1941-51 to 80 in 1991 and to 66 in 2002. These indicate a fairly efficient performance of the health services. But when compared with other developing countries the health indicators show a lower rate of progress despite initial advantages.

10. Central Bureau of Health Intelligence, Intelligence – India, http://cbidghs.nic.in/
Development of health care sector is the toughest challenge for the government since it faces several problems. The challenges include vast population, paucity of resources and non-availability of affordable health care to the poor. Around 26 percent of India’s population are below poverty line having no access to basic health services. An assessment of the Indian health care sector reveals that it is performing poorly on the key dimensions of coverage, purchasing and delivery. Coverage or prepayment of health care needs enables pooling of resources that can then be used to cross-subsidise the health care needs of the rich and poor and the healthy and the ailing. The five forms of health care coverage – private insurance, social insurance, employer-provided cover, community insurance schemes and government health care spending have very limited reach of less than 15 percent of the population. The poor coverage leads to large, private out-of-pocket spending on health care. Over 60 percent of Rs.86,000 crores spent on health care delivery in India is private, out-of-pocket spending.

TABLE 3.6
HEALTH INDICATORS
INDIA AND DEVELOPING COUNTRIES

<table>
<thead>
<tr>
<th>S.No</th>
<th>Country</th>
<th>Life expectancy at birth year</th>
<th>Infant Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Brazil</td>
<td>70</td>
<td>34</td>
</tr>
<tr>
<td>2</td>
<td>China</td>
<td>72</td>
<td>31</td>
</tr>
<tr>
<td>3</td>
<td>India</td>
<td>62</td>
<td>38</td>
</tr>
<tr>
<td>4</td>
<td>Republic of Korea</td>
<td>77</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Thailand</td>
<td>70</td>
<td>21</td>
</tr>
</tbody>
</table>


13. Ibid. p.1
EXHIBIT – 2
SHARE OF MEDICAL EXPENDITURE

Individuals are unable to negotiate with providers on the cost or quality of care because of their limited bargaining power. The public infrastructure is large in both rural and urban India. The urban areas have received relatively adequate resources over the years and hence the infrastructure and facilities in urban areas are reasonable. In rural areas the main inputs have been only for preventive and promotive services, especially family planning and more recently immunisation services. Nearly 70 percent of the hospital beds and approximately 80 percent of the doctors are located in urban areas where only a little over 20 percent of the population live. In rural areas the Government has vast base of primary health centres, community health centres and sub-centres, but they have not yielded optimal benefits. Many institutions are not fully functional due to staff shortage and non-availability of drugs and consumables. Patients turn to private providers for most of their needs as physicians and medicines are easily available there and patients perceive a better quality of care.

In urban areas, a major part of their health resources are utilised on special and super-special health services while major health needs are primary health care. The public infrastructure in urban India consists of tertiary medical colleges, district and taluk hospitals and disproportionate amount of care is utilised by the richer sections of the society.

Private health care services in India have grown and diversified during the last two decades. These consist of a range of players, who provide services in both rural and urban areas. They include individual private practitioners providing primary level care, small and medium nursing homes mainly providing secondary care and few charitable and corporate hospitals that provide tertiary level care. A bulk of the private sector consists of individual practitioners both trained

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and untrained, followed by nursing homes and hospitals, which are owned by single owner or in partnership. While private practitioners are available in both rural and urban areas, nursing homes and hospitals are mainly located in urban areas.

The growth of the private health care services is uneven across the states. The states like Kerala, Andhra Pradesh, Maharashtra, Punjab, Gujarat and Tamil Nadu have higher number of beds compared to the public sector services. Between 1970 to 1990 there has been a steady increase to total bed strength in the private sector. In 1973 private beds constituted 22.3% of total bed strength which rose to 28.9% during the early 80s and accounted for 37% of the total in the early 90s.\textsuperscript{15}

Majority of the private hospitals and nursing homes have a bed strength ranging from 5 to 100 beds and their average size being 22 beds.\textsuperscript{16} The hospitals and hospital beds in the private sector are skewed towards urban areas which accounted for 65% and the remaining 35% being in rural areas.

\begin{table}
\centering
\caption{Size of the Private Hospitals in India}
\begin{tabular}{|c|c|c|}
\hline
S.no. & Bed strength & Percentage of private hospitals \\
\hline
1 & Less than 30 & 84 \\
\hline
2 & 30-100 & 10 \\
\hline
3 & 100-200 & 5 \\
\hline
4 & More than 200 & 1 \\
\hline
\end{tabular}
\end{table}

\textsuperscript{15} Rama V.Baru, Privatisation and Corporatisation http://www.india.seminar.com
\textsuperscript{16} Health Indicators, http://www.ita.doc.gov/td/health/India.indicator05.POF
EXHIBIT -3
SOURCES OF PRIMARY TREATMENT

Private Practitioner 56%
Public clinic / PHC 19%
Private Clinic / Nursing Home 15%
Other Private Hospital 10%

Private spending accounts for Rs.69,000 crores constituting to be the largest component of health care delivery market—over 55% of the outpatient spending is on acute infectious diseases and the inpatient spending is concentrated on cardio, cancer, accidents, acute infections and maternity.

**Private Health care spending**

<table>
<thead>
<tr>
<th>Share of Inpatient Vs Outpatient Care</th>
<th>61% of spending is outpatient care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spending by Main disease groups</td>
<td>55% of outpatient spending is on Acute infectious diseases. 85% of inpatient spending is on cardio,</td>
</tr>
<tr>
<td>Spending by residence of Patients and Income Segment</td>
<td>Urban Indians and the rich Account for a disproportionate</td>
</tr>
</tbody>
</table>


Large hospitals form only a small proportion and are mainly registered as private limited companies, public limited companies or as trusts. They provide tertiary level specialist care and their scale of operation is much higher. Major Corporations like Tatas, Apollo group, Wockhardt, Escorts have made significant investments in setting up state-of-the art private hospitals in cities like Mumbai, New Delhi, Chennai and Hyderabad. Among the corporate hospitals, the Apollo group promoted during the late eighties has emerged as the largest private health care corporation in Asia. Simultaneously exclusive trust hospitals that were focusing on secondary care, started upgrading themselves to meet super speciality needs in other cities as well. Arrival of foreign patients, advantage in comparative
pricing of medical expenses, Global recognition of Indian medical talent and India’s IT Capabilities contributed for the existence of many world class corporate hospitals in India.

**TABLE-3.8**

**THE BEST HOSPITALS IN INDIA (TOP-TEN)**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospitals</th>
<th>Rated High for</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All India Institute of Medical Sciences Delhi.</td>
<td>Multi-Speciality</td>
</tr>
<tr>
<td>2</td>
<td>Apollo Hospitals, Chennai.</td>
<td>Cardiology, Gynaecology and Obstetrics, Plastic Surgery</td>
</tr>
<tr>
<td>3</td>
<td>Post Graduate Institute of Medical Education and Research, Chandigrah.</td>
<td>Gastroenterology, neurology,</td>
</tr>
<tr>
<td>4.</td>
<td>Christian Medical College, Vellore.</td>
<td>Nephrology, Orotopaedics,</td>
</tr>
<tr>
<td>5</td>
<td>Breach Candy Hospital, Mumbai.</td>
<td>Cardiology, Gynaecology and Obstetrics, Plastic Surgery, Orthopaedics</td>
</tr>
<tr>
<td>5.</td>
<td>National Institute of Mental Health and Neurosciences, Bangalore.</td>
<td>Neurology, Mental health</td>
</tr>
<tr>
<td>7</td>
<td>Jaslok Hospital, Mumbai</td>
<td>Nephrology, Gynaecology and Obstetrics, Gastro enterology</td>
</tr>
<tr>
<td>8.</td>
<td>Bombay Hospital, Mumbai</td>
<td>Nephrology</td>
</tr>
<tr>
<td>9.</td>
<td>Tata Memorial Hospital, Mumbai</td>
<td>Oncology</td>
</tr>
<tr>
<td>10.</td>
<td>Indroprastha Apollo Hospitals, Delhi</td>
<td>Cardiology, nephrology, orthopaedics gynaecology and obstetrics</td>
</tr>
<tr>
<td>10.</td>
<td>Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow</td>
<td>Nephrology, Gastro enterology</td>
</tr>
<tr>
<td>10.</td>
<td>Escorts Heart Institute and Research Centre, Delhi</td>
<td>Cardiology</td>
</tr>
</tbody>
</table>

Source: The week Special Issue January, 18, 2004 p.23.
Future Health care Demand in India

Changing demographic profile, disease profile and rising treatment costs will increase the spending on health care delivery to be more than double by 2012. The total health care delivery market in India could expand to Rs.1,94,000 crores – Rs.2,70,000 crores with private spending remaining the largest component. The total health care market could touch 6.2-8.5% of GDP. Liberalised health insurance sectors in India will derive the growth of health care in India and will enhance the health care market by an additional Rs.39,000 crores.17

To meet this increased demand for health care, India needs to invest in infrastructure and create cost effective facilities. The private provider has an important role in meeting the demands of health conscious patients of twenty first century through various delivery formats tertiary care, secondary care and a low investment driven primary care.

Medical Tourism in India

India is a recent entrant into medical tourism offering world-class health care facilities with warm hospitality and rich cultured heritage. Medical Tourism in India is presently growing at 30% annually.18 Over 1,00,000 foreigners visited India in the year 2002 for medical treatment. Most of the patients are coming from Gulf and South East Africa. Foreigners account for 10 to 12 percent of all patients in Top Mumbai hospitals despite road blocks like poor aviation connectivity, poor road infrastructure and absence of uniform quality standards.19 Apollo hospital group alone has so far treated 95,000 patients from Thirty four countries. The key ‘Selling points of the medical tourism industry are its Cost effectiveness and its combination with the attractions of tourism. According to a study by Mckinsey company and the confederation of Indian Industry, medical tourism in India could become a billion dollar business by 2012.

17. CII and McKinsey Company, op.cit,p5
### TABLE-3.9
TREATMENT COSTS ($)

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Procedure</th>
<th>U.S.</th>
<th>India</th>
<th>South Africa</th>
<th>Thailand</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Facelift</td>
<td>8000 - 20,000</td>
<td>10,000-20,000</td>
<td>1252</td>
<td>2682</td>
</tr>
<tr>
<td>2.</td>
<td>Hip replacement</td>
<td>17,000</td>
<td>2,500</td>
<td>6671</td>
<td>N.A.</td>
</tr>
<tr>
<td>3.</td>
<td>Open Heart Surgery</td>
<td>1,50,000</td>
<td>5,000 – 10,000</td>
<td>13,333</td>
<td>7,500</td>
</tr>
<tr>
<td>4.</td>
<td>Eye (lasik)</td>
<td>3,100</td>
<td>7,000</td>
<td>2,166</td>
<td>730</td>
</tr>
</tbody>
</table>


### Health Care in Tamilnadu

Tamil Nadu boasts of excellent health care services which cater to the needs of the people even in the remote areas of the state. The state has placed health care high on its priority list and has taken every effort to ensure that quality health care is available to all its people. Basic health facilities are extended to the mass of the population, Endemic diseases are eradicated or well under control. Simultaneously modern health care facilities using cost effective advanced techniques have been established in the state especially in the private sector. These facilities attract not only patients from other states but also from some developing countries as well. Since 2002 the share of health in the state budget has ranged from 5.60 percent to 5.86 percent. The per Capita expenditure health works out to roughly Rs 165 per annum. The current health status of the people in the State in relation to the goals set for 2010 given in the following table shows some of the unfinished tasks in this decade. The high Infant Mortality rate which is 51 per 1000 live births needs greater attention.

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TABLE-3.10
HEALTH INDICATORS OF TAMIL NADU

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Indicator</th>
<th>Status 2002</th>
<th>Goal 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Life Expectancy at birth years</td>
<td>65</td>
<td>70</td>
</tr>
<tr>
<td>2</td>
<td>Crude Birth rate per 1000 population</td>
<td>19.2</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>Crude death rate per 100 population</td>
<td>7.9</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>Infant Mortality rate per 1000 live births</td>
<td>57</td>
<td>28</td>
</tr>
<tr>
<td>5</td>
<td>Maternal Mortality rate per 1000 live births</td>
<td>1.3</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>


Health Care services are available to the state's population in

- Health centres, dispensaries and hospitals including teaching hospitals in the public sector.
- Hospitals including those of Corporate sector, nursing homes and medical practitioners of the private sector and hospitals/clinics run by Non-Government organisations/trusts.

The public health facilities are spread over the state in both rural and urban areas, while the private sector institutions are largely concentrated, in metropolitan cities and towns, a few in semi-urban and rural areas. Private practitioners and clinics run by NGOS/Trusts do operate in some rural areas. While information in the number and spread of the public health facilities is available, the data on the private and voluntary sectors is rather weak. 54 percent of the households with low standard of living generally preferred the public medical sector for treatment against only 7 percent of the households with a high standard of living (Table given below)
TABLE-3.11
SOURCE OF HEALTH CARE

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particulars</th>
<th>Standard of Living</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>1.</td>
<td>Public Medical Sector</td>
<td>53.5</td>
</tr>
<tr>
<td>2.</td>
<td>Private Medical Sector</td>
<td>45.4</td>
</tr>
<tr>
<td>3.</td>
<td>NGO/Trust Hospitals/Clinics</td>
<td>0.5</td>
</tr>
<tr>
<td>4.</td>
<td>Other Sources</td>
<td>0.6</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>


The Service outlets providing health care delivery to the states population operate through a multi-tier delivery system in the public sector. The range of health services delivered depends upon the facility. State in rendering medical services through the grid of 315 hospitals, 213 dispensaries and 1415 primary health centres.

TABLE-3.12
PUBLIC HEALTH FACILITIES IN TAMIL NADU

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Health Facilities</th>
<th>2003-2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hospitals</td>
<td>315</td>
</tr>
<tr>
<td>2.</td>
<td>Dispensaries</td>
<td>213</td>
</tr>
<tr>
<td>3.</td>
<td>Other Medical Institutions</td>
<td>29</td>
</tr>
<tr>
<td>4.</td>
<td>Primary Health Centres</td>
<td>1,415</td>
</tr>
<tr>
<td>5.</td>
<td>Beds in Hospitals and Dispensaries</td>
<td>51,765</td>
</tr>
<tr>
<td>6.</td>
<td>Doctors</td>
<td>9,543</td>
</tr>
<tr>
<td>7.</td>
<td>Nurses</td>
<td>9,757</td>
</tr>
<tr>
<td>8.</td>
<td>Village Health-Nurses</td>
<td>10,366</td>
</tr>
</tbody>
</table>

Source: www.tngov.in, www.tnhealth.org
Health Care Services in Coimbatore District

The first hospital was started in 1909 which later became the Coimbatore Medical College Hospital during 1960 (CMCH). This hospital treats at present more than 20 lakh patients annually. The Public health facilities operate in the district at three levels.

- **Primary** - Primary Health Centres and Sub Centres
- **Secondary** - District Head Quarters Hospital at Tirupur, Taluk, and non-taluk hospitals and Dispensaries
- **Tertiary** - Teaching hospital i.e. Coimbatore Medical College Hospital at Coimbatore.

These facilities are available in both rural and urban areas. Recently the Government had sanctioned a mobile clinic with adequate medicines to serve above 40,000 tribal people in 150 settlements of the district.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particulars</th>
<th>2003 - 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Population (2001 census)</td>
<td>42,24,107</td>
</tr>
<tr>
<td>2</td>
<td>Total Number of Beds</td>
<td>1,198</td>
</tr>
<tr>
<td>3</td>
<td>Population per bed</td>
<td>3,576</td>
</tr>
<tr>
<td>4</td>
<td>Total number of Doctors</td>
<td>152</td>
</tr>
<tr>
<td>5</td>
<td>Population per doctor</td>
<td>27,790</td>
</tr>
</tbody>
</table>

Source: Director of Medical and Rural Health Services Chennai - 6.

Private sector health services play an important role in the extension of health care to the district population with a preference for the health facilities by the lower income strata, especially in rural areas. The history of large private players coming to the health care scenario started with the commencing of G.Kuppusamy Naidu Memorial Hospital (GKNMH) fifty years ago by The Kuppusamy Naidu Memorial Trust primarily a speciality hospital for
Gynaecology and paediatrics. Over the years, it developed into multi-specialty hospital with a bed strength of 300. Coimbatore is now turning to be a medicity offering quality treatment with latest medical equipments and infrastructure. Technological advances and increasing number of local doctors presenting papers abroad have drawn attention to this part of the world. Most of the leading physicians have been trained abroad before returning to their roots to start high-tech hospitals. Amidst the super speciality and multi speciality hospitals, also function specialty hospitals. The confederation Indian Industry (CIT) is encouraging hospitals to get recognition from U.K. and U.S.A. The Coimbatore Chapter has brought out a CD in collaboration with 18 hospitals, where the city is projected as a favoured treatment destination.  

### TABLE-3.14

THE BEST HOSPITALS IN COIMBATORE

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Hospitals</th>
<th>Rating Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>G.Kuppusamy Naidu Memorial Hospital</td>
<td>22</td>
</tr>
<tr>
<td>2.</td>
<td>Kovai Medical Centre and Hospital</td>
<td>20</td>
</tr>
<tr>
<td>3.</td>
<td>KG Hospital and Post Graduate Medical Institute</td>
<td>16</td>
</tr>
<tr>
<td>4.</td>
<td>PSG Institute of Medical Sciences</td>
<td>13</td>
</tr>
<tr>
<td>5.</td>
<td>Sri Ramakrishna Hospital</td>
<td>12</td>
</tr>
<tr>
<td>6.</td>
<td>Coimbatore Medical College Hospital</td>
<td>8</td>
</tr>
</tbody>
</table>

source: Best Hospitals, the week January, 18 2004 P.38.

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Profile of the Selected Hospitals of this study

G.Kuppusamy Naidu Memorial hospital

G.Kuppusamy Naidu Memorial hospital which was set up fifty years ago has been developed into 300-bed multi-speciality hospital with excellence in Cardiac care and cancer treatment. It is one of the five centres in the country for the detection of and education on cancer and its doctors go to rural areas on detective drives. Concentrating on preventive medicine, the hospital has a rural centre at Veerapandi on the outskirts of Coimbatore with ‘total family’ as the basic concept. Its unique feature is the neo-natal ward, one of its kind in the south to which just born with problems are rushed from even far away places. Government of Tamil Nadu and Government of India have recognised this hospital for Chief Minister’s and Prime Minister’s Public relief fund for heart surgery and cancer treatment. It offers subsidised care for the people from low income group.

Kovai Medical Center & Hospital

Kovai Medical Center & Hospital (KMCH) is 350 bed multi-disciplinary super-corporate hospital located on Avinashi Road on the Coimbatore – Chennai highway. There are over 30 Medical departments and 11 operation theatres at the hospital. Nearly 500 outpatients and inpatients are treated and 25 major and minor surgeries are performed everyday. Super speciality procedure like Coronary bypass surgeries, Hip and Knee replacements, Kidney transplants and Complex neuro surgeries are regularly done in this hospital. The hospital has two satellite medical centres at Perundurai and Ramnagar, Coimbatore. The hospital specialises in emergency and trauma care treatment. On an average 30 emergency cases are admitted per day. Road traffic accidents account for 50% of emergency admissions. KMCH has Collaborated with various trauma care centres on the Coimbatore, Chennai national highway (NH47) to a distance about 100kms extending up to Erode. These centres have been provided with ambulance facility
to pick up accident victims on NH47 at short notice. KMCH is a government approved centre for renal transplant, corneal transplant and heart transplant. It has one of the best rehabilitation department in the country. This hospital is recognised by the Royal College of Surgeons Edinburgh to train FRCS candidates. Under its research and educational trust KMCH offers post graduate, graduate and diploma programmes in paramedical sciences.

**K.G. Hospital**

K.G.Hospital was founded in 1974 by K.Govindasamy Naidu Medical Trust with a bed strength of 25. Today it is a 300-bed multi specialty high-tech hospital offering a variety of health care services. There are over 24 medical departments and 7 operation theatres in the hospital. It is equipped with sophisticated diagnostic facilities. 25,000 surgeries for brain tumors, 450 renal transplants, 18 cadaver kidney transplants and 48,000 laparoscopic surgeries have been conducted at the hospital. It is the fourth hospital in the country to have obtained ISO 9002 for rendering quality medical care. The hospital is recognized by the Government, the Dr.M.G.R. Medical University Chennai and the National Board for conducting medical research. It is also a recognized centre for Post-graduate courses in 12 medical super specialisations. The Regional Diabetic Centre of this hospital provides preventive, managemental and rehabilitative care in diabetes. The KG Heart Superspeciality centre is an advanced high tech centre for state-of-the-art cardiac care. The centre provides world-class treatment facilities and health care experts for cardiac care under one roof.

**PSG Hospital**

PSG Hospital, a multi speciality hospital offers comprehensive care under a single roof. Having its academic affiliations with the PSG Institute of Medical Sciences and Research, the PSG College of Nursing, the PSG College of Paramedical Sciences and like PSG College of Pharmacy, the Institution strives to achieve the highest standards in medical care. The hospital with its bed size of 600
have more than 30 medical departments. Excellent work has been done by the department of cardiology and cardiac surgery. By-pass surgeries are being done routinely with a high success rate. There is a very active renal transplant programme. Complicated neuro-surgical procedures are undertaken. The faculty in the department of dermatology are trained to do dermotosurgical procedures including hair transplant. The particular strengths of the hospital are ethical practice of medicine compassionate and empathetic touch to the art of the healing and a fixed and transparent fee schedule. It offers special packages and subsidised care for the poor and needy.

**Sri Rama Krishna Hospital**

This is a multi-specialty hospital run by S.N.R Sons Charitable Trust with the objective to provide quality care at affordable cost. There are over 24 medical departments and eleven operation theatres with all facilities. This hospital with the bed size of 350, have sophisticated medical equipments for diagnostic and treatment facilities and well qualified and experienced doctors. The bed occupational rate is 90-110 percent and the outpatient attendance is of the hospital is 450 per day. The National Board of Examinations, New Delhi has recognized the hospital for conducting Dip.NB Course in General Medicine, General Surgery and Obstetrics and Gynaecology. Free treatment is provided to the needy poor patients in the hospital. About 40 percent of the outpatients and 15 percent of the inpatients are provided with free treatment. Concessions in treatment charges are given to those who cannot afford the full cost of treatment.