Chapter-VIII

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Health is a fundamental human right and every welfare state takes the responsibility to provide health care facilities to its people. But in a country like India with a huge population, it is not possible for the state alone to maintain and control the health sector. So the private health sector has now become an inseparable part of India's health sector.

First chapter discusses that health at the conceptual level is complete well being of a person which includes social economical, physical and psychological well being. It is a state, where there is a balance in body, mind, social and spiritual well-being. It is affected by social, environmental, hereditary and personal factors.

Health scenario in India is still very disturbing where lots of efforts are needed to mitigate the health problem. In ancient India, different systems of medicine were used i.e. ayurveda siddha, unani and homeopathy etc. in which Ayurveda was dominant. Each system of medicine has its own scientific principle and has been used by the people of India.

Before independence, the health status of people was very low. The traditional system of medicine was prevalent at that time. The Britishers brought and introduced the modern medicine in India which mainly aimed to serve the army and the Britishers staying in India. But there was inadequacy of health personnel in the country.

As far as Haryana is concerned, the health problems in the state depicted through secondary sources, show that children and women are still suffering.

In Rohtak district significant number of private institutions exist especially in urban areas. So it will be interesting to know the working and
functioning of private clinics/hospitals in terms of facilities and structure. That's why the present study has been conducted in this particular area.

In the second chapter we have reviewed the existing literature related with the health care. We have divided the studies in to four categories: (i) Public health care studies; (ii) Interaction between doctor-patients and others; (iii) Public-private partnership, (iv) Private health care studies.

The studies related to public health care studied the health system in India, its problems, the health problems of the population and the need for more infrastructure. These studies point out that India's health situation is very disturbing and it needs more effective plans and efforts to maintain the health status of the people.

In the second category studies related to the interaction between doctor and patients reveal that the health behaviour of the people is influenced by social, psychological and environmental factors. These factors also influence their perception towards health problems and treatment. It is also highlighted by these studies that doctor-patient relationship is important aspect of health care services as it influences and moulds the perception of users towards health care. In the contemporary society people are not only recipients of medical treatment but also the active participants in the maintenance of their own health.

In the third category studies related to public-private health care emphasise that privatization of health services is the need of the day. The people are getting more attracted towards private health care because of better facilities and accessibilities to the health care. However, People face so many problems in public health centres like overcrowding, lack of personal attention to the patients etc. Private health sector itself is carrying lots of problems like high cost and do not have regulatory check. Therefore, public-private partnership can be a good solution to these problems.
In the fourth category studies are exclusively related with the private health care. They pointed out that private health sector is a profit making industry. These studies underlines the need and importance of having regulation on quality, fee structure and working of private health care sector.

The Third chapter discusses that after independence, the government adopted British system of administration even in health care system also. The government of India appointed a number of committees to review the health situation i.e. Bhore committee, Kartar Singh committee Mudliar committee, Shrivastava committee, etc. and also started many health policies and program. But the government could not achieve the target of ‘Health for All’ in 2000 which was committed. Health policy of 1983 laid stress on preventive, promotive, public health and rehabilitative aspects of health care services to reach the population in the remotest areas of the country.

Due to the globalization and commercialization of health sector private health sector had a boom. It was declared as industry during 1980s by the government. Even the government underlined the importance of private health sector in different health policies and plans. Presently, a very large number of professionals are working in private health sector. The main objectives of the New Health Policy of 2002 is to achieve an acceptable standard of good health amongst the general population of the country and increase access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. The contribution of the private health sector in providing health services would be enhanced particularly for the group, which can afford to pay for service.

In India, privatization of health sector is considered an urban phenomena. Even the report of Bhore committee (1946) pointed out that about 80 percent private practitioners are working in urban areas. It is an important phenomena that both the consumers and providers of private services are largely drawn from middle close (Baru, 2003).
Keeping in views this phenomena, the government has tried to make private sector more efficient and transparent by making some rules and regulation regarding minimum wages for the staff, qualification of the staff, fees paid by the patients etc. But still it needs more when the questions of efficiency and following these rules arise.

In the fourth chapter, we have discussed the field and planning of the study. The present study has been conducted in Rohtak city in Haryana State. Haryana is a developed State. However, the health of mother and child health is not impressive. There are a few Gynecologists, obstetricians and Pediatricians while requirement is of 86 in number.

We have selected Rothtak city as our field of study because there is enough private allopathic clinics working in the area which help us to understand the structure and pattern of functioning of private health care.

In the present study, we have taken 16 clinics which also includes Dental, Maternity nursing homes, eye clinics with in-patient care and some clinics with out-door care. We interviewed 320 respondents i.e. 20 respondents from each clinic we have also interviewed all the doctors of 16 clinics which comes to 24 doctors.

The main objectives of the study are to know the socio-economic background of the users and professional of private health care, to understand the structure of private health care delivery system in terms of pattern of practice, fee charges for consultation and treatment, facilities and diagnostic pattern etc., to explore the users perceptions regarding private health care in terms of quality, efficiency accessibility and affordability, to explore the views and perception of private medical practitioners regarding private health care vis-à-vis public health care and also about the health policy for promoting health care in the country and to understand the regulatory mechanism for the private health care services in terms of quality of services, fee mechanisms and number of poor indoor/outdoor patients etc.
During our study we found that clinics with only outdoor patients facilities did not have any helper. The doctors themselves only were running these clinics. The Dental and eye hospitals were having staff including 1 or 2 doctors, receptionist, nurse, and laboratory staff. The clinics with indoor patients facilities and maternity hospital were also having helper doctors, nurses, receptionist, and laboratory staff.

The fifth chapter deals with the practice and pattern of private health care services and socio-economic background of the users. Socio-economic background is the impediment for seeking the health care from the private health care facilities. Majority of the users are in 60 plus age group as the degeneration of the body tissues starts which results in different kinds of illness and diseases. In general the morbidity is more prevalent among females as compared to males. However, in traditional societies females avoid visiting clinic or hospital because of inequality present in the society. Our data encourages more women to visit clinics as compared to males. Majority of the users of health care from Hindu community is obvious because Rohtak is dominated by Hindu population. Upper castes are more users of the private clinic and hospitals as they have more affordability, purchasing power, and higher literacy level. More than 75 per cent are literate who visit the clinic and hospitals. There is a direct correlation between one's paying capacity and his or her visit to the clinic and hospital. The data clearly shows that almost 30 per cent users are having monthly income of more than Rs. 15000 per month. The urban areas have increasing number of nuclear families and it is also seen in our analysis.

Regarding availability and proximity of health facilities, the present study finds that private health care facility is easily available and it is also close to their residential area. Since there is a continuous growth in the private health sector, therefore private health care is in close proximity to their residential places. In the present inquiry, the majority of users seek medical help in close
proximity, however nearly 30 per cent seek medical care from private clinics avoiding the criteria of proximity. In the emergent situation of sickness, more than 61 per cent report to go to private clinic. Regarding the fee they pay the consultation fee between Rs. 100 to Rs. 300. However, respondents felt that they find the burden of fee as it is at the higher side. Majority of the users i.e. more than 80 per cent found that they do not like to have the medicines from the same clinic where they are treated. They feel that it should be left to the users to buy medicines from anywhere they like. The users also mentioned that doctors pressurize them to buy the medicines from the particular outlet which might be of their own chain and giving cut to the doctors for sending the consumers to their shop. The charges for room very from Rs. 200 to 400 for indoor facility utilized by the users. More than 32 per cent of the clinics which are studied are providing only consultation services where as 20 per cent are also having surgery and minor operation facilities. The private hospital and clinics do have private rooms and nearly 23 per cent are providing telephone and television facilities to their users. There is lot of debate on the necessity of diagnostic tests, although it is the doctor who is competent to suggest for diagnostic tests. In our study, nearly one fourth of the doctors suggest diagnostic tests to be carried in those centers which are recommended by themselves. The users who do not follow the advice of the doctors for carrying out the tests in the recommended diagnostic centers are again pushed to carry out other tests. Thus, users are discouraged to carry out the tests from the diagnostic centers of their choice. More than 60 per cent users feel that operation theaters are not fully equipped. They mentioned that majority of doctors i.e. 85 per cent share information regarding cost of medicines and diagnostic tests. The frequent visits are also encouraged by the doctors to visit clinic or hospital. However, users are not happy to visit frequently.

Chapter sixth points out the mushrooming growth of private health care institution require uniform and proper standards for their smooth functioning. It
is essential not only for the poor people but for the society at large. In the present chapter, we try to get the views and perception of the users about the private health care. We started with the query why do they prefer private health care institutions instead of public health care facilities? Majority of the respondents opined that easy accessibility is the main reason for preference of private health care. Besides accessibility better facilities, time saving and faith in a particular doctor also take them to the private health care. In relation to their socio-economic background it is revealed that easy accessibility is revealed by the users from the age group of 41-60 years and majority of them are females. Approximately 40 per cent users from upper caste favoured private doctors because of faith in a particular doctor. Nearly 30 per cent users go to private doctors for better facilities in the private health care and who are having income of more than Rs. 15000 per month.

The knowledge about various programmes of health promotion and their right for health have been also ascertained. It is surprising to note that majority of the users i.e. three-fourth of them do not have idea of Health for All Commitment of government policy. Although, nearly 90 per cent do have knowledge about various health programmes run by government like family planning programmes, immunization and polio drops etc. However, they do not have knowledge of other specific programmes.

Specifically we asked to users about their choice treatment whenever there is a need of surgery or operation. More than 60 per cent prefer surgery in the government hospital. The reason for operation and surgery varies from presence of experienced doctors to facilities in the operation theatre. The users who do not prefer surgery in the public hospitals mentioned long waiting period as the main cause for going to the private health care facility. To seek second opinion for surgery, they often go to public health institution to make them sure whether it is really required or not. They often believe that private
doctors want to earn money therefore they advise surgery whether it is needed or not.

Regarding the efficiency of private doctors, nearly 48 per cent find them quite efficient, whereas nearly 52 per cent believed that they are not efficient as compared to government doctors. The knowledge of the users in terms of qualification of doctors is also important. It is quite shocking that nearly half of the users are not aware of the qualification of doctors and other staff working in private hospitals. Regarding the facilities provided in the private health, more than 50 per cent respondents agreed that they find better facilities in the private health care as compared to public hospitals. Further factors which makes private health sector better are closeness of health facilities to their residence, better care, better hygiene, and sanitation condition in the hospitals, less crowded in comparison to public hospital and more attention is given by doctors. Although, shortest waiting time is the most important factor which makes private health sector as the preferred choice.

Regulatory mechanism are the tools that strengthen the functioning of the institutions. When the level of education increases people show their concern for the awareness of issues not for themselves but for the society at large. Likewise, in our study majority of the users reported that they have not been given the exact amount of receipts which they have paid for the treatment it also coincide with their existing knowledge about the regulatory mechanism prescribed by the government for private health care. It is quite shocking that only one respondent has taken advantage of regulatory mechanism.

Health insurance is needed for the people to protect them from uncalled for emergent situation for the health care. Health insurance is a recent phenomenon in India, as nearly 68 per cent users are not insured at all. The users who are insured for their health problems are virtue of their jobs in the government sector. Regarding their by views for insurance, nearly 86 per cent are not at all interested in health insurance. It might be due to their ignorance or
may be because of high burden of premium. In fact majority of them do not have any knowledge of private players in the field of health insurance. It is not at all popular among users.

Regarding the health promotion programmes run by government, 90 per cent of the users are not satisfied. Their dissatisfaction is in terms of lack of health personnels, lack of facilities in government health agencies, lack of communication, ignorance etc. While talking with respondents for the promotion of health programmes they mentioned that adequate funds, adequate personnels, adequate propaganda, accountability and communication process can promote health programmes. The ignorance of the users is so high that 71 per cent are not aware of their health as right.

Public and private health facilities are present in the society, therefore when we picked up the users health care in private sector we also asked them about their views for public hospitals. Money saving and easy accessibility are the main reasons for which they will prefer government hospitals. Preference for experienced doctors is another reason for which they prefer government hospital. Nearly one-fourth of users also mentioned that for chronic diseases they would prefer government hospital as for these diseases the duration of hospitalization and treatment is lengthy.

There is always a scope for the improvement. Although, people are rushing for private health because of certain constraints, but at the same time they want improvements in the private health care facilities. Half of the respondents want that there should be uniform fee structure for all the private health care facilities and fee should be reasonable. Nearly 30 per cent respondents feel that poor people should be treated free of cost because of their inability to pay and another 20 per cent feel that regulatory mechanism should be made more effective and stringent.

The seventh chapter deals with the practitioners and regulatory mechanism. The doctors who enter in to the medical profession largely belong
to high caste, Hindus. Although in the government hospital the provision of reservation for scheduled castes and backward castes makes their presence while in the private sector the number of scheduled castes and other backward castes is very less. Approximately 46 per cent of the doctors are from the age group between 41 to 50 years because before starting their career they prefer to be in government hospital. Majority of the doctors are having nuclear family which is obvious for the urban centers. The entry of females in the medical profession is still far less as evident from our data. It is due to less proportion of females in the education itself and further that females do not want to place them in the private health sector. Although, specialization is needed and preferred in the medical profession also, however approximately 67 per cent doctors are having graduation in medicine or dentistry. In the government hospital to get job is far difficult than to be in private sector that too without post-graduate degree. The income reported by the private doctors seems to be under reported as majority of them i.e. 46 per cent earn only between Rs. 25001 to 35000. Approximately 63 per cent are having the experience of more than fourteen years in the private practice.

Exactly 50 per cent private doctors are having other health personnels between one to four whereas half of them are having para-medical staff between five to six numbers. It is surprising to note that nearly 38 per cent clinics are not having qualified staff in terms of their degree or diploma. Regarding the recruitment of doctors in the government job, nearly one-third of doctors were selected in the government job but they did not join it as they always wanted to have their own private health care facility. More than 50 per cent never tried for government job.

The doctors who have invested much in their education wish to gain as much as possible. There is enough evidence that more than 67 per cent doctors are in private practice because they want to earn more money. In the field of
private practice, the doctors take to the medical profession to run it purely along commercial lines.

Practitioners' views regarding the popularity of private health care lies in the fact that in the private hospital doctors give more time to the patients when they interact for their ailments. Quick and immediate attention is also significantly important for users' attraction for private health care. Although home visits are nearly a thing of past it is still important for the scope of private doctors. With the introduction of pay for service in the era of liberalization has also affected the government hospitals. The user fee is charged in the public hospital for different diagnostic tests, medicine etc. which deter the users to come to public hospitals. Although nearly 38 per cent feel that user fee is not at all deterrent. The reasons mentioned for the attraction towards private health care are less attention to patients given in public hospital, delay in attending the emergency of patient and over-crowdedness in public hospitals.

How well is the administration in case of private health care? Our study clearly points out that three-fourth of the doctors maintain medical records of the patients in some or other form.

When the doctors started their own health facility, what help did they take from the government? Majority of the doctors i.e. 96 per cent did not take any help from government either in the form of money or other form.

The incentives which doctors mentioned for private health care are in the form of tax exemption for medical equipments, facilities in the rural areas and linkages between private and government health institutions and easy loans for buying equipments etc. 80 percent doctors are not satisfied with the health promotion programmes run by the government. The health programmes can be made more effective by involving private doctors and NGOs. Special programme for urban slum and propaganda on large scale can also be effective tool for the success of health programmes. Establishment of multi-facilities
health centers in rural areas is another strategy for making health programmes successful.

The normative pattern to regulate the practice of doctors is followed in public as well as private health care. Although it varies in form and content. Approximately 96 per cent of the doctors follow the instructions issued by the government from time to time.

Thus, in present study, we found that no doubt that in Rohtak district, the private clinics/hospitals are working on a large scale but people are availing private health care due to the problems faced by them in government hospital. Even they are overburdened by the fee charged by these private clinics/hospitals. So there is a need not only to have regular checks on private clinics/hospital but to provide better facilities in government health centers also.