

# INTRODUCTION

The present study will investigate the development of private health care in post-1947 Kolkata in a historical perspective and explore the institutional history of some of the nursing homes and private hospitals. The research will tease out the process of the intrusion of the market forces in health care and probe its linkages with the policies of the welfare state.

Together with historicizing the roots of the present problem on health care services, this study will also explore the role of socio-economic and political forces that operate in a certain geographical space and directly influence the character of its health care sectors. The 'problem', which the present research proposes, will be studied from a new dimension. It will look into the malpractices and the ethical issues that centre on health care services and medical profession. The study will investigate this problem by exploring the complexities of the health care services in Kolkata with special emphasis on the emergence, growth, role and the changing pattern of private health care services and the decline or degeneration of the services of the public hospitals.

At the outset, it is however necessary to state that this research intends to study the evolution of the institutionalized private healthcare services (for private healthcare is a broad spectrum that also includes non-institutionalized medicare) i.e. corporate hospitals or tertiary specialty and superspeciality private institutions and small private nursing homes providing curative level care, from a historical and sociological perspective. Along with this admission, another aspect needs mentioning, that the emergence of private healthcare and the decline of public hospitals should never be studied in a simplified form of cause and effect relation structure. Both these systems exist in parallel within a certain geographical space and the emergence of one sector and the decline of another are may not be linked in any simple causal relationship. Rather, several other forces operate and influence the rise and fall.

The aim of the study is not merely to trace the increase of the private health care sector in Kolkata, but to explore the changing pattern of the entire health care sector, which has transformed itself to a profit-making commodity over the last two decades.

Herein we shall have to look beyond Kolkata; indeed, we will need to place Kolkata in the wider pan Indian perspective. Exploring the story of transformation of health care in a welfare state is the chief concern of this work. This particular work will examine how a welfare state by undertaking the policy of load shedding invited private capital to invest in health care.

Keeping pace with the changes in the global scenario, the health care sectors have also undergone radical transformation. Local and global compulsion in the post reform period brought about a paradigm shift within the peripheries of the private health care sectors.

This research seeks to highlight the changes that mark a break from the old fashioned nursing homes of a newly independent city to big private hospitals of a 'post industrial globalised metropolis'. So this study deals with:

- Degenerating public hospitals of Kolkata.
- Displaced small nursing homes.
- Emerging big private (corporate) hospitals.

Against this backdrop, the present research seeks to pose and try to answer certain questions. They are:

- What was the state of public health care system in Kolkata after 1947? Was it inadequate to meet the need?
- What was the nature of private health care in post 1947 Kolkata? Was its development independent or linked with the public sector?
- Is there any paradigmatic shift within the periphery of private health care sector in the post reform era?
- What are the factors responsible for the growth of private health care in Kolkata?
- Why and how did the welfare state accommodate the influx of corporate capital in health sector?
- How did the transformation of health care from a service to commodity jeopardize common people's access to health care?

### Some Major Publications in Health History and Policy.

The relationship between health and health care with society, environment, economic and political forces on the one hand and their influences in developing health care services on the other have long occupied the arena of academic discourses. This method was predominant in western societies where scholars like Abel-Smith, Navarro, Rosen, Mckinley, Raymond Illsley, Oscar Gish, Meredith Turshan and Joan Higgins have not only discussed the dynamics of the impact of socio economic factors on the health service development but also discussed the aspects of political economy of health and health services in different contexts.<sup>1</sup> In India a group of health activists launched a quarterly journal, named Socialist Health Review (Editorial 1984), to publish their ideas. In this field of study, high quality work was turned out by Debabar Banerjii, Roger Jeffery, Radhika Ramasubban, Imrana Quadeer, C.A.K Yesudhian, Rama V Baru, Anant Phadke<sup>2</sup> and many others who have opened up certain new dimensions for social sciences studies in health.

Abel-Smith has analyzed the interrelationship between the policy, planning and financing of health care in the context of both developed and developing countries. This book also distinguishes between the health care cultures of developed and

<sup>1</sup> Abel-Smith, Brian. *An Introduction to Health: Policy, Planning and Financing*. New York: Longman Group Limited, 1994. Navarro, Vicente. *The Political and Social Context of Health*. New York: Baywood Publishing Companies Inc, 2004 and Navarro, Vicente. *Crisis, Health, and Medicine*. New York: Tavistock Publication, 1986. Rosen, G. 'The Hospital: Historical Sociology of a Community Institution'. In *The Hospital in Modern Society*. Ed by E Friedson London: Collier-Macmillan Ltd, 1963 and *Industrial Change in India 1970-2000*. New Delhi: Allied Publishers, 1988. McKinley, JB. *Issues in the Political Economy of Health Care*. New York: Tavistock Publication, 1984. Illsley, Raymond. *Professional or Public Health? Sociology in Health and Medicine*. U.K: Nuffield Provincial Hospital Trust, 1980. Gish, O. *Planning the Health Care Sector*. London: Croom Helm, 1975. Turshen, M. *The Politics of Public Health*. New Jersey: Rutgers University Press, 1989. Higgins, Joan. *The Business of Medicine: The Private Health Care in Britain*. Printed in Hong Kong: Macmillan Education, 1988.

<sup>2</sup> Banerji, Debabar. *Poverty, Class and Health Culture*. New Delhi: Lok Prakash, 1981 and *Health and Family Planning Services in India : An Epidemiological, Sociocultural and Political Analysis and a Perspective*. New Delhi: Lokprakash, 1985, Jeffrey, Roger. *Politics of Health in India*. California: University of California Press, 1988. Ramasubban, Radhika. *Public Health and Medical Research in India: Their Origins under the Impact of British Colonial Policy*. Stockholm : SAREC Report, 1982, Quadeer Imrana. 'Health Services System : An Expression of Socio-Economic Inequalities' *Social Action*. 35, July-September. 1985, Yesudian, CAK. *Health Services: Utilisation in Urban India*. New Delhi: Mittal Publications, 1988, 'Behaviour of the private sector in the health market of Bombay'. *Health Policy and Planning*. Vol 9, Issue (1), 1994, Phadke, A. *The Private Medical Sector in India*. Bombay: Foundation for Research in Community Health, 1994, Baru, Rama V. *Private Health Care in India. Social Characteristics and Trends*. New Delhi: Sage Publications, 1998.

developing countries where a section of affluent class suffer from health problems similar to those of the developed countries.

Navarro points out the dramatic growth of state intervention in the health sector, with an added analysis of the dialectical relationship between that growth and the current fiscal crisis of the state. Following a Marxist analysis, Navarro uses the experiences of Western European and North American countries and he establishes that medicine is the most mystified area and subject in modern societies.

In Joan Higgins' work, the transition from a largely 'private' system of self-help, voluntary activity and commercial endeavor to a public health service has been depicted. It also examines the arguments in favors of a service provided on the basis of need rather than ability to pay and at the vestiges of private medicine, which remained when the National Health Service in Great Britain came into existence.

In the Indian context, Debabar Banerji carried pioneering works in this field. Certain glaring issues like economic and political origin of community health problems, how these considerations are crucial to the solution of the problems, the struggle for health as a part of the broader struggle for social and economic justice and the important effect on poverty on health and culture were raised. Reference has also been made to the observations on the issues concerning the political economy of health, health services and family planning in India. The colonial powers had used the health services to strengthen their grip over the population of the subjugated countries. These countries were thus plunged straight from a pre industrial health culture to a colonial pattern of health culture. Most of the newly independent countries of the Third World not only broadly followed the old colonial pattern of health services which serve mostly small elite classes, but the privileged-class-oriented health services also absorbed more and more resources as they developed strong overtones of dependence and commercialization of the health services of the ex colonial powers.

The path breaking work in this area was put forward by Rama, V Baru. Her work discusses in detail the nature and growth of private health care sector in India with special emphasis on the scenario of Hyderabad. This study not only explores the trends in privatization of health care but also its social basis over the last fifty years. The present study is greatly influenced by Baru's work.

Though much have been researched on the issues of health care in post Independence India, largely on the cities of Hyderabad and Bombay, no serious efforts were undertaken to deal with the health care sector of Kolkata, in the era following Independence. This study will try to fill the gap in this connection, although it will essentially confine itself to private healthcare.

The basic lay-out and writing strategy of the thesis is as follows:

There are five chapters that follow this 'INTRODUCTION'.

Each of these chapters contains data and arguments.

These are, wherever necessary, substantiated by footnotes.

The footnotes are numbered from 1 onwards and the counting begins with each chapter.

Each of the chapters is preceded by a chapter abstract.

The fifth and final chapter is followed by CONCLUSION.

Four Appendices come after the CONCLUSION.

The appendices are followed by SOURCES to which the footnotes refer.

Chapter 1 discusses that Private Health Care Sector and Privatisation of the Health Care Services are two entirely different things. There are three phases of the growth of Private Health Care in India. It also shows the 'Promises and the Commitments' of the independent Indian state in the field of Health Care. Inadequacies of the public resources provided the space for private players in Health Care to flourish. In course of the chapter, the emergence of Privatization as a universal phenomenon has been discussed. Finally, this chapter discusses the Nature and Characteristics of Private Health Sector in India from Independence to Pre Liberalization era.

Colonial health and health care conditions in Kolkata along with the conditions of public health and health care in a newly Independent Indian metropolis with special emphasis on the question of demography will be discussed in Chapter 2. It will also

address the problems of increasing population and the subsequent low pace of growth of the Public Health Care Infra Structure.

Chapter 3 will focus on the issues of the global trends in health policy and the perceptions obtaining in India in the early years of Independence. Growth of private medical establishments from the 1940s to the mid 1990s and the recent scenario of private health care in Kolkata will be discussed.

The causes behind the growth of Nursing Homes and Private Hospitals in the era following Independence and the role played by degenerating Public Health and Health Care behind the further development of Private Health Care Sector (Retreat of the Welfare State) will be narrated in Chapter 4. It will also throw some lights on the global compulsion of more drive towards the growth of Private Health Sector.

Finally, in Chapter 5, we shall discuss the Globalisation and the present form of Capitalism along with the large-scale growth of Private Health Sector and its Corporatization. Impact of Structural Adjustment Programme and the nature of Private Health Care in Post Liberalization era will be addressed in this chapter. Issues like the reforms of the Public Hospitals and the subsequent weaknesses and corruptions of the Private Health Care (Impact of the hard selling of Health Care) will also be portrayed in Chapter 5.

It is essential to discuss the modes, methods and efforts employed to collect data from various quarters. Since this is an empirical study on contemporary and near-contemporary history, a great deal of emphasis has gone into eliciting information from oral sources. This is also because this was often the only source wherein information was at all available, for government records are pitifully silent on private health care. Be it the initial reluctance as well as resistance on the part of the staff of private nursing homes & hospitals or the red-tapism in the Government hospitals, this researcher had to face difficulties at every step.

Let us first discuss the scenarios faced in the nursing homes and private hospitals. The interviews were arranged either through personal contacts or through establishing contacts through the phone numbers obtained from the list of private health care establishments registered under Clinical Establishment Act. In this particular section

of this research work, the interviewees primarily consisted of the doctors, administrators, nurses and other staff of the nursing homes and private hospitals. The initial reaction in almost all the cases was invariably that of resistance and reluctance to help. This may be due to failure on their part to gauge the real purpose of the interviewer. They might have thought that this researcher might have been a medical representative or even a journalist attempting to do a story on the poor conditions of healthcare in West Bengal. The resistance ranged from unwillingness to be interviewed at all to the extent of not divulging proper information on their respective hospitals and nursing homes. In many of the cases, the interviewees showed a tendency of intentionally misrepresenting the facts to this researcher. In certain hospitals/nursing homes, the administrators refused to grant an interview session at all, sometimes on the pretext of shortage of time and sometimes even without citing any plausible reason. It would however be most unfair not to mention the exceptions – that is the few cases where certain doctors and administrators warmly extended their help in providing valuable data and thereby helping in making this research a success. In my opinion, their kind gesture will go a long way in providing motivation to any researcher intending to do research in this particular area.

Now, let us discuss the scenario in the Government Hospitals. In this particular section of the research, focus was on the interviews with the patient and the patient parties. As per my opinion, these sessions were all the more difficult. There were manifold reasons for this. The patient and the patient parties might have been afraid that if they divulged too much details about their first hand experience which might not have been too pleasant, they might have to face the flak and wrath of the Hospital authorities and not receive proper care and treatment. They might also have been sceptical about my real identity and in all probability thought that; I was a journalist intending to do a story on the decaying healthcare system in Government Hospitals of West Bengal. Another hardship, which I faced in the Government Hospitals, was that I was initially refused entry inside the wards.

To my utter dismay, I noticed that there were many persons loitering inside the wards who were neither the hospital staff nor the patient parties and nobody cared about them although they had objection in letting me enter the wards. I was finally

permitted to enter the wards after showing the permission letter from the MSVP although I could still feel the reluctance.

This section will remain incomplete if I do not mention here two incidents which I went through in Calcutta Medical College. The first incident occurred in the General Medicine Male Ward where I conducted the interview with the patient party while standing beside the corpse of a patient who died 8 hours before and was still lying in the adjacent bed. This was itself a prominent manifestation of the sorry state of affairs of the Government Health Care system where there was minimal respect for the deceased. Dearth of proper infrastructure indicated that the dead body of the patient was still lying in the ward 8 hours after death. The second incident occurred in the Female Cardiology Ward in Calcutta Medical College where a patient showed great enthusiasm in responding to my questionnaire and also supplied me with many valuable data. It seemed that she had looked upon me as some kind of messiah who can bring about a change in her misfortunes. She kept in regular touch with me and also shared many of her personal problems, which, apparently, did not have any connection with my research. In this way, a personal bondage was established with her.

Lastly, it must be mentioned that although the interview consisted a set of questionnaire framed by me which the interviewee was supposed to respond to, but, in certain cases it went beyond that and I got access to valuable data which was beyond the scope of the questionnaire. This has helped me immensely in my research and thus paved the way for its successful completion.

**N.B.** 'Calcutta' had been changed to 'Kolkata' in January 2001. In this study 'Kolkata' has been used all through for the sake of uniformity.