

CHAPTER 3

Nursing Homes and Private Hospitals in Kolkata: From Independence to Mid 1990's

CHAPTER ABSTRACT:

The chapter begins by examining the global trends in health policy and the perceptions obtaining in India in the early years of Independence. However, the main focus of this chapter is the growth of private medical establishments in Kolkata from the 1940s to the mid 1990s. Basing itself on interviews (given in Appendix II and Appendix III) of a wide cross-section of health workers, the chapter tries to tell the story of private health care in Kolkata. The story is brought down to the mid 1990s when the era of corporate health care made its beginning. The chapter ends with providing some relevant facts and figures pertaining to present scenario of private health care in Kolkata.

Introduction.

A substantial of private health care sector existed between the post 1947 and pre liberalization era. But neither in India, nor in most other developing countries, was there *any governmental policy* directed towards promotion of private health care. It is only in the *recent past* that the policies promoted by the World Bank and other international organizations have placed a high priority upon the increasing role of the private health care sectors especially in the developing countries.¹

In most of the developing countries, even a few decades back, the government was viewed as the sole player in the health care sector. The International Conference on Primary Health Care, Alma-Ata, in 1978, strongly reaffirms that health is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the

¹ Bennet, Sara, McPake, Barbara and Mills, Anne. "The public/private mix debate in health care". In *Private Health Providers : In Developing Countries-Serving the Public Interest?*. Ed by Bennet, Sara, McPake, Barbara and Mills, Anne. London and New Jersey: Zed Books, 1997.P 1.(Hereafter cited as Bennet, Sara,McPake, Barbara and Mills, Anne: "The public/private mix debate in health care".)

active inputs from many other social and economic sectors in addition to the health sector. The primary position of the government, at least in policymaker's eyes, was confirmed by the influential Alma Ata declaration, which viewed government as the major vehicle for improvement in people's health status.² However, a great deal has been researched and written about the performance of the public health care providers but similar knowledge in private health sector has only began to emerge over the last few years.³

Jesani and Anantharam⁴ have correctly pointed out that the private sector and relevance of privatization policies in the health care services are perhaps the least studied areas in our country. Notwithstanding all statements made in our plan documents and policy statements, it is evident that in health care it is the private sector rather than the public sector which occupies a predominant place. According to these two scholars mentioned above, over 80% of doctors of all systems of medicine taken together and almost 80% of the health care expenditure in our country is accounted for by the private sector. It is therefore amply clear that the policy of turning blind eye to the private health care sector has created a big monster which was eating away a big chunk of India's valuable resources.⁵

The idea of calling upon private capital for financing health care was first clearly articulated in the document 'Financing Health Care: An Agenda for Reform' (World Bank 1987), which set the policy agenda for the late 1980's.⁶ However, the importance of the origin of the private health sector has taken proper shape only after the declaration of the World Development Report 1993 – *Investing in Health*.⁷ This was actually the manifestation of the trend towards international mobilization around the theme of a smaller role for government in health care.

² World Health Organization. *Primary Health Care: Report of the International Conference on Primary Health Care*, Alma-Ata, USSR, 6–12 September 1978. Geneva: WHO; 1979

³ McPake, Barbara. "The Role of Private Sector in Health Service Provision". In *Private Health Providers : In Developing Countries-Serving the Public Interest?* Ed by Bennet, Sara, McPake Barbara and Mills, Anne. London and New Jersey: Zed Books, 1997. P21

⁴ Jesani, A and Anantharam, S. *Private Sector and Privatisation in the Health Care Service*. Bombay: FRCH, 1993. P 1(Hereafter cited as Jesani and Anantharam : *Private Sector and Privatisation*)

⁵ Ibid P 1

⁶ Bennet, Sara, McPake Barbara and Mills, Anne. "The public/private mix debate in health care". P 2

⁷ World Development Report 1993–*Investing in Health*, World Bank, New York: Oxford University Press, 1993.

Global policy makers have tended to recognize the WDR 1993 as the 'starting point' for recognising the private health care sector as a major component of health services. What is significant is that private health care that had existed in the form of small nursing homes and clinics (in the early years after Independence, in case of India) were completely overlooked by international agencies and global policy makers. The global compulsion from various international bodies to reduce the level of government involvement in health care and promote the private sector accelerated the pace of the growth of the private health sector. Interestingly the recommendations made in the reports to strengthen the drive towards privatization of the health care delivery services have a very weak information base about the functioning of existing private health care providers and the quality and efficiency of the services offered by them. Bennett, McPake and Mills⁸ have shown that, in response to criticisms leveled at it, the arguments in favor of the private sector have become increasingly sophisticated over the past decade. Instead of simply advocating a greater role for private providers, more complex strategies have emerged such as creating competition between providers through competitive contracting,⁹ expanding access to services through subsidizing private providers and encouraging the more wealthy to use private providers so that government resources can be better targeted on the poor. But the empirical knowledge for policymaking is still very limited in this area.

Let us return to the fact that private health care existed substantially prior to the onslaught of the forces of globalization. What is significant for this particular study is that, in the pre-globalization-liberalization era, private health care was confined almost entirely to *secondary level* health care. Post reform policies or more precisely *globalization* provided the platform whereby private players were allowed large scale entry into tertiary level health care. And herein lies the significance of post liberalization privatization. Since tertiary level health care involves multispeciality hospitals, privatization in this domain implies large scale influx of corporate capital. Thus as opposed to pre-liberalization private health care, post-liberalization privatization is in essence corporatization. From now on, health care would flaunt itself quite unabashedly as a purely business proposition where the profits would

⁸ Ibid P 2

⁹ World Bank.1993. World Development Report. 1993. *Investing in Health*. New York : Oxford University Press.

mostly come from the upwardly mobile social strata, in place of the nationalist and leftist image of health care as a service for all the people.

However, in this chapter we shall see only the early beginnings of corporatisation. The main aim of this chapter is to depict and analyze the growth of private health care in Kolkata from 1947 down to mid 1990s, a period in which private health care consisted *largely* of secondary level nursing homes. But the depiction part will be somewhat brief. A more detailed narrative tracing the growth of nursing homes, their investment pattern, staff pattern, bed strength, fee structure, spatial allocation and the services provided is given in Appendix III.

It is necessary to mention that the private nursing homes, in the early period after Independence, did not mushroom due to any global drive towards privatization. Neither was it so much due to dismal performance of the public sector. The real impetus towards setting up of nursing homes sprang from a number of causes. First and foremost was the need, felt by somewhat affluent middle class families, of getting more *personalised* care than was possible in government health establishments. Secondly, there was among physicians a set of entrepreneurs who felt the drive to address this need. But, the whole thing operated at a rather small scale. The nursing home was in many ways an extension of the doctor's private practice. Hence, the nursing homes often had a personal touch; often the patients' meals would be cooked by the doctors' wife or at least the cooking supervised by her. This scenario was to change radically in the 1990s, when, health care acquired industrial proportions.

Private Health Sector : History Of Small Nursing Homes And Private Hospitals In Independent Kolkata – An Overview.

There is a serious paucity of data regarding the nature or even size of the private health sector. The government documents have not recorded its growth and there seems to be almost deliberate silence towards documenting the rise of the Private Health Sector.

However, the classification of hospitals on the basis of ownership pattern in the *Health on March* does speak of a private sector. But this 'private sector' does not

represent the nursing homes that grew up in the decades after Independence. On the other hand, according to the 1962 issue of the *Health on March*,¹⁰ we come across two categories of private hospitals –

- (a) Private aided
- (b) Private non-aided

The number of hospitals and hospital beds under 'private aided category' is 23 and 3146 respectively. While under the private non-aided category it is 6 and 290 respectively. Interestingly from 1963,¹¹ some changes were made in the classification of hospitals in the *Health on the March*. The 'private aided' category has been replaced by 'stated aided' hospitals where the number of hospitals have been reduced to 22 and the subsequent hospital beds to 3047. This classification continued up to the year 1972. From 1972 onwards 'private aided' category generally signifies philanthropic organizations (including missionary efforts). With some alteration on the basis of increase and decrease in the number of hospitals and hospital beds, again from 1979,¹² there has been the re-appearance of the 'private-aided' category in the classification. However, the category 'private non-aided' continued to remain unclear. But it is *beyond doubt* that neither the '**private aided**' nor the '**private non-aided**' represented the *nursing homes of Kolkata*.

What needs emphasis is the fact that not a single government document gives any reference to the existence of nursing homes in the city of Kolkata in the immediate decades after Independence.

However *Swasthya Dwipika*¹³, in the editorial column of its December 1967 issue, while describing health care infrastructure in Kolkata, just devoted a single sentence mentioning that Kolkata had fifty/sixty private nursing homes. Discussions with physicians who were active during the 1960s appear to indicate that the above estimate is possibly an exaggeration and the actual number for Kolkata would not have been more than 40.

¹⁰ Health on the March 1962

¹¹ Health on the March 1963

¹² Health on the March 1973

¹³ Prof. Sen, Gaur. MBBS.DPH. 'Sahar Kolkatar Kotha' *Swasthya Dwipika*. Dwadash Sankhya. Editorial Aghrayan –Paush 1374.December 1967. P 783-785.(Hereafter cited as Sen: *Sahar Kolkatar Kotha*)

Sections of the medical establishment in the 1950s were not comfortable with the fast growth of the nursing homes in the city. This is revealed in the editorial of JIMA in May 1952 issue, which also recorded that Kolkata had witnessed the cropping up of a large number of 'bath and massage clinic.'¹⁴

“In the post-Independence period private nursing homes started mushrooming in a limited way. Of late, in the city of Kolkata large numbers of bath and massage clinics have cropped up whose main objective appears to be to dupe the unsophisticated and earn a living out of him. Most of these establishments are run in a most clandestine fashion and there have been several raids by the local police to put a stop to this growing menace. But the existing law was found to be insufficient to cope with the situation”.¹⁵

“While we agree that the so-called massage and bath clinics were doing more harm to the society than good and that preventive measures and definite control over these establishments were indispensably necessary. We do feel that these clinical laboratories and treatment centres run by doctors should be exempted from the operation of the Clinical Establishments Act recently introduced in this province and urge upon the Government to keep such establishments outside the scope of this Act.”¹⁶

Besides some discomfort with private medical establishments, there seems to have been in patients' minds in general no very clear space for private medical establishments.¹⁷ In fact, private nursing homes and their subsequent presence in the society were initially not accepted wholeheartedly. This whole sector was somehow confined to an entirely different sphere or in a space where the entry of the common people was debarred. Its service was meant for a particular section that has the capacity to afford cleaner environment, more privacy and personalized attention, different from that available in the overcrowded and unsanited public hospitals.

As there is a lacuna of recorded history highlighting the growth and development of private hospitals, I have depended on the oral sources – interviews with a number of

¹⁴ JIMA, Editorial, no 8 May 1952. P 371.(Hereafter cited as Jima : Editorial)

¹⁵ JIMA : Editorial. P 371

¹⁶ Ibid P 371.

¹⁷ Interview with Ranjit Sen. See also n. 160 in Chapter 1

medical personnel of the city to weave the story behind the growth of nursing homes in these decades.¹⁸ (It may be mentioned here that interviewing or oral history is one more tool in the larger repertoire of anyone interested in history, anthropology, and folklore. As a source, the *oral* has its problems. But then, no source is epistemically unproblematic. For example, archives are not foolproof. They also can be notoriously subjective. For, after all, the decision on which documents to keep and which to discard, the rules governing documentation, are all made by human beings. On the other hand, if the interviewer is sufficiently critical and careful, interviews can yield rich information that has not yet been documented.)¹⁹

In this context the researcher intends to utilize the observation of the interviewees about circumstances of the private health care of a newly independent metropolis. As the interviewee relaxed and switched out of the strict questionnaire format into the storytelling mode, a great deal of information was collected that helped us to trace the growth of private health care sector in Kolkata.

How the interview was conducted?

The survey of the private nursing homes is entirely based on the interviews of the physicians, managers or administrators and sometimes of the nurses and attendants of the nursing homes. The nursing homes that were unevenly distributed all over Kolkata were chosen on a random basis. A prior appointment with the respective doctor or the administrator or any staff of the nursing home was fixed over telephone and sometimes through personal contacts. The interview was taken mostly in the doctor's chamber and also in any room of the administrative department of the nursing home. The total number of nursing homes that were covered was 38. An attempt will be made to depict the history of these nursing homes based on their date of establishments.

It needs to be stressed here that the nursing homes of this period grew independently of linkages with certain factors. The growth and development of the private health

¹⁸ See Appendix II, for the questions asked in the interviews.

¹⁹ www.indiana.edu/~cshm/techniques.html. Accessed on 1.3.2009.

care sector, particularly for the era from late 1940s to the mid 1980s, may not be associated with:

- (a) Decline of public hospitals.
- (b) Initiatives on behalf of the government to invite private capital in health care.
- (c) Onslaught of the forces of globalization, converting health care to a purchasable commodity.
- (d) A part of public-private partnership project.

All those, to varying extent became operative from the 1990s.

Since this part of the study is entirely based on interviews either with the doctors, or owners of the nursing home, or with the nurses and attendants, certain obvious limitations cropped up in the process of interviewing. Most often, it was found that people give the answer that they feel the interviewer wants them to give. There are also disparities as far as the opinions are concerned because most often they differ on the facts. Ann Cartwright²⁰ has correctly pointed out that in this type of survey, the opinion given in response to specific questions are often so lightly held that they are better regarded as random whims. There are also tendencies to reduce complexities which sometimes lead to a kind of distortion.

Nevertheless once we keep the above caveats firmly in mind, the interviews become a valuable source of information. On the whole we have interviewed personnel from a total of 38 institutions – small and medium private nursing homes on the one hand and large private corporate hospitals on the other. The interviewed institutions are as follows:

Nursing Homes in the late 1940's-1950's.

- Mother's Home.
- East End Nursing Home Pvt. Ltd.
- North Kolkata Nursing Home.
- Citizen's Nursing Home Pvt. Ltd.

²⁰ Cartwright, Ann *Human Relations and Hospital Care*. London: Routledge and Kegan Paul Limited, 1964. P 64.

- East End Nursing Home.
- Woodland Medical Centre

Nursing Homes in the 1960's.

- Southern Nursing Home.
- Kolkata Maternity and Nursing Home.
- Northland Nursing Home.
- Park Site Nursing Home.
- Eveland Nursing Home & Infertility Clinic.
- Dr. B. N. Bose Memorial Clinic, Apollo Nursing Home.
- Belle Vue Clinic.

Nursing Homes in the 1970's.

- Lion's Orthopaedic Hospital & Research Centre.
- Sri Aurobindo Seva Kendra.(SASK).
- United Nursing Home.
- St.Mary's Nursing Home Pvt Ltd.
- Repose Clinic & Research Centre Pvt Ltd.
- Bright Nursing Home.
- Lake View Nursing Home.
- Dreamland.

Nursing Homes in the 1980's.

- Prince Nursing Home.
- Good Hope Nursing Home.
- Swiss Park Nursing Home.
- South Kolkata Clinic.
- Udayan Nursing Home & Investigation Complex.
- Orchid Nursing Home.
- Dr Mina Mazumdar Seba Mandir Pvt Ltd

Post reform establishments:-

Nursing Homes in the 1990's.

- Rameswara Nursing Home.
- Peerless Hospital and BK Roy Research Centre.
- Care Hospital.
- Microlap.
- Zenith Point.
- Paramount Nursing Home Pvt Ltd.
- Shee Medical Centre.
- Advanced Medicare Research Institute.
- Cure Centre Nursing Home.
- Five Point Micro Surgery Centre.

Some of the information retrieved from the interviews has been summarized in a tabular form below. More detailed information, which have been called upon in the analysis below will be available in Appendix III.

Table 3.1: Nursing Homes and Private Hospitals in Kolkata from mid 1940's to 1990's: A Generalized Overview.

Date of establishment	Institution	Whether distinctly separate spatial domain	Source of Funds	Bed Strength	Staff Strength	Services	Expansion over the years	Utilizaion Pattern ²¹	The situation at present
Exact date not was known. Nursing Home was roughly 60 years old.	Mother's Home	Situated in a rented house.	Personal money of Dr Bimal Chakraborty.	5	8 (including 1 RMO)	Mostly Gynecological cases, other minor surgeries are also undertaken	No substantial expansion has taken place.	Then : Local, upper middle class patients. Now : Urban poor, refused by the Government hospital for lack of beds.	Almost declined.

²¹ To understand the changes in the profile of the patients over the years, I have divided it into 'then' and 'now'. But in case of some nursing homes and private hospitals, remarkable changes in the socio economic profile of the patients are not noticeable. In these cases, the division is not provided

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1949	East End Nursing Home Pvt. Ltd.	Situated in a rented house.	Group of doctors invested their personal savings.	12	10-12 (including 1 RMO)	Mostly Gynecological cases, other minor surgeries are also undertaken	No expansion of any services over time.	Then: Upper middle class patients from the posh locale of south Kolkata. Now: Patients residing in slums of Park Circus areas.	Almost in a state of decay.
1950	North Calcutta Nursing Home	The nursing home is situated in an old house of North Kolkata.	Dr. Dhole and Dr. Ray invested their personal money	14	18	Gynecological cases were mostly attended. Other surgical cases like orthopedic, eye, E.N.T., and medical cases are undertaken.	Increase in bed numbers, introduction of other treatments along with gynecological cases.	Then: Upper middle class and middle class. Now: No substantial change in the profile of patients.	Functioning at a low pace.
1952	Citizen Nursing Home Pvt. Ltd	Situated in a rental house	Dr Mitra invested his personal money for the nursing home.	7	10.	Initially maternity home. Later other cases are attended.	Increases in the number of beds, other ailments are also treated.	Then: Upper middle class from the adjoining areas. Now: Only poor people come for treatment.	Almost in a decaying state.
1959	East End Nursing Home	Dr S.K.Sur Ray invested his personal funds	Located in a rental house	5	7	All kinds of Obstetrics and Gynecological cases	No expansion in any of the services	Then: upper middle class and middle class of the city. Now: lower middle class of the surrounding areas.	Almost in a state of decay.
1944	Woodland Medical Centre- (Woodlands Nursing Home)²²	Has its own building.	Donations by the corporate members were the source of financial support	230	125	All kinds of services, including super specialized departments.	Along with the increase in the number of bed strength, there had been diversification of various services.	Then: Upwardly mobile section. Now: Upwardly mobile section and middle class patients.	Running successfully for more than 100 years.

²² Though Woodlands was established in the year 1944, since it is a private hospital (which is an exception) in the decades of the late 40's and 50's, therefore the case is treated separately without following the conventional chronological order.

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1962	Southern Nursing Home.	Located in the residential building of Dr S.P. Ghosh	Personal fund of Dr Ghosh was used.	26	Inadequate information.	Initially Gynecological cases. Presently specialized departments are opened up.	Along with increase in the number of beds, ICCU, ambulance, diagnostic services and other departments are introduced	No substantial change in the profile of the patient. Middle class patients generally come for treatment.	Running successfully.
1963	Kolkata Maternity and Nursing Home	Situated in a rented house, at top of a cinema hall (Radha Cinema).	Adequate information not available.	6	7	Minor surgeries especially Gynaecological cases are undertaken.	No expansion has taken place over the years.	Patients from the lower economic level come for treatment. No change in the profile of patients over time.	It is in a decaying state.
1964.	North-land Nursing Home.	The nursing home is located in a spacious building in rent.	Dr. S. K. Roy's personal fund was used.	14	40	Generally all types of surgeries are undertaken in this nursing home. Initially, cardiac and ophthalmologic surgeries were also performed.	There was no substantial expansion. 5 beds were converted to ICU/ITU's beds in 1999.	No substantial change in the profile of patients. Patients from both high income group and middle class background come here for treatment. The percentage of patients from the economically challenged section is generally low.	Though the initial glory has faded, but still, it is running successfully.
1968	Park Site Nursing Home.	The nursing home is located in a rented house	Personal investments of the five partners were the main source of funds.	19	10	Nursing home used to undertake gynecological and obstetric surgeries initially. But in course of time, general surgeries were also undertaken	The numbers of beds was increased from 10 to 19 with the rising pressure of the patients. But presently it has been reduced to 10.	Then: Patients from the higher income category used this nursing home for treatment. Now: Urban poor, unprivileged rural masses come to Park Site.	Surviving in a break-even condition.

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1969	Eveland Nursing Home & Infertility Clinic.	Initially started in a rented house.	The professional income of Dr. Rathin Ghosh along and some loan was taken.	24	100	The nursing home provides multiple services, apart from the in-patient department (special emphasis on Gynecological cases)	Substantial expansion has taken place.	Then: Patients from higher income level used to come. Now: Lower middle class and even patients from the economically challenged sections flock to Eveland.	Eveland is in a decaying state.
1969	Dr. B. N. Bose Memorial Clinic, Apollo Nursing Home	The nursing home was started in Dr. Bose's own house	Personal investments of Dr. Bose and his ancestral inheritances are the chief sources of funds.	4	More than 40 employees including 7/8 R. M. O.'s.	General surgeries, orthopedic cases, general medicine cases, gynecological and paediatric cases are undertaken.	Along with the increase in bed numbers, multiple services are also undertaken.	Then: Middle class, lower middle class and patients from the lower economic strata used to come to this nursing home. Now: Affluent section also used to visit this nursing home.	The nursing home is doing well at present.
1967	Belle Vue Clinic. ²³	Birla group had invested their money.	The clinic has its own magnificent building.	72	More than 500	All kinds of services, including super specialized departments.	Substantial expansion in multiple services.	No remarkable change in the profile of patients. Exclusively attracted the business magnates and the so called upper class patients of Kolkata	Running successfully for more than 40 years.
1970.	Lion's Orthopaedic Hospital & Research Centre	Large donations by the Murarka family was the chief source of fund.	The Lions Hospital is located in an old-fashioned garden house.	20	30	Lions Hospital houses both out patient and in patient department (including diagnostic services).	In patient department and other services were later addition.	Provides healthcare to the downtrodden and poverty-stricken people from the time of inception.	The Hospital is running successfully.

²³ Though Belle Vue was established in the year 1967, since it is a private hospital (which is an exception) in the decades of the late 60's therefore the case is treated separately without following the conventional chronological order.

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1971	Sri Aurobindo Seva Kendra (SASK)	Economic Entrepreneurship Development Foundation, (EEDF) - a company investing on health, agriculture and engineering farms provided the capital for the foundation of Sri Aurobindo Seva Kendra.	Nursing home was situated in 71 and 73 Jodhpur Park.	150	Inadequate information.	Offers wide range of service and facilities.	Subsequent expansion has taken place in SASK since the time of its inception.	Presently patients from the different socio economic strata come here for treatment.	The condition of the hospital is quite sound at present.
Early years of 1970's. (exact date not known)	United Nursing Home.	A house was taken on lease to set up the nursing home.	Personal fund of Dr J Chaudhuri was invested.	34	20	A general nursing home undertaking all kinds of cases.	No substantial expansion has taken place.	Then: Affluent section of the society used to come for treatment. Now: Urban poor generally come.	Almost in a decaying state.
1974	St. Mary's Nursing Home Pvt Ltd.	The nursing home is located in a hundred years old residential house of the colonial period.	Personal savings of Dr. A. K. Deb was invested	35	Adequate information not available.	St. Mary's is a general nursing home where all types of surgical cases were undertaken	There was no expansion in the nursing home.	Then: Upwardly mobile section of the populace. Now: The unprivileged section who do not get admission in government hospital.	St. Mary's Nursing Home has almost declined
1975	Repose Clinic & Research Centre Pvt Ltd	A house was bought to set up the nursing home.	Personal fund of Dr Mayarani Ghosh was invested.	60	More than 150	General Nursing Home, providing multiple services.	Large-scale expansion has taken place.	Mostly upper middle class and middle class patients come here for treatment.	Nursing Home is in a good condition.

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1975	Bright Nursing Home.	Nursing Home was set up in the residential building.	Personal fund of Dr. Mrs P. Chakraborty was utilized.	12	15	General Nursing Home, undertaking all types of major and minor surgical as well as medical cases.	No expansion has taken place.	No change on the profile of patients over time.	On the verge of collapse.
1975	Lake View Nursing Home	The nursing home is located in Dr. Roy Chowdhury's own residential house	Personal investments of Dr. Roy Chowdhury were spent	10	15	General Nursing Home, undertaking all types of major and minor surgical as well as medical cases.	Expansion has taken place only in terms of bed strength.	Then: upper middle class and middle class patients used to come to Lake View. Now: Patients from the economically challenged section come for treatment.	Nursing Home has almost collapsed.
1976	Dreamland	The building belongs to the nursing home authority.	The personal funds of Dr. Ghosh have been invested	60	110	General Nursing Home, undertaking all types of major and minor, surgical as well as medical cases. ICU/ITU services are available.	Subsequent expansion had taken place over the years	Substantial changes in the socio – economic profile of the patients were not discernible.	The nursing home is running successfully.
1982/83	Prince Nursing Home	Situated in a rented residential house.	Personal savings and bank loan was taken to establish the nursing home.	9	16	It is a general nursing home with only in patient department	Except the increase in the number of beds, nothing had expanded in Prince Nursing Home	Then: Both upper middle class and middle class utilized the nursing home. Now: Patients hardly come.	On the verge of collapse.
Early years of 1980's. (exact date not known)	Good Hope Nursing Home.	Nursing Home has its own building.	Personal fund of Dr Rakhi Bose was invested.	10	20	General Nursing Home, undertaking all types of major and minor, surgical as well as medical cases.	Substantial expansion has taken place.	Nursing Home was utilized by both upper middle class and middle class patients.	The nursing home is running Successfully.

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1984.	Swiss Park Nursing Home	The nursing home is located in the residential house of Dr. Mrs S. Chatterjee	Personal savings of Dr Mrs S.Chatterjee and her husband was invested.	15	50 employees including two R.M.O's	General Nursing Home, undertaking all types of major and minor, surgical as well as medical cases.	Substantial expansion has taken place.	No remarkable change in the profile of patients is noticeable.	The nursing home is running Successfully.
1984	South Kolkata Clinic	Nursing Home is located in the residential building of the owners.	Fund was provided by all the partners.	50	62	General Nursing Home, undertaking all types of major and minor, surgical as well as medical cases.	Along with the increase in the number of beds, other services were introduced.	No drastic change in the socio – economic profile of the patients.	South Kolkata Clinic is not running with much success
1984	Udayan Nursing Home & Investigation Complex	The nursing home has its own storied building.	Personal savings of Dr. Bimal Ghosh was invested	15	20	Nursing home provides multiple services.	The nursing home had expanded substantially over the years.	Nursing Home is being utilized by the middle class and lower middle class population over time.	The Nursing Home is almost in a decaying state
1985	Orchid Nursing Home	Nursing Home is located in the residential house of Dr B Chaudhuri.	Personal savings of Dr B Chaudhuri was invested.	18	Inadequate information.	General Nursing Home undertaking wide range of cases.	No expansion has taken place.	Then: Affluent section used to visit the nursing home. Now: Patients hardly come to Orchid.	Nursing Home is in the verge of collapse.
1988	Dr Mina Mazumdar Seba Mandir Pvt Ltd	The nursing home was established in the residence of the Majumdar's.	Ancestral property was invested	10	24	General nursing home where different types of cases are undertaken.	Subsequent expansion has not taken place	Middle class and lower middle class patients generally come for treatment over the year.	It is in a no profit no loss state
1991.	Rameswara Nursing Home	The four storied building of Mr. Avatar, situated in the Ultodang a crossing is used for nursing home purposes	Mr.Avatar, a businessman selling mosquito nets invested a portion of his profit to set the nursing home.	32	64	Rameswara is a general nursing home, undertaking all kinds of surgical and medical cases.	Almost all kinds of modern services were there from the time of inception.	Nursing home is being utilized by the upper middle class and the middle class section of the society.	The nursing home is in a good condition.

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1993	Peerless Hospital and B.K.Roy Research Centre	The hospital has its huge building.	Peerless General Finance and Investment Companies is the financier of the hospital.	300	2000	Multiple services are provided by the hospital.	Substantial expansion has taken place	Patients from different segment of the socio economic strata come to Peerless for treatment.	The hospital is running successfully.
1993-94	Care Hospital	The Hospital has its own building.	A co-operative society, comprising of 64 doctors provided the funds to set up the nursing home.	28	25	General Hospital providing multiple services.	Due to lack of funds expansion had not surfaced.	Middle class and lower middle class patients come to Care hospital.	The hospital is in a no loss, no gain situation.
1996	Microlap	The hospital is located in its own building	Dr. Mukherjee's own capital and a bank loan were invested.	60	60	As a general hospital, there are several specialized and super specialized departments.	This healthcare institute has expanded rapidly from the time of its inception.	The hospital is being utilized by the patients belonging to higher income group and middle income group.	Microlap has a high success rate as a health care institute.
1996	Zenith Point	Inadequate information.	Personal fund of Dr Pal was invested.	15	Inadequate information.	Gynecological and obstetrics cases are undertaken.	No substantial expansion has taken place.	Middle class and lower middle class patients utilize the nursing home.	The nursing home is in a no loss no profit condition.
1996	Paramount Nursing Home Pvt Ltd	Nursing Home has its own building.	Mr. Nandy – a businessman, invested his personal funds.	40	80	General nursing home attending all types of cases and providing multiple services.	Nursing Home is modernized from the day of inception.	Affluent sections utilize this nursing home.	Nursing Home is in a good condition.
1996	Shee Medical Centre	Dr. Indrajyoti Shee invested his personal funds.	A house was bought to set up the nursing home.	10	10	General Nursing Home.	Expansion has taken place in terms of the increase in the number of bed strength.	Middle class come to this nursing home.	It is running successfully.

Nursing Homes and Private Hospitals in Kolkata: From Independence to Mid 1990's

1996	Advanced Medicare Research Institute. (AMRI)	The building of Niramoy Polyclinic (under Government of West Bengal) has been utilized for AMRI.	Capital was invested by the Todi Group.	160	Inadequate information.	General Hospital, providing all kinds of services. It also has a Teaching and Research Section.	AMRI has expanded substantially over the years.	Upper middle class, middle class and even lower middle class come to AMRI.	It is running successfully.
1998	Cure Centre Nursing Home	The nursing home is located in a five storied building which belongs to a lawyer	Mr Indrajit Das (contractor) and late Mr A Mandal (owner of a decorating company) invested their money to start a business on health care.	30	70	Cure Centre Nursing Home has only an In Patient Department with ICCU and ITU.	There has been no substantial expansion in the services.	The nursing home is being utilized by the middle class mostly.	Nursing Home is running successfully.
1998	Five Point Micro Surgery Centre	The Nursing Home is located in a rented flat.	Initially Dr Arati Chakraborty invested her personal funds.	18	Inadequate information.	Micro surgeries are undertaken.	Expansion had taken place over time.	Middle class mostly come here.	Nursing Home is in a good condition.

However, these interviews with some of the senior physicians reveal that the nursing homes were very few in number. There were East End Nursing Home, New Union Nursing Home, Eveland Nursing Home, Presidency Nursing Home, Ripon Nursing Home, Merryland Nursing Home, Elliot Nursing Home, East End Nursing Home Pvt. Ltd., South Kolkata Nursing Home, Kimber Nursing Home, People's Nursing Home, Ekbalpore Nursing Home, Presidency Nursing Home etc.²⁴ In Northern part of the city there was the Bengal Nursing Home, which was supposed to be the oldest nursing home in Kolkata. North Kolkata Nursing Home, Metropolitan Nursing Home, in Theatre Road, Bannerjee's Nursing Home in Hari Ghosh Street, Kolkata Maternity Centre, opposite Hind Cinema, were some of the popular nursing homes of Kolkata.²⁵

²⁴ Interview with Dr G.P. Shandilya on 13th January 2007

²⁵ Interview with Dr Sunil Kumar Ghosh on 3rd August 2007.

Some of the general characteristics evident from these interviews revealed that these small nursing homes were mostly maternity clinics undertaking delivery cases. These nursing homes were generally established by an individual doctor with specialization. A doctor under his own supervision established a nursing home in his own house or in a rental house provides 'service' to the community at large. The doctor used to be the entrepreneur and also engaged in the government hospitals. Sometimes the nursing homes were set up in partnership pattern i.e. two or more doctors generally invest in setting up of a small nursing home. Unlike the present day, corporate bodies and private limited companies were not present as the investor in health care. Non-medical persons never invested in health care. Generally speaking, most of the nursing homes were very small in terms of bed strength ranging from 10-15. The services or facilities that were provided were also very limited.

Minor surgeries in Gynecology, general surgeries pertaining to the gall bladder, appendix, hernia, and ophthalmologic surgeries were undertaken. Actually the infrastructure in these nursing homes was generally very low and they could never offer major surgical services. Since private hospitals (with the notable exception of Woodlands and Bellevue) were not yet established, people generally flocked to government hospitals for major surgeries and complicated cases.

In late 40's and 50's the private profit making health care institutes signified mainly small nursing homes which were maternity centres. These nursing homes, having very limited infrastructure are now in a decaying state. The individual doctors who also acted as entrepreneurs found nursing homes of this period. The condition remained the same in the decades of 1960's which also witnessed the mushrooming of small nursing homes undertaking only gynecological and obstetrics cases.

Except North Kolkata Nursing Home (initially a maternity home later transformed to general nursing home), the others have not acclimatized to cope with the changes in private healthcare sectors. They have degenerated for various reasons, which are enumerated as follows:

- Financial constraints.
- Lack of adequate infrastructure required for upgradation.
- Next generation's absence in medical profession.

Most of the nursing homes reviewed in this decade suffered the same fate. Though the Northland Nursing Home has upgraded itself by introducing ICCU/ITUs but still the inflow of patients has reduced to a large extent. Southern Nursing Home, a 12 bedded nursing home dealing with gynecological cases, was also under tremendous constraint. However the Relief Health Care and Research Private Limited a company generally investing on health care had taken over the nursing home and revived it from the crisis. Infusion of capital has induced new life to a degenerating organization. Park Site Nursing Home – a maternity home initially, later upgraded to a general nursing home, on the other hand is though in a decaying state, but it is still serving the community. The case of Eveland nursing home is also the same. Even the upgrading of services failed to control its collapse. The rapid emergence of corporate hospitals in the peripheral areas brought about a tremendous setback for Eveland. The Apollo Nursing Home has revived from its period of crisis, after a trustee was formed to look after its financial part. The case of Belle Vue is an exception in this period because the general trend of private health care was identified with small nursing homes. Bellevue attracted the business magnates and the affluent section of the society.

In the decade of 70's, Lakeview Nursing Home, St. Mary's, Bright Nursing Home and United Nursing Home suffered the same fate. But on the other hand, SASK, Dreamland and Repose Nursing homes were in much better condition because they had never come across any kind of financial pressure. However in case of SASK, the initial funding was provided by a private company and later the land for further expansion was given by KMC. SASK has transformed to a multispecialty hospital from a small nursing home since it appropriately adapted itself to compete with the growing market of corporate health care service. Dreamland and Repose are running successfully since they have been able to modify themselves and expand their services with the rising demand. Actually the entry of non medical personnel in health care for providing capital has surfaced in a nascent form from the 70's onwards.

These nursing homes which had started their journey in the 70's, soon tried to upgrade themselves with the advent of the corporate hospitals in Kolkata. As a result they have not faced the decay.

From 80's onwards, the scenario started changing slowly. The percentage of medical personnel investing in health care exhibited a sharp decline. Except Udayan, Orchid and Good Hope, the other nursing homes reviewed in this period were either a joint venture of a doctor and an entrepreneur, *or fully invested in by non medical persons*. These nursing homes are also in a poor condition because they could not provide the corporate health care culture desired by most of the neo-elites of the globalised metropolis. In course of time it was also observed that the joint venture by a doctor and an entrepreneur could no longer bring about profit in the private health care institutes (eg Dr. Mina Majumdar, South Kolkata Clinic, and Prince Nursing Home). Though Good Hope is founded and managed by a doctor, it has upgraded its services and is running successfully. But other nursing homes of the 1980's are in a decaying state. The entry of the big business houses, regional business groups and the corporate capital can only strengthen the "sale" of the health care.

This trend finally gathered momentum in the 90's when AMRI, Peerless etc emerged in the scenario of private health care sector. Mention should be made that from the 80's onwards the entry of big business houses in health care has surfaced. This is evident in case of BM Birla, Kothari and CMRI. But their presence was not dominant and they were only utilized by a particular section of the city. Interestingly, in the nursing homes of the 90's – Paramount, CureCentre and Rameswara the investments were made by non medical persons. They were mainly decorators, contractors and businessman having no connection with health care sector. These nursing homes are running successfully and are competing with the private hospitals of the city. But presently the entire private health care sector, to a large extent is also in the hands of corporate capital.

However in the decades of 1990', some small nursing homes are still coming up. This is evident in case of Shee Medical Centre, Microlap, Zenith Point and Five Point Nursing Home. They are still functioning successfully in a period, when the trend of establishing small nursing homes by an individual doctor has almost subsided. The question is whether these nursing homes coming up in the era of corporate health care culture, will be able to survive in the long run? Will they have the same fate of the nursing homes that came up in the decades of 50's, 60's and 70's?

In reality, the entry of business groups in healthcare has undoubtedly transformed it into a profit-making industry where the place for socially committed doctors no longer exists. As a result, these nursing homes suffer a setback and are somewhat 'displaced' from their previous positions. A group of medical professionals cannot provide the amount of capital a business house can invest. Thus, the smaller nursing homes have failed to provide the expected services demanded by the neo-elite of globalized Kolkata. Actually, the insurance and cashless facilities have definitely increased the access to big hospitals for a particular section but this, on the other hand, totally devastated the small infra-structure of the nursing homes. So, in order to cope with these facilities, the smaller nursing homes are under severe financial crisis and sometimes, in a condition to collapse. Secondly, a doctor or a group of doctors those who have invested on health in the 60s and 70s are no more active and due to lack of funds, they have failed to improve the infrastructure of their nursing homes. Due to the absence of modern equipments, these nursing homes could not attract young doctors who were equipped in state of the art technologies. Nevertheless, in course of time, the affordability has increased and people became more health conscious. Status consciousness and love for comfort also played a crucial role behind their preference towards big private hospitals, which are highly sophisticated, well decorated, and more like '5 Star hotels' than health care institutes. It is interesting to note that the small nursing homes were mainly maternity homes, which in no way can provide multiple services under one roof. A major shift has taken place as far as the utilization pattern is concerned. Previously, patients moving towards public hospitals are now trying their best to get treatment in private charitable (non-profit making) hospitals like RK Mission Seba Pratishthan etc. The clientele of these charitable (non-profit making) institutes are shifted towards small nursing homes, which were once utilized, by the upwardly mobile section of the society. The affluent social classes have moved out of these small nursing homes and are shifted towards big private hospitals. Cashless facilities undoubtedly hastened this process of migration. At present, urban poor, patients in the below poverty level and sometimes the rural masses in need of treatment generally flock to the Government hospitals. Thus, a linkage in the investment pattern, growth process, nature of services and utilization pattern clearly justify the changing faces of private healthcare sector in post 1947 Kolkata.

Presently small and relatively inexpensive nursing homes cater to rural people who are able to afford a minimum of private healthcare. As the public healthcare infrastructure has totally degenerated in the rural areas, rural people tend to flock to the city. The utterly poor make a beeline to the city's public hospitals, while those who may afford somewhat more try their luck in the small nursing homes. To them, getting admitted in a private nursing home in the city is also a mark of social status also. Moreover the urban population in the lower economic strata, having Mediclaims less than Rs 50,000, try these nursing homes, for the 'big' private hospitals are simply beyond their reach. With the increasing health awareness in almost all the segments of the society, people became aware of two things. They are

- Public Hospitals are no longer a better place for treatment.
- Quality treatment can be available only in the private nursing homes at a much higher price.

The small, once popular nursing homes are now catering services to these masses who are not in a position either to go to corporate hospitals or to public hospitals.

Private Health Care in Present Kolkata – Some Facts and Figures.

*Health on the March*²⁶ 2003-04, has defined hospitals, nursing homes and clinics in the following way.

- Hospital: Hospital means an Institution having 25 or more beds and medical facilities available for 24 hrs of the day.
- Nursing Homes: Other Medical Institutions having indoor medical facilities have been treated as Nursing Homes.
- Clinic: Institutions that have only outdoor facilities have been treated as clinics.

There are more than 653 private health care organizations²⁷ (including diagnostic centres, pathological laboratories, nursing homes and private hospitals) in Kolkata.

²⁶ *Health on the March*. 2003-04.

Out of 653 private health care institutes in Kolkata, there are 352 investigation centers, (including MRI, CT Scan, ECG, EEG, USG etc) pathological laboratories and X ray clinics. There are 32 organizations, which are registered as only Out Patient Departments (OPD) in the Clinical Establishment Act. These are mainly the doctor's chambers or clinics where an individual practitioner or a group of practitioners practice privately. It is worthwhile to mention that among the 352 diagnostics centres, USG is done in almost all the diagnostics centres and OPD is also attached to almost 77 diagnostic centres.

As far as the list of private health care organizations, registered under the Clinical Establishment Act, there are 240 nursing homes and private hospitals. Out of which, there are 25 (10.42%) small nursing homes having bed capacity ranging from 1-4. Again there are 62 (25.83%) nursing homes which have the bed capacity ranging from 5-9. The number of nursing homes having bed strength ranging from 10-19 are 77(32.08%). Moreover there are 56(23.33%) nursing homes and private hospitals in Kolkata having bed strength ranging from 20-49. Interestingly there are only 9 (3.75%) private hospitals which have the beds, numbering from 50- 99 and hospitals having bed numbers above 100 are only 11 (4.58%) in numbers. The figures are displayed in a tabular form below.

Table 3.2: Private Nursing Homes and Hospitals – Bed strength distribution.

Bed Strength	Number	Percentage of the whole
1-4	25	10.42
5-9	62	25.83
10-19	77	32.08
20-49	56	23.33
50-99	9	3.75
> 99	11	4.58
All	240	100

Mention should be made that small nursing homes, where the bed strength is not above 10, have only in-patient care and occasionally an attached OPD. It is interesting

²⁷ See Appendix I.

to observe that along with the increase in the number of bed strength in a particular nursing home or in the hospital, more services and facilities (investigation, ambulance, canteen etc) are being available there.

Mention should be made that the Government of West Bengal, on the advice of the legal experts had passed the West Bengal Clinical Establishment Act of 1950. Under this act, it was mandatory for all the nursing homes to get registered for a certain period. On the basis of this registration the Health Department has been able to generate a list of private health care establishments. Such a list has been obtained from the department. However the list contains serious information lacunae. It does not provide a column showing the date of establishment of the nursing homes. On the contrary the column shows the date of renewal of the registration of the nursing home. As a result of this lacuna, it is indeed difficult to project the magnitude of the growth of private nursing homes over the years. There is also absence of crucial information on a large number of establishments.

Thus the private health care sector in Kolkata as a whole is huge, varied, complex and heterogeneous in character. Any uniform or singular pattern of growth cannot be identified behind the emergence of private health care sector. Over the years this sector has expanded, diversified and became one of the significant health care providers in the country.

Table 3.3: Private Health Care Institutes in Kolkata, registered under Clinical Establishment Act.

Organizations	Numbers	Percentage
Investigation Centres(Pathology, Radiology, Scan, MRI)	339	51.9%
Private Nursing Homes and Hospitals	240	36.75%
Day Care Centre(DCC)	17	2.64%
Collection Centre	8	1.23%
Out Patient Department	32	4.9%
Organizations having inadequate information in the Clinical Establishment Act.	17	2.6%
ALL	653	100

The total number hospital beds in the private health care sector in Kolkata that could be clearly accounted for is 4247. Out of which, 92 (1.7%), beds are there in the nursing homes having bed strength ranging from 1-4. Total 214 (3.96%) beds are available in the nursing homes having bed strength from 5-9. Nursing homes having bed strength from 10-19, have total 590 (10.93%) beds. 1123 (20.80%) beds are attached in nursing homes having bed strength ranging from 20-49. 571 (10.58%) and 1601 (29.65%) beds are attached in nursing homes and private hospitals having beds ranging from 50-99 and above 100. 17 Day Care Centres have 56 (1.04%) beds.

Table 3.4: Number of Beds in Establishments of Different Size.

Nursing Homes with Bed Strength	Beds	Percentage of Beds to total number of Beds
1-4	92	2.17
5-9	214	5.04
10-19	590	13.89
20-49	1123	26.44
50-99	571	13.44
> 99	1601	37.70
Total for 17 day care centres	56	1.32
ALL	4247	100

From the above description, it is clear that maximum numbers of beds are available in the larger private establishments. More than 51% of the beds belong to the two largest categories and almost 78 % of the beds belong to the three largest categories. Since the larger categories, include the star multispeciality establishments that are the most expensive, it goes without saying that a large chunk of the beds in the private sector are out of the reach of the common people.

Apart from the above beds accounted for, there are substantial number of beds in the 'private aided' category. These are some of the missionary and philanthropic organizations where the Government has only a nominal share. Issues of *Health on the March*²⁸ from the decades of 1990's replaced 'private aided' categories with

²⁸ *Health on the March* (various years)

'private or voluntary' groups of health care organizations in the classification table. According to *Health on the March* 2003-04²⁹, the number of hospitals under this category is 24. In the year 2006³⁰, the Health Department provided a separate list of hospitals where the position of 'private aided' or more precisely 'private or voluntary' hospitals became more prominent. This list has enrolled 26 hospitals. The hospitals under this category are:

- Ashram Bhiwaniwala Hospital
- Assembly of God Church Hospital and Research Centre.
- Balananda Brahmachari Sebayatan
- Bhagabandas Bagala's Marwari Hindu Hospital
- Dr. M.N. Chatterjee Memorial Eye Hospital
- G.K. Khemka Chest Clinic and Hospital (Unit No.1)
- G.K. Khemka Chest Clinic and Hospital (Unit No.2)
- Institute of Child Health
- Islamia Hospital
- J.N. Roy Sishu Seva Bhawan
- L.N. Trust Maternity Home
- Lohia Matri Sadan
- Marwari Relief Society Hospital
- Matrimangal Pratishtan
- Mohananda Brahmachari Sebayatan
- Ramakrishna Sarada Mission Bhavan.
- R.K. Mission Seba Pratishtan
- Sri Bishudhananda Hospital and Research Centre
- S.V.S. Marwari Hospital
- Students' Health Home
- Society for Child Health and Community Welfare
- T.B. Relief Association Chest Hospital
- Vivekananda Medical Institute and Hospital.

²⁹ *Health on the March* (various years)

³⁰ A printed list of Private Aided Hospitals in Kolkata was provided from the Swasthya Bhavan to the Researcher.

In one of the articles published in the *Journal of Academy of Hospital Management*,³¹ there is a list of non-government health care organizations scattered disproportionately all over the city. According to this, the CMC area is divided into five zones:-

Table 3.5: List of Non-Government Health Care Organizations.³²

Zones	No. Of non-government health care organisation
North	62
South	66
Central	77
East	47
West	54
Total	301

But the above table is only a list of essentially charitable /philanthropic efforts. No effort has been made to give a break up in terms of size and capacity.

³¹ Dutta, Dev Malya and Bandopadhyay, Soubhratra. 'Customer (patient) Service through Non Government Health Care Organization in Kolkata Municipal Area' *Journal of the Academy of Hospital Management*. Vol 12, No 2 (2001-07-2001-12)

³² Ibid.