8. Limitations

The study is the representative of Indian scenario wherein the stakeholders have their own perceptions regarding the disease treatment and its effects. For the patient it is the pain, suffering, high cost, and economic upheaval. For the family it is sudden uncalled accident leading suffering and worry. For the hospitals it is the increasing burden on the existing resources and for the government it is an extra additional budget demand of limited health resources. Our study reflects and touches upon these aspects but fails to elaborate the boarder perspective or implications.

The study is limited in its scope to expand its results to entire country, as many patients get treated in other healthcare setups such as corporates, government and charitable hospitals, which is not covered for those patients. The tertiary care hospital with an attached health sciences has multiple objectives like teaching, and providing training for human resource along with treatments to patients. Whereas in super speciality hospitals like Jayadeva institute of cardiology, which focuses on research and treatment along with training highly skilled cardiologists. The corporate hospitals equipped with high-tech instruments offering patients with a focused attention to the patients.

There shall be differences like cost, quality of life and clinical outcomes, which needs to be taken up to moderate study results for the viable alternate clinical settings. Irrespective of treatment settings, when the patients gets discharged from the hospital, the care and monitoring of the patient is missing our healthcare system and there is a need to study this aspect as it leads to restenosis, leads to increased cost and adversely affecting quality of life. Due to limitation of time and resources we could not study the role of third party payers and their influence on clinical, economic and quality of life outcomes.