SUMMARY AND CONCLUSIONS
Health, wealth and security are the triple desideratum’s of human life. Of these, health constitutes the most important and necessary requirement for the sustenance of humanity in general. The education, knowledge and sensitivity about health have become the buzzwords in the modern era. Since times memorial, man not only craved for his food and security but also paid attention to his health. The traditional medicine and treatment underwent revolutionary change to provide latest and sophisticated medical facilities to human beings. The organized states and established governments have also wedded with the objectives of providing medical and health care and facilitates to modern man. Consequently “Health for All” has become a universal slogan both at the national and international fora.

The Government of India has also committed itself to the obligation of providing health care and medical facilities to all the people in the country in general and poor, backward and neglected rural people in particular. On this line the government has created governmental machinery from national level to grassroots level and provided institutional arrangements to prevent diseases and crown the
masses with health. Consequently health and medical care has become an integral part of planning process at the national level and budget allocations are made in a planned and programmed manner. Establishment of hospitals and health care centres, dispensaries with a magnitude of major, medium and minor at all areas.

Corresponding to the efforts of the national level, the state governments have also fell on line and obliged to take care of the medical and health problems of their people. The government of Andhra Pradesh as a case in point has jumped into action to respond to the medical and health needs and requirements which are addressed to. For this purpose, a separate Ministry of Health has been created with a Minister as its head with a cabinet rank. A systematic administrative and well organized structure has been created to implement the policies and programmes of Medical and Health in Andhra Pradesh. Since the formation of Andhra Pradesh, the Government has established varieties of hospitals starting with Super Speciality to rural primary health centres. At the district level District Government General Hospitals are started with professionalized and specialist, medical personnel. The Hospitals under the government in the state of Andhra Pradesh are classified into various categories
namely District Hospitals, Area Hospitals, Community Health Centres, Speciality Hospitals and Dispensaries.

Rayalaseema is one of the three geographical regions of Andhra Pradesh which is known for its draught and famine. Of the four districts of Rayalaseema, Anantapur is known for its backwardness and is stocking ground for draught. In order to meet the medical and health needs of the people of Anantapur, the Government of Andhra Pradesh has started a district level Government General Hospital in the year 1958. The hospital has experienced series of vicissitudes and finally emerged as a District Government General Hospital with attached medical college it stands today as a teaching hospital. This is Hospital providing varieties of medical and health services to the people in the district, with specialists, Medical Officers, trained Nurses and other technical staff and other auxiliary services.

The Government of Andhra Pradesh has commissioned the District Government General Hospital of Anantapur to provide adequate medical and health services to the common man. This hospital is supposed to be well administered to meet the requirements of the vast and varied diseased population. But there has been a severe criticism at all levels and at all quarters that the District
Government General Hospital in Anantapur is not serving the patients at the required rate and needed form. It is also pointed out that this hospital suffers from common defects like inadequate in-patient and out-patient services, lack of proper and sufficient accommodation, insufficient equipment and beds, inadequate supply of medicine, diet and linen to the patients, improper treatment of the patients, favouritism and nepotism, corruption and bribery, lack of institutional arrangements for the provision of information and guidance to the patients to the visitors and so on.

In the light of above background an attempt is made in this thesis to study various aspects of the organization and working of the District Government General Hospital, Anantapur.

The present study conducted on Anantapur district Government General Hospital has brought into light various problems and loopholes prevailing in its organization and day-to-day working.

In view of the fragmentation of services in the hospital administration, the structure of the organization has become fragile and brittle and the fragrance of 'human service' is totally fading away. There are many vacant posts from the State level to the peripheral level due to lack of health manpower development system. The supply, demand and distribution is somewhat scattered and
diffused and there is no coordinating agency at the state level above the directorates and below the Secretariat / Government level which is to be addressed to.

There is heavy expenditure on the manpower functioning in the hospitals especially at curative side for which no target exists when compared to preventive services.

There is a wide gap in coordination and cooperation between the Medical Officer, Primary Health Centre and the subordinate staff effectively.

A host of organizational problems have contributed to the inefficiency of the health services. These problems in general have also been created by the policy of keeping key posts vacant for longer duration, transfers of health personnel promoting disinterest and lack of commitment to the area in which they currently serve. It is observed that though several problems were noted but there is lack of efficient referral system, lack of proper supervision, lack of meaningful interaction and communication, getting inadequate support by the staff, lack of encouragement and appreciation, low priority for health education and communication activities, training programmes and others.
The Hospital authorities of Anantapur District General Hospital, often find an excuse for inefficiency in the innumerable rules and regulations of the Government which generally do not permit them to act promptly. Further, they claim that they do not have power of decision-making to provide efficient patient's care. The patient's view against the present system is that they believe in the concept of 'Vydya Narayana Harihi' and they consider the doctors as demi Gods and respect the hospitals as temples of cure and heal. Another view expressed by the patients was that they have only a limited time of one or two weeks and try to put up with all the hardships rather than lodge a complaint. They have also a feeling that even when complaints are lodged, no action was taken and instead it made them to land in controversies.

Regarding administrative functions, these are entrusted to the Superintendent, a medical specialist and the Resident Medical Officer who also have to perform innumerable medical functions round-the-clock in the hospital. As a result, great amount of their time is being consumed in paper work and minor matters of administration. The Lay-Secretaries, who are promotees mostly from ministerial ranks to the government, by tradition, training and temperament act as
glorified accountants and hence cannot reduce the burden on the Superintendent or the Resident Medical Officers.

The age-old rules and bureaucratic practices are crippling the working of this hospital. The effects of these can be minimized by recasting the rules and regulations and by continuous training and orientation of the existing functionaries in modern practices of administration apart from providing facilities for education in various facets of hospitals administration to the young professionals. The governments in collaboration with the Medical Colleges, the Universities and the Administrative institutions in the country should address themselves to the task of training the administrators for the various services of the Hospital.

By and large, the criticisms leveled against this Hospital in the State of Andhra Pradesh are many and some of them are equally applicable to other hospitals also. Prominent among them are the lack of proper accommodation, equipment, insufficient beds and daily-use items like diet, linen and medicines, inadequate out-patient facilities, inadequate finances and lack of commitment and service orientation among the medical personnel, improper treatment of patients, poor engineering services, scanty transport services and exiguous information and guidance to the patients and visitors too.
The present administrative organization of this Hospital is defective both in its relations with the government and in its internal organization. The Hospital is run by the government through the Directorate of Medical Services. Neither the government is able to pay attention to the Hospital problems deserve, nor the Hospital authorities have the powers to solve them.

The system of internal organization of Hospital suffers from many defects. The Superintendent of the hospital is really overburdened with the administrative functions besides his teaching work and clinical functions. The medical specialist should continue to have teaching and clinical functions and the administrative functions should be entrusted to an administrator trained in Hospital Administration.

There are no training facilities provided to any cadre of the personnel in this Hospital either at the State level or at the Regional level or at the District level. There is a need for establishing a training and research institute in Hospital Administration at the state level to impart training, conduct of research studies on hospitals and to take up follow-up programmes.

The present pattern of excessive government control on the financial administration of the Hospital leaves no room for the
Superintendent to initiate even minor repairs in the Hospital premises, so as to improve the facilities for patients. The financial powers of the Superintendent of the Hospital need further enlargement so that (1) he can effect reappropriations from one head or account to the other depending on the exigencies of times, (2) he can order for purchases to the extent of 10% of the budget allocation for medicines and hospital necessities outside the rate contract, (3) he can order for minor repairs to the buildings and equipment of the Hospital and (4) he can delegate a few of his financial powers to other coordinative officers like the Resident Medical Officers and the Lay-Secretary.

The patients of this hospital are generally not satisfied with the facilities provided in the wards and with the cleanliness in the hospital. The doctors and nurses complained that they were not able to pay sufficient attention to the patients because of their heavy workload and the increasing number of patients. Besides, they also complained of non-cooperation of some of the patients due to their illiteracy and ignorance. The patients gave an adverse opinion on the Class-IV employees. The level of cleanliness in the hospital is not upto the mark. There is a need to tighten the supervision over the staff in the hospital.
In order to streamline the day-to-day working of this hospital, the following suggestions may be adopted.

Director of Health may have to be assisted by an officer in the rank of Additional Director of Medical and Health Services, specially trained in urban and metropolitan health problems so that the health care delivery system in the urban areas could be improved to appreciable levels.

Admissions to out-patient department or otherwise in the hospital should be centralized wherever possible. Looking after the admissions outside out-patient department hours should be the responsibility of nursing staff on duty in the accident and emergency department. Temperature, pulse rate and respiration rate should be charted by the attending nurse while admitting the patient.

Treatment shall commence only on the advice of the medical officer, or the specialist. Periodical bacteriological tests should be done and appropriate measures be taken to control infection by the ward sister.

From the nursing service point of view, ward sister has to ensure proper distribution of food to the patients. Nursing staff will
indent and stock the normal requirement of drugs prescribed by the medical staff.

Patients should be sent to the operating theatres on a receipt of a message from the theatre.

It is the dietician who has to prescribe the feeding formula for children in consultation with the pediatrician.

Every patient seen in the out-patient department must get his name registered and an out-patient department card be given by the clerk concerned.

Out-patient department, dispensary, x-ray department and laboratory should be located so as to conform to patient flow.

Proper account of x-ray films given to the technicians should be maintained. Proper records should be maintained for statistical and costing purposes.

Purchase committees should be constituted for various groups of items for recommending purchases. Officials dealing with stores will be periodically shifted from one seat to another and they should be sent for training in materials management.
Nursing staff is responsible to see that dietician’s instructions for the distribution of food are properly carried out.

Hospital administration should provide four complete sets of linen required in each area – one set for use, one at the laundry, one for ward stock and the other in the central linen service for emergency use.

The transport officer will ensure that the vehicles are on the road, authorize issue of petrol, oil and lubricants, supervise check of petrol consumption and so on.

The wards where the patients are kept must be kept clean every time which should become an indispensable patient care programme. Attention should be paid to sanitary closets. Round the clock service should be made available for the users.
CONCLUSION

The war between the man and the nature is infinite owing to advancing civilization. The later unfolding more and more problems and the former striving to rise up to the challenge with more and more sophisticated techniques.

To contain and cure the diseases and to alleviate the suffering of the sick, a number of steps were taken which have progressed into advancement in medical sciences and administrative arrangements for health at various levels form international to local. However, translating these advancements into effective health programmes that would truly cover human beings in all corners of the world still remains undoubtedly a big problem. Lack of proper information systems between the various levels of health administration and lack of proper administrative capabilities in the health delivery system further no doubt, complicate the issue, while the goal of 'health care for all' appears to be really a distant dream. The large sums of money invested in medical research alone will not be able to improve the health conditions in the state as long as the fruits of these researches are not brought within the reach of common people. The task of encountering the massive problems of providing healthy environment
and medical care to people in all corners of the world calls for greater administrative skills.

The Government of India in general and Andhra Pradesh in particular which is committed to provide adequate medical care and health services to the common man has to pay much attention to the problems of administration and working of the Anantapur District Government General Hospital and pay full attention to remove the existing problems and defects encountered by it as given in this thesis. It is very clear and evident that this hospital can run efficiently and effectively unless the suggestions presented in this thesis are adopted by it, so as to make its administration, organization and functioning more patient-oriented and medical spirited.