



The public-private gap in health care

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Highlights

- The recent controversy about transparency in the working of the cadaver transplant programme in Tamil Nadu has provided an opportunity to revisit the vexed question of medical rationing in India.
- The gap between what is technologically possible and what government hospitals generally provide widened appreciably after the technological leaps in medical care began, starting in the 1980s.
- The NITI Aayog's document, 'Three Year Action Agenda, 2017-18 to 2019-20', has a section on health care. One of the recommendations is for the government to prioritise preventive care rather than provide curative care. The document also advises the government to pay attention to stewardship of the health sector in its entirety rather than focussing on provision of health care. Therefore, the system of private health care for those who can afford it and government care for those who cannot will continue in the foreseeable future.
- Every government since Independence has stated egalitarianism as its goal in health care. The policies, however, have not matched the statements. Token provision of very expensive medical interventions in a few government hospitals is merely an attempt by governments to appear fair.
- The new Ayushman Bharat health scheme to provide secondary and tertiary care to those who are socio-economically deprived has a cap of Rs.5 lakh per family per year. It is quite obvious that many interventions cannot be accessed for this amount, certainly not human organ transplants which are a life long process.
- It is a sad truth that in India, out-of-pocket expenses for medical care are about 70% of all medical expenditure, and this particular intervention is only going to be available to those who can pay.

Inequitable medical rationing

- Governments have been giving subsidies to private players, especially to corporate hospitals. The repeated boast that India can offer advanced interventions at a fraction of the costs in the West does not take into account the cost of the subsidies that makes this possible.
- In an illuminating article, "Investing in health", in the Economic and Political Weekly (November 11, 2017), Indira Chakravarthi and others pointed out that private hospital chains in India have entered every segment of medical care, including primary and secondary care and diagnostics. Most have large investors from abroad and some are effectively controlled by foreign investors. In short, taxpayers' money is being used to ensure profits for foreigners.
- Successive governments have been increasingly dependent on the private sector to

deliver health care. The Ayushman Bharat scheme is a further step in this process.

Other issues

- Besides being inequitable, medical rationing has other detrimental effects. One is a distrust of the public in government hospitals.
- Without a clearly defined mandate, morale among medical personnel in public hospitals is low. The perception that doctors in the private sector are much better than those in the public sector has a severe debilitating effect on the professional image of medical personnel in public hospitals.
- Attempts by doctors to provide these high technology interventions in public hospitals is bound to fail without continuing commitment from policymakers.

The only pressure group which can ensure at least equitable medical care is the electorate.

Source: [The Hindu](#)

