

When Patient-Care Becomes a Business ...?

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Introduction

The staging hysterectomy costs ₹ 300,000. We might as well take out the gall bladder for additional ₹ 40,000. Doing it later costs a lot more. Not getting it done now will be foolish.' The surgical oncologist was blasé. Shocked, indeed I was. Was I dealing with a health issue or a business proposal?

I was in India. One of my acquaintances has been diagnosed with endometrial neoplasm and we had a meeting with this surgical oncologist. Two small gall bladder polyps were found on CT abdomen in addition to the uterine abnormality and the surgeon explained the planned procedures and their costs.

Last year another one of my acquaintances underwent a prostatectomy in India. He is otherwise a physically fit 60 year old with no cardiac history or cardiac risk factors. The inclusion of echocardiogram, which was normal, in preoperative investigations was a puzzle but what disturbed me the most was the cardiologist insisting the patient having a treadmill test. I asked for its indication and his answer was 'If you don't want it, I will write 'patient is at risk'.

Many patients going to these corporate hospitals in India struggle and some even sell their assets to pay for the treatment [1]. They not only have the worry about the diagnosis but also have an added worry of out of pocket hospital costs.

How do low and middle income class people cope with high health care costs in these countries where health care is a business? When it is a business, profits and not the health outcomes, become the drivers. In this unregulated health system in India, where the doctors are under pressure from the hospital to see and do a target number of patients and procedures and get kick-backs from other doctors and pharmaceuticals [2], doing unnecessary investigations leading to unnecessary procedures and treatments for minor abnormalities becomes the norm. It is the patient who bears the brunt of it and may even come to harm.

Where do medical ethics and the ethos of care of the person and not just the disease' fit in this business? Many questions, some emotional,

some ethical and some political were swirling in my mind. Remembering my health I went out, finished 4 km run in a nearby college grounds and was taking deep breaths while grappling with more questions. I noticed a small gathering on one side. Two phlebotomists with a couple of craters of Vacutainers on a small table were bleeding two clients. An advertisement above read 'Blood Test Package ₹ 600 (Usually costs ₹3,000 !!). Includes CBP, Cholesterol, liver, kidney, thyroid tests....' Offer ends this Friday!' You guessed what happens next.

The government, medical institutions and the medical professionals in India all have a moral duty to curb unethical practices. A mammoth task, it may be, to set the deep rooted corrupt practices right, but the medical institutions and the Indian Medical council should take that bold leading step. Drug companies involved in kick-backs should be heavily punished. State Medical Councils should take disciplinary actions against doctors for kick-back practices. India could explore Japan's cost containment policies e.g. nationally uniform fee schedules [3]. Clinical audits conducted by independent external bodies should be mandatory for the hospitals to retain their licenses. The audits should include the number of unnecessary investigations and procedures done at individual hospitals. The published audit results should be available to the public. Good audit results will be an incentive for the hospitals to raise their profile. The health care in India may still be a business but in a right direction for better patient care.

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