

'Cut System' Dilemmas

murlidhar

forum which helped to pursue the matter and helped to coordinate the lobbying.

The above clarification is not at all meant to be a criticism of women's groups but to communicate as to how things took shape in reality. It indicates that sometimes initiatives are taken, events occur in such issues in health in a rather unexpected manner. What is the significance of this unorthodox picture? What are the lessons to be drawn? I hope, that there would be some discussion in *RJH* on this topic.

Today a friend of mine, a consultant earned Rs. 100/- out of which he gave Rs. 60 to the ever willing hands of the local GP. This patient had come to him with a diagnosis of 'chronic' appendicitis. The GP instructed my friend to get a host of investigations from a specific pathologist and a radiologist who in turn give their respective cuts to the GP. All his medical teaching was of no avail as he unnecessarily subjected the patient to a host of investigations and unnecessarily operated on a patient who actually had a mild attack of Amoebic typhilitis.

It is said that nearly 80 percent of private health practice is part of this nexus of commission and cuts between the GP and the consultant. They go to any lengths to earn their bread and butter and probably, jam. They may be part of the so called 'Arab practice' or the 'Kidney transplant nexus'. They admit patients in their ICCU's with a (mis) diagnosis of an infarct. They manage seriously ill patients till they become critical before sending the patient to a general hospital. They even have nexus with the Medical representatives who give cuts for prescribing a particular drug albeit spurious or banned like EP forte for example.

The health services of our country like most others like pharmaceuticals is an industry in itself. It is profit-oriented. All the state run health services are poorly equipped to deal with the illnesses of 700 million people, the government is not interested in providing better facilities, because of the poor cost-to-profit ratio. The drug industry is the second most profitable industry in the world after the arms industry. Hence there is flooding of spurious, banned and bannable drugs in the market.

Where does a doctor figure in the above maze of profit-oriented industries?

On one hand is what we have learnt and understood for the past 26 years, on the other is the pull exerted by the profit-oriented industry. Most of us do not have a capital to rely on, hence, tend to get pulled to the latter side. If we resist, then there is a theoretical possibility of falling into the abyss

between the two philosophies.

We have to choose whether we are going to practice rational medicine or whether we are going to join the rat race. The latter choice is irreversible. If we choose the former, we can set an example for others to follow and hope that the profit oriented economy of drug and health services will surely meet its hour of crisis when the average patient says in unison "I cannot stand it any longer". Can we stand the test of time?

The irrational 'cut' practice was not so prevalent say 50 years back. At that time our elders insisted that honest, and ethical medical practice is important and unethical practice is to be shunned. Now, the same elders and colleagues say that if one wants to just about make both ends meet, he should practice irrationally. Why has it changed so drastically?

Even at that time there were two types of health services, namely 1) private practice and 2) the state run hospitals supposedly working selflessly. Over the last 50 years, a lot of money was poured in to set up large-scale drug industries or extensive diagnostic centres. The above works only to increase the invested money. The owners do not think about the average consumer but only in the amount of profits they get.

The health budget of the state of Maharashtra is one of the highest. It is believed that the effects of the increased budget would 'trickle' to the bottom increasing the health status of the millions of exploited in the city. Actually it appears as if that it has had no effect at all. Otherwise nearly 100 infants would not be dying of every 1000 live births or 50,000 people would not die of TB every year or thousands would not become blind every year due to lack of Vitamin A!

Let's now look at private practice in this respect. The private doctor is no longer an independent healer. He is part of the system whose owners are interested in the profitability of their drug enterprise or the diagnostic or therapeutic equipments. He is controlled by the very system that promotes the increase of capital at the hands of few industry owners. He no longer practices rational medicine. His idealism remained purely theoretical that is taught in the sheltered class-room of a medical college. He becomes a commodity that can be bought and sold by money.

Is it possible to fight this manace? If so will we get support from colleagues or others who are passing through the same process in other fields?

tolerated, then the health sector will reflect this pattern, with health for a few and not for all. To bring about a revolution in health, it becomes necessary to bring about a revolution in society. The experience of socialist-oriented societies shows that once they have changed the pattern of the distribution of resources within the society, they have been able to change the pattern of health care, making access more equitable. Apart from socialist countries, some social democratic nations with a long history of participation by the masses have also provided adequate health facilities to their people and the resulting improvement in their health status is quite enviable. Thus, one cannot expect significant improvement in the health sector in Pakistan without substantial participation of the masses in the workings of society, and without substantial changes in the power structure as it exists today.

So, where does the well-meaning People's Health Scheme fit into all this? The People's Party is a populist party which means that it cannot and will not change the basic economic and political power structure as it exists in the country today. Thus, one cannot expect that it will drastically change either the health system or substantially increase the accessibility of health services. It is true that under the Bhutto regime, the expenditure on health care was much greater than it has been since 1977. But, caught up in a pseudo socialist-populist trap, the policies followed looked good only on paper. The eight medical colleges built in the country were created to appease the noisy middle classes. Had the government really been sincere it would have built rural health centres and basic health units instead of these great buildings called medical colleges. (For the cost of one medical college, 251 rural health centres or 556 basic health units could be built which would serve 5.56 million people - all of whom live in rural areas!).

Thus, the People's Health Scheme is a step in the right direction, and one can assume that some changes on the margin will indeed be made. However, meaningful radical change in the health sector, which would truly and honestly serve the people, will only come about once the existing social, political and, most importantly, economic relations are broken.

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