

## Deteriorating Private Health Care

### Why in news?

\n\n

The Delhi government recently cancelled the licence of Max Super Speciality Hospital in Delhi citing a series of violations.

\n\n

### What is the recent tragedy?

\n\n

\n

- Almost 10 days after a baby was declared dead by the hospital, it was found to be alive, but later died.

\n

- The final report of an enquiry by the Directorate General of Health Services (DGHS) found the hospital at fault.

\n

- The hospital failed to keep proper temperature and vital sign monitor record and missed the signs of life.

\n

- The staff nurses had handed over the bodies of the babies without written directions from a paediatrician.

\n

- The DGHS through its findings concluded that it was a case of clear medical negligence.

\n

- The hospital license was thus cancelled by the government.

\n

\n\n

### What is the larger implication?

\n\n

\n

- It brings to light the callous negligence of private hospital authorities.

\n

- The hospital had earlier failed to comply with the notices stipulating

admission of low-income patients.

\n

- This sort of transgression is one of the worst-kept secrets about private hospitals in India.

\n

- Notably they have come up on free or heavily subsidised land.

\n

- This was with a precondition that a certain percentage of beds are reserved for economically weaker sections.

\n

- In the initial days, this was seen as an option to balance the governments' disinclination to invest in adequate health care services.

\n

- However, the steady expansion of the high-cost private hospital network has failed in achieving this outcome.

\n

- As, these have proliferated at the cost of public hospitals and have excluded the lower middle class and poor people.

\n

- Consequently, these vulnerable groups remain hostage to a public health care system that has deteriorated sharply over the past two decades.

\n

- India needs to devise a framework to offer a quality health care service to its people in fair and equitable manner.

\n

\n\n

## **What are the notable global models in health care?**

\n\n

\n

- **Swedish Model (Competitive Bidding)** - Private and public health facilities compete for government funding and the right to provide healthcare to citizens.

\n

- The winning bid, receives funding and incentives for providing the quickest and cheapest treatment.

\n

- Also, the costs are strictly regulated and beyond a certain amount of expenditure, the visits are free.

\n

- It is thus ensured that no citizen pays more than \$ 300 per year including prescription drugs.

\n

- **Thailand Model (Capitation Fee)** - Under the National Health Security Act, the Universal Coverage Scheme (UCS) covers roughly 75% of the Thai population.  
 \n
- UCS, which is tax-funded, pays annual capitation fees to hospitals based on how many beneficiaries visit them.  
 \n
- Public and private hospitals are treated on a par, and the beneficiary chooses where she goes.  
 \n
- **Canada Model (Fixed Charges, Govt Reimbursement)** - Medicare, which covers all Canadians, is publicly financed and privately run.  
 \n
- The Canadian Health Act of 1984 allows medical practitioners to only charge fees fixed by governments.  
 \n
- General Practitioners are a very important link in the healthcare chain and they are paid from tax revenue either by the federal or the provincial government.  
 \n
- Governments decide fees of primary care physicians and salaries of health professionals.  
 \n
- The federal government regulates drugs and diagnostics; provincial governments regulate hospitals, private healthcare professionals and private insurance.  
 \n
- **Germany (Insurance-Based)** - The government-funded Social Health Insurance (SHI) and private insurance cover almost 99% of the population.  
 \n
- The government delegates regulation and governance to the SFs and medical providers' associations.  
 \n
- The Social Health Insurance is operated by more than 200 competing Sickness Funds (SFs).  
 \n
- These are self-governing, nonprofit, non-governmental organisations.  
 \n
- And are funded by compulsory wage-based contributions, matched by employers.  
 \n
- The patient chooses her SF and provider, who cannot refuse her.  
 \n

\n\n

\n\n

**Source: Business Standard, Indian Express**

\n

