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India and its health care system

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You treat a disease, you win, you lose. You treat a person, I guarantee you, and you'll win, no matter what the outcome.

Patch Adams

India ranks 143 in the 188 countries' list in its new health related Sustainable Growth Index (SDG). India gets 42/100 marks in this index, much below even China and Syria. While the health care industry is thriving very well in India with corporate hospitals sprouting like mushrooms and the corporate honchos enjoying the fruits of even global clientele for their so called "health tourism," there are no takers for our health sector.

The readers must be briefed, beginning with the news of hospitals, whether government run or corporate, have nothing to do with health care. The health of a nation depends on many other factors; the leading ones being - clean drinking water for the whole population, three square meals without contamination from animal and/or human excreta, sanitary facilities for all, including universal toilet facilities and sewage drainage, avoidance of stagnant water breeding deadly mosquitoes, smokeless *choolas* for village women. This list also includes: the need for economic empowerment of village women at home to feed their children and run their homes, keep every girl in school and college till the age of 20 to bring down the fertility rates and to prevent them from getting married early, and finally, reduce the unemployment rate to ultimately help people to be healthy. To this list, I must add the judicious use of childhood vaccines, not those sold by the vaccine industry, but the ones meant to keep our immune systems health.

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I am pleased that our Prime Minister has taken the effort to kick-start some of the above-mentioned health needs personally. Special mention must be made of the *Swacha Bharath* mission, close to our Prime Minister's heart, which must be taken up by every right-thinking individual. More so, the government's efforts to popularise toilet use through advertisements goes a long way in improving the health of our people. Our Prime Minister's efforts to provide smoke-free cooking for poor villagers through the cooking gas free subsidy scheme will go a long way in reducing cancer and heart attack rates amongst village women, and pneumonia death rates in children below five years of age.

This kind of lacunae prevails in the minds of some of the governmental functionaries also. One example will suffice. Every State government seems to think that starting a AIIMS type of hospital in their own State will solve our health care problems. According to this manner of political thinking, these new AIIMS will improve their people's health care. This is far removed from the truth.

A study of 14 countries, ranging from Japan to Germany showed that in the countries with higher doctor-patient ratio (USA, Germany etc.), the health of the population, and the mortality and morbidity rates are much higher as compared to those countries where the doctor-patient ratio is much lower; like in Japan where there are 120 doctors per 1,00,000 population, while in Germany and in the USA the ratio is higher than 450 doctors for the same population. In addition, Japan has 90 percent family physicians, while USA has 95 percent specialists and sub-specialists, even organ based specialists. Other countries like the UK and many in Europe have it in between. Longevity is also higher in Japan as compared to the USA. In spite of all the differences

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these countries, including Japan, have one of the best infrastructural health facilities.¹

To advise India in its 143/188th rank in health facilities, to ape the USA model is dangerous. India can rank almost at the top of the list in the health care industry in comparison to even the USA, as our corporate hospitals attract sick tourism even from the advanced West.

It is only in health care that we are in an appalling situation. If only we can provide a mosquito net for all, especially the poor homeless people and their children, we will be able to eradicate Malaria, which will be a great success, and we will have achieved a lower SDG ranking. Studies have now shown that the best method of malaria eradication is to provide individual mosquito nets to the population, even in Africa. With clean drinking water, we will not need 40 percent of government hospital beds for water-borne diseases. With economic empowerment and employment, we will be able to reduce our lifestyle related chronic killer diseases. With good food for all our citizenry, millions of malnourished children and adults will survive.

How do we take India forward in health care, and try and reach the best status that we enjoyed up until the 12th century, when India was the world leader even in trade? Healthy India is a happy India. Happy India will be a powerful India, not powerful with our missiles and rockets but, with our 1.3 billion “healthy minds.” A healthy mind is defined as the mind with the enthusiasm to work, and enthusiasm to be compassionate. Live and let live. Even home-grown terrorism will vanish with healthy minds developed due to the right education, which today, aims only at producing wealthy careers.

The long term health needs of India should begin with a new medical education policy where

our outdated British model of the 1857 London University curriculum, which only teaches future doctors about sickness and their management, is being replaced by a new “health care” based medical education.² The latter should also try to demystify the myth of the Western medical monopoly model of education to a “medical science set free” model of an integrated model of disease care, where the Western medical quick-fixes are retained only for emergencies, which normally form about 2-4 percent of the sick population on a given day, while the remaining 96 percent can make do with management modalities from all other authenticated systems, including Indian Ayurveda. As predicted by the late Benjamin Rush, one of the contributors of the American Constitution, Western medicine today monopolises sickness care all over the world. Its impact is highest in India where the majority cannot reach the hi-tech western medicine. Those who can are economically impoverished significantly. The future medical education in India must have a health based non-monopoly integrated system, to give our future generation of doctors “a humane” approach to the sick population and a healthy knowledge of the health needs of the country. We need to change the Hippocrates oath that our students take to incorporate this humane model of future health care as well as sickness care.³

Only a life lived in the service to others is worth living.

Albert Einstein

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