THE PUBLIC HEALTH LABYRINTH: PROBLEM OF ACCESSIBLE HEALTHCARE IN INDIA

Toko Jiri[1], Menuka Kadu[2]

[1]Ph. D Scholar, [2]Ph. D Scholar

[1]Department of Social Work, Rajiv Gandhi University, Rono Hills-791112 Doimukh, Arunachal Pradesh India

Abstract

According to the Sustainable Development Goal 3 (SDG), Universal Health Coverage (UHC) aims to guarantee that everyone, everywhere should have access to healthcare without facing any financial hardships[1]. Health was listed as a basic human right in Article 25 of the 1948 Universal Declaration of Human Rights, and it was reaffirmed in Article 12 of the 1966 International Covenant on Economic, Social, and Cultural Rights[2]. As it recognizes health as a fundamental right under Article 21 of its constitution, India's commitment to UHC and SDG 3 aims to ensure the same[3].

However, the issue of affordable healthcare in India is still debatable due to numerous shortcomings, including a lack of facilities, equipment, high-quality services, and an unbalanced doctor-to-patient ratio. People frequently move from one location to another, primarily from rural to urban cities, in search of better medical care. According to data from the 65th National Sample Survey Organization report, rural Indians make at least 86% of all medical trips[4]. Additionally, more than 60% of rural residents travel outside of their home states for major disease medical treatment[5].

By using travel accounts of patient from nearby states to the All India Institute of Medical Science (AIIMS) in New Delhi, the study seeks to explore and analyse the factors that affect getting access to healthcare. Over the years, AIIMS has established a prestigious reputation in the field of medicine thanks to its super speciality facility and exceptional services. The hospital receives patients from all over the nation for medical care. The journey of various respondents from various states seeking better medical care at AIIMs New Delhi was documented by the study.

The researcher has also suggested a course of action for resolving the problems raised with India's healthcare accessibility at the conclusion of the study. The current study is part of the researcher's ongoing Doctoral Program (PhD).

Keyword: Accessibility, Concerns, Determinants, Health, Healthcare, Medical Treatment, Medical Trip

I. INTRODUCTION

India surpassing China has now become the world's most populated country[6]. As much as the population of the country ascends, the responsibility of the government increases as it is legally bounded to ensure basic fundamental human rights to its citizens without any discrimination when it gave its commitments to adhere Human Rights. While looking at the current scenario of health in India, it is recognized as one of the basic components of fundamental right "Right to Life and Liberty" under article 21[3]. However, the health status of India is not very impressive as it is posed with numerous issues such as inadequate healthcare resources, insufficient funds, poor healthcare infrastructure and rural-urban disparity[7].

The concern of accessible healthcare in India remains in constant controversy as the rate of medical trips from rural to urban remains high. Study found that at least 86% of all medical trips are made by rural Indians[4]. And Over 60% people from rural areas goes out of home state to avail medical treatment for major diseases[5]. Considering that India's population predominantly lies in rural areas wherein there is a lack of proper healthcare resources and most of the time people struggle to access timely medical treatment as the study suggests[7]. The study conducted in 2014 highlighted that in India, the penetration of health infrastructure is much lower than that of most developed countries and even lesser than global average. Meanwhile, the paradigm shift of changing disease pattern, economic patterns increase the dual burden both on rural and urban areas in healthcare settings. And further, uneven distribution of infrastructure and resources poses greater challenge for the country[8].

World Health Organization, 2022[9] laid out that Accessibility is one of the core components of the right to health along with other components like Availability, Acceptability and Quality. As the WHO, 2022 states "*Accessibility requires that health facilities, goods and services must be accessible to everyone everywhere*". Further it has four overlapping dimensions: Non-Discriminatory, Physical Accessibility, Economical Accessibility (Affordability) and Information Accessibility.

Therefore, the study is focused on mapping out the concerns circulating in & around in accessing healthcare services in India through the lens of healthcare seekers in India. And it also seeks to bring out the cost burdens posited by the concerns mapped out and recommend evidence-based suggestions.

II. OBJECTIVE

1. To identify the issues that Indians seeking healthcare encounter when trying to access services in the country.
2. To highlight the financial burdens posed by the issues listed and suggest solutions based on evidence.

III. METHODOLOGY

This study is a part of ongoing Doctoral programme (PhD) of the researcher.

The study is qualitative in nature following the phenomenological research design recording the lived-experiences of the thrust respondents i.e., Healthcare Seekers (patients). Primary data were collected via one-to-one interview with the patient coming from different states to capital city of the country New Delhi seeking for better healthcare service. One-to-one interview has been compiled into individual case studies. Further, to reach out the thrust respondents, purposive sampling technique was used. The study is also backed with secondary sources of data which includes research articles, government archives and national and international reports.

IV. CASE STUDIES

The following are the stories of patients coming to AIIMS, Ansari Nagar, New Delhi from neighbouring states seeking better medical treatment. The personal details like that of name of the respondents have been changed adhering to principle of confidentiality.

Case Study I

Pankaj is a 34-year-old man from the neighbouring state of Bihar. Since having knee surgery two months ago, he has been going to AIIMS New Delhi for routine check-ups for the past three months. He claims that he has been waiting to meet the doctor (the person who performed the surgery) for three days in a row and is hopeful that he will finally be able to meet him today. When questioned about why he hadn't just gone to the hospitals in his own state but instead travelled to Delhi for a health checkup, he replied without a doubt, that his state has excellent public and private hospitals, but the latter are often out of reach for the average person, and the former are frequently underequipped. He also raised the issue of a shortage of specialized medical staff, such as surgeons, orthodontists, oncologists, and other specialists. Since he needed surgery, he chose to go to AIIMS in New Delhi, which is renowned for providing excellent care at a reasonable price and offering low-income patients the opportunity to take advantage of government programs like Ayushman Bharat.

He said *"Mera tho phir bhi koi hai Delhi mie, rehne ka koi jyada dikat nhi hai, lekin unka kya jinka koi nhi hai Delhi mie"*. (At least I have someone in Delhi where he can stay for days up until his medical treatment is over but what about others who has no one in Delhi).

Case Study II

Bimla is a 37-year-old Bihari woman who works as a housewife and is financially dependent on her husband, a fruit and vegetable vendor. The respondent is a heart patient who has been waiting to see her worried doctor at AIIMS in New Delhi for 10 days. She claims that her worried doctor is only available on Mondays and Fridays, and most of the time because of overcrowding/an increase in patients, they are required to stay for the night and occasionally the days after. She had hoped to meet the doctor on Friday since she hadn't been able to do so the previous days, but she was unaware that it was a gazetted holiday. She is now forced to wait until Monday. When questioned about online appointments, she admitted that neither she nor her family were familiar with them. She had to travel to Delhi with her family for a direct appointment, and she had to stay because the line was already very long. She also warns them that if they don't see Dr. on Monday, they will have to go back to Bihar because they have been struggling to make ends meet for the past 10 days and are barely scraping by to save enough to at least return.

When asked where she was staying, she revealed that she and her husband were sharing a hospital verandah with hundreds of other patients from various states. There are a few Dharamsala/Ashrams, she claims, some of which are free and a few of which have a minimum nightly rate of Rs 500. They cannot afford the paid ones even though the free ones are typically crowded and not empty. Even if they are able to find accommodations, she would have trouble getting to and from the hospital because the ones closest to it are usually booked. She will incur expenses for both living there and getting there and back.

As she laments, "*Bihar mie Sarkari hospital hai lkin chota mota hai*" (there are public hospitals in Bihar, but they're not big enough), the main reason she cited for traveling all the way to Delhi for medical care is the lack of facilities and concerned specialized doctors in public hospitals in her home state. She also mentioned that although expensive, there are private hospitals that are well-equipped.

Case Study III

Manorama, a 45-year-old bricklayer from Kota, Rajasthan, is traveling for a routine checkup. For the past 25 years, the patient has visited AIIMs, New Delhi. She underwent heart surgery in the same hospital 25 years ago, and the concerned doctor advises her to visit once or twice a year for a checkup. She explains that the concerned doctor is only available on Monday and Friday; as a result, they had left home the day before and arrived on Friday morning with the expectation that they would consult the doctor and depart by train or bus by the evening. However, because it is a gazetted holiday and will be followed by weekend holidays, they will only be able to stay for three days in the hopes of seeing the doctor on Monday.

The couple only planned to stay for one day when they arrived, so they are now torn between staying for three days or leaving because, by Monday, they won't even have enough money to return home. The couple had no other choice because they are both digitally illiterate, and even if their children wire them the money, they won't be able to use it. She utters "*Ek hi din ka wavasta kr k aaye the, abb Chaar din kaise Nikale, majboori mei pare hai*" with a worried scowl on her face. She revealed that her surgery was done 25 years ago because such complicated surgery wasn't available in her state at the time when she expressed her concerns about traveling to Delhi for treatment.

Additionally, the patient did not feel the need to consult with other doctors because of other issues with public hospitals in her state, such as a lack of facilities like CT scans and MRIs, and because her doctor had been caring for her for the past 25 years. And because they cannot afford private hospitals, where they don't even think about healthcare programs like CM-Card etc., they are forced to travel to another district or state for medical care.
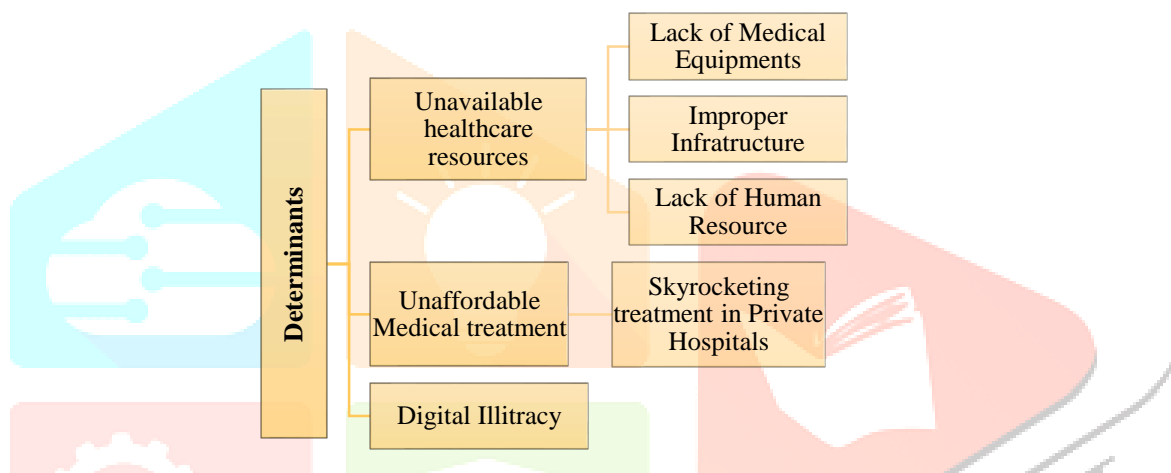
V. FINDINGS AND DISCUSSION

Figure 1 Determinants of Medical Trips to Access healthcare services in India

Availability, Affordability and Quality are the siblings of Accessibility and all four are interconnected which compliments and supplements each other. Inaccessible or limited access to healthcare services creates a major barrier to endure socio-economic development of the nation and the globe over all[7]. Therefore, Figure 1 lays down the Determinants of Medical Trips to Access quality healthcare services; significant findings of the study. Most of the medical trips are reported to be from rural area to urban cities as the study suggests that "*at least over 60 % people from rural areas goes out from home state to avail medical treatment for major diseases in urban cities*"[5].

The study found that major reason for medical trips in accessing healthcare are due to unavailable healthcare resources and unaffordable healthcare treatment. The unavailable resources include lack of proper infrastructure, medical equipment and human resource, insufficient funds as founded in the study of 2019[7] and the current study as one of the respondent states **"***Bihar mie Sarkari hospital hai lkin chota mota hai***"** (there are public hospitals in Bihar but it's not big enough)**.**

Health workers plays a central role in health systems[10]. They are the key to attaining sustaining and accelerating progress in Universal Health Coverage[11]. SDG 3 proposes to increase the recruitment of health work force[12]. In India, the majority of health professionals to that of doctors and nurses have found to be more focused on urban settings than in rural area, resulting in lack of more than 3000 doctors in rural areas[7]. WHO recommends doctor patient ratio as 1:1000 termed as "Golden Finishing Line"[13] but the empirical evidence from the current study reflects otherwise.

India faces particularly with inequalities in accessing healthcare services[14], given the class division between rich and poor in the country. Indian society is predominantly agrarian wherein livelihood of the people is mostly generated from the agricultural activities with special reference to rural areas as the majority of the India's population lies in rural areas. In the same context, despite the multi-speciality of private hospitals, it is not affordable for everyone as shared by respondent that "*Humari maa ka chota sa accident ho gya tha, Kailash (Private hospital) ek raat ka 30,000 le liya tha aur ek goli tak nhi diya"* (His mother had met with a minor accident wherein he had to rush to private hospital in emergency and it costed them 30000 for one night while she was not given any medicine). The hospital stands affordable and hence accessible for only the wealthy ones. Even if a layman with minimal income manages to afford services in private hospitals, most often they had managed by either loan or selling of property. This often leads to what is termed as "Healthcare Debt". And also, that most of private hospitals does not have a provision of making healthcare schemes available (as informed by one of the responded) and that '*Private hospitals avoid Ayushman Bharat PMJAY, citing low charges*'[15].

The use of mobile in healthcare could facilitate healthcare delivery in rural areas where there is limited access to quality healthcare services[7]. Such service often termed as 'Tele-medicine' gained popularity during the COVID-19 pandemic. However, it requires a person being digitally literate which India is currently grappling with. And the question of how much digital is India when it comes in terms of Telemedicine. Robust digital revolution is required, it has the potential of going on for years in ensuring this considering the socio-economic factors it requires to have a mobile phone, data packs, electricity etc. The step towards telemedicine is indeed amazing but whole economy of the system needs to revisited. The concern of digital literacy is well reflected in the case studies, only if they knew well enough to opt. for online appointment, they would not have been compelled to be in the city for unnecessary extra days waiting for health professionals or services.

The discussed determinants create cumulative effect on wide disparity to healthcare seekers. It causes cost burden on the patient and their family members as shown in figure 2.
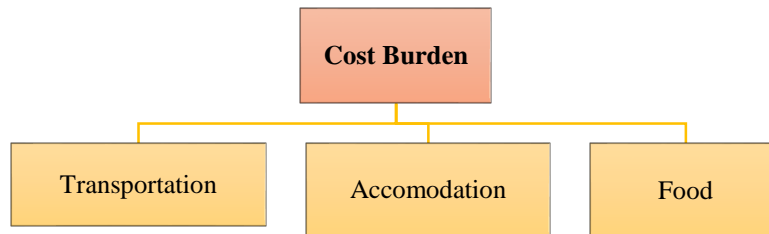

Figure 2 Cost Burden caused by medical trips in accessing quality healthcare services

Cost burdens are the out-of pocket expenditure that healthcare seekers spend apart from medical treatment. Estimates suggests that in India annually, approximately 50 million household falls into poverty due to out-of-pocket expenditure on healthcare[16]. Indians pay more than 62% of their health expenses from their personal savings[17]. One of the respondents stated that **"***Sarkari hospital mie bhi paisa lagta hai, Ilaz k liye na sahi, baki sab cheezo k liye***".** The term Baki Sab here indicates the money required for transportation, accommodation and food.

These determinants and consequential out of pocket expenditure makes the subject of health unpredictable and can be catastrophic to the families living on daily wage. Accessing healthcare becomes the survival journey especially for the poor and vulnerable as they not only have to bear the cost burdens but they are also compelled lose their wage for the day in seeking healthcare services[18]. In this regard, a respondent shares "*Mere yaha daily hazaar rupeya ka nuksan ho raha hai, duty doctor ko milne se pehle*" (Every day he is suffering with loss of Rs. 1000 as his daily wage is even before meeting the doctor). People come with limited amount of money but helplessness and callousness caused due to all these factors, these people often exhaust their money and most often have to work back their money to go home.

VI. RECOMMENDATIONS: A WAY FORWARD

India's healthcare challenges are a significant barrier in attaining Sustainable Development Goal 3 which aims to ensure Universal Health Coverage. Following the concerns, it is safe to say that health scenario in India is at utter deprivation posed with multifaceted challenges. However, all these can be solved beginning with robust healthcare budget followed with ensuring proper implementation of healthcare schemes and telemedicine. With this backdrop, the following suggestions are laid down to address the concerns encircling the accessibility of healthcare in India:

1. **Increase Health Budget:**
The health sector's share of the union budget decreased slightly from 3.6% in 2021–2022 to 2.7% in 2022–2023 and then again to 2.4% in 2023–2024[19]. Given the state of healthcare in India today, it is imperative that both the federal and state governments increase their budget allocations in order to increase the availability of health resources.

2. **Strengthen primary and secondary health centre:**
According to the population, tertiary centers are primarily located in urban areas, so improving the primary and secondary care will lighten the load on tertiary care and prevent patients from making unnecessary trips to the doctor.

3. **Adoption and Sound Implementation of Government Schemes**
Numerous healthcare programs, such as Ayushman Bharat, Janani Suraksha Yojana, Mission Indradhanush, later known as Rashtriya Swasthya Bima Yojana (RSBY), etc., are available, with the exception of a very small number of countable private hospitals, mostly in public hospitals. While government hospitals struggle with inadequate funding and overcrowding, private care is still out of reach for most people. Therefore, healthcare programs should be made available in the private sector as well in order to increase access to and affordability of healthcare and lessen the burden on public hospitals.

4. **Digital awareness:**

Even though the idea of "Telemedicine" is now available to everyone for prompt medical care, it is still only available to a select few. Given the socioeconomic factors that surround it, the idea of digital awareness should be given priority. The patient will benefit from making an appointment with the appropriate doctor in advance by avoiding needless travel and saving time.

VII. ACKNOWLEDGEMENT

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