

By Sidharth Mishra



About a fortnight ago a good friend's roommate met with a severe accident in Uttarakhand. Out on a bike expedition in the mountains, he fell into a deep gorge. Luckily, his descent into the gorge stopped after falling for about 200 feet, whereas his bike fell for another 600 hundred feet. The villagers rescued him and took him to a government hospital nearby. Since the biker was wearing a good quality helmet which cushioned the impact of the fall, he managed to retain his senses and this helped him to contact his friends in Delhi.

Rescue teams were immediately dispatched in a modern ambulance from a private hospital in

the National Capital Region (NCR) and he was immediately ferried back. On reaching the hospital,

the doctors attended to him and he was given the best medical treatment available. As a result of the accident, he had broken several bones of his body from the neck downwards. The broken bones were all tended to after a successful marathon surgery session.

This timely treatment and medical attention, however, did not come for free. By erstwhile socialist standards, it cost a small fortune. I was told that nearly seven lakhs rupees were paid as part of treatment, hospitalisation and ambulance fees, amongst other small costs. Bearing the cost, however, was not a problem.

This despite the victim belonging to the middle-class. The payment was made possible because the victim was covered by medical insurance: both personal and group.

Personally too, I have benefitted from personal medical insurance coverage. I recently got one of my children operated for a debilitating knee problem caused by an old sports-related injury. She was operated by a very accomplished surgeon in a very well-equipped hospital following modern medical procedures. She was out of the hospital within 48 hours with your's truly required to pay a paltry sum of Rs 2450.

She would need post-operative care for a few weeks and this treatment too would be covered under the medical insurance scheme. According to the insurance rules, expenditure for one month before the surgical procedure and three months after the procedure are covered. Thanks to the Information Technology revolution, the case for coverage is made online and the approval too comes within two to four hours of the submission of the application.

Now let me relate this to an anecdote from the government sector healthcare. A very senior Rashtriya Swayamsewak Sangh functionary's acquaintance last year needed timely heart valve surgery. With their political arm in power at the centre, this Swayamsewak saw no problem in getting the surgery done at an early date in the All India Institute of Medical Sciences (AIIMS). However, a surprise awaited him at the premier institute. The patient who had sought treatment in 2014 by pulling strings was given a surgery date for 2018.

Much agitated, he tried to take a chance with Govind Ballabh Pant hospital, another prestigious centre in the government sector. He was given a date for 2016. And mind you, in none of these places was the surgery proposed to be done free of cost and there was to be a cost though somewhat subsidised, to be levied. Harassed and harangued, the Swayamsewak looked for succour in the private sector and managed to save the life of the patient in the nick of the time.

One may ask what is the moral of these stories that I have just narrated? Despite the constant vilifying that most of us subject private hospitals to, they have slowly emerged as alternative centres for quality care. From my own experience, I would say that the surgery which I managed for my child would not have been possible if the facility was not available in private sector and if there was no medical insurance scheme available at a reasonable rate of premium.

During my younger days, being the "resident ambassador" in Delhi for my family, which had stayed back home in Bihar, on several occasions I did the tortuous duty of escorting patients around. I still vividly recall, a distant relative passing away on a cold winter night in a ramshackle 'dharmashala' in Sheikh Sarai, near AIIMS as he had failed to deposit the requisite

Insure quality healthcare for all

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amount for valve surgery in the prestigious institute. He had waited for a full fortnight for the sanction to come from his referring hospital in Jharkhand.

In those pre-reforms days, there were no other medical centres to go to. If such an incident had taken place in the private sector, it would have invited the wrath of the media today. However, in the case of AIIMS, it was condoned because the hospital is perceived as being hapless and over-loaded with patients.

Unlike Delhi where some of the private sector medical behemoths were given precious land for a pittance, in the NCR most of the hospitals have been built on land purchased in auctions. World class infrastructure has been built by funds raised from the market. These hospitals in turn have created an avenue for foreign earning through medical tourism. These alternative centres of medical care need to be both rigorously regulated and carefully supported.

The government can do this task justice by creating a more comprehensive health insurance policy. Though many government and public sector employees have been allowed to visit these hospitals after they have been empanelled, the real challenge lies in making this quality health care available to the poor working in the unorganised sector. The government can achieve this by say providing a medical insurance cover of say Rs 50000 to each Aadhar Card holder.

As former president of Indian Medical Association Dr Vinay Agarwal put it, "The poor man seldom comes to hospital with a heart or other lifestyle-related ailment. He dies of malaria, cholera and flu. A health insurance cover for him would insure that he doesn't lie in the corridors of a government hospital counting his last breath and instead have access to medical care in private sector hospitals too."

As Narendra Modi government completes a year in office, it has to find ways and means to give quality healthcare to all. This arduous task will not be completed by focussing on the government healthcare sector alone.

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