

Is Equality, Equity, and Justice in the Indian Healthcare system a Utopian dream?

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Journal For International Medical Graduates

Abstract

This article discusses the challenges faced by the Indian healthcare system in achieving equality, equity, and justice. I aim to highlight the shortage of doctors in rural areas, which results in patients seeking treatment from unqualified practitioners. The lack of resources and infrastructure in government hospitals and healthcare centers exacerbates the problem. This article calls for collaboration between the government, medical fraternity, and the public to improve the situation, increase the healthcare budget, and work collaboratively towards a prosperous and healthy nation. In conclusion, there is potential for improvement, and I urge stakeholders to stop the blame game and work together for the advancement of the nation.

Keywords

Equality, Equity, Justice, Healthcare, India, Primary Healthcare, Government hospitals, Fair distribution, Rights-based justice, Legal justice, Medicolegal cases, Healthcare budget

The principle of equity in healthcare aims to achieve a fair distribution of healthcare resources to promote equal health outcomes[1]. However, the question remains: is this principle being upheld in India? As a recent graduate of MBBS in India, I have noticed that many of my colleagues are hesitant to serve in rural areas that suffer from a severe shortage of medical professionals. This raises concerns about whether equitable access to healthcare is being ensured in the country.

There is a major dearth of even MBBS doctors in most parts of our country. As a result, and for lack of better alternatives, the poor and illiterate of these villages resort to medication from quacks posing as medical

Two elements of the principle of justice, namely equality, and equity, have been described.

In addition, this entire situation is complicated by medicolegal cases, where due weight is not given to the financial status of the patient vis. a vis. the restrictions of a medical professional in a given situation, as well as the limitations of the infrastructure. To cite a simple example, in a case of complicated delivery in a village involving a lot of intra- or postpartum blood loss, the doctor cannot be held responsible for poor management of the patient if adequate infrastructure, such as a blood bank or pathology laboratory, is not available nearby!

In conclusion, I would say that we are in the midst of a rather unfortunate situation; however, it is one that has tremendous potential for improvement. Achieving equality, equity, and justice in the Indian healthcare system seems like an unattainable utopian goal but can be made possible in the foreseeable future with a collective effort from the government and the general public. This requires the realization of their responsibilities and a significant increase in the nation's healthcare expenditure, which currently stands at a dismal ~2% of the annual Union budget [6].

Although we have made significant progress, more work needs to be done before we achieve our goals. The key to improving the current situation is to stop the blame game and work collaboratively towards building a healthy and prosperous nation.

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practitioners, and that is where the trouble begins. These medicines may fail to give the desired results or, even worse, may exacerbate the patient's condition! Hence, I ask you: Is there equity in healthcare in India? Are there adequate hospitals or even primary health care centers in the interior of our country, and are there enough doctors there? The answer is obvious[2]. There is no doubt that the government is doing its best to improve things, but there is still a long way to go.

Equality implies the state of being equal in status, rights, and opportunities[3]. Let us consider a simple example: An influential and extremely wealthy aristocrat has a mild cold and cough. He visits a posh private hospital close to him. Not only does he get priority access and immediate treatment, but he is also treated by the most reputed doctor and with the use of state-of-the-art technology. Now, a stark contrast to this: Imagine the overcrowded corridors of a small government hospital or healthcare center in a remote village in the interior of India. A patient suffering from chronic tuberculosis with dyspnea and discomfort has to wait for hours in a long queue and in a cramped space before he can get himself checked by a doctor, who may even be underqualified to handle such a case! In most such settings, even the doctor present is overworked and may miss out on a crucial and diagnostically important symptom or sign.

Who is to blame here? The doctor, who has been working 48-hour shifts without adequate sleep, without adequate meals, without adequate breaks? The patient, who does not have enough monetary funds, resources, or access to a better hospital. Or the government, which has not built sufficient hospitals or appointed adequate qualified doctors at these institutes?

There is no simple answer to these questions. But comparing the aforementioned situations makes one thing clear. Equality in the healthcare system in India is a far-fetched dream, and unless the government, the medical fraternity, and the general public work together and work efficiently, it will remain so!

The principle of justice could be described as the moral obligation to act on the basis of fair adjudication between competing claims. It is linked to fairness, entitlement, and equality [4]. In health care ethics, justice can be subdivided into three categories: distributive justice, which involves the fair distribution of scarce resources; rights-based justice, which involves respect for people's rights; and legal justice, which involves respect for morally acceptable laws [5].

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