

Evolution of Indian Healthcare and Rights

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ABSTRACT-- *India has been blessed with its medical heritage and knowledge tradition since 5000 BCE from the Vedic times and this was possible because Indian scientists pioneered the nomenclature of the plants (Vanaspati) and the (dhatu; matter and chemicals or rasayana). There are two problems in this research first, How does the state approach healthcare of people, and does it see it as a right at all? and the second is how does the law resolve issues of violation of patient rights and what is the legal precedent? This is research using non doctrinal method. This research conclude that Having itself very poor healthcare facilities among its rural sector India has been growing rapidly as a hub of medical tourism in the world. In the year 2015 its estimated that this growing sector amounted to US\$ 3 billion and its expected to grow at CAGR of 200 per cent by 2020 becoming a market of \$ 9 billion by the end of this year.*

Keywords: *evolution, healthcare, rights*

I. INTRODUCTION

India has been blessed with its medical heritage and knowledge tradition since 5000 BCE from the Vedic times and this was possible because Indian scientists pioneered the nomenclature of the plants (Vanaspati) and the (dhatu; matter and chemicals or rasayana). This ancient system of traditional medicine which was classified into a complete discipline called Ayurveda having holistic approach to treat all kinds the maladies and ailments. Combined with Yoga which prevented the ailments and strengthened immune system led to the peaceful mind.[1]

Ayurveda's theoretical aspect is compiled in one hundred twenty chapters in the pre-second century book called "Charaka Samhita" by Acharya Charaka (1000-24 BCE), who was a medicine expert and a physician. This pre second century CE text consists of eight books and one hundred twenty chapters. It has amazing compilation of different nuances of diseases and their possible treatments. He defined the concept of digestion, metabolism and immune system of human being.[2]

King Ashoka (273-232 BCE), built well organized hospitals where doctors trained in the university of Nalanda and Taxila practiced medicines. This itself gives a testimony of standardized Indian healthcare system. Ayurveda was fully accomplished field in the study of medicine and it was already on advance stage.

Later during early colonization period starting from 17th Century, India witnessed arrival of western medicine when British and other Europeans under missionary activities started opening healthcare facilities for their own soldiers. The British, settled themselves first in Bengal, therefore they first established proper medical college in Kolkata (undivided Bengal) in 1835 and then

slowly it started establishing healthcare facilities to the other parts of the country.[3] Simultaneously the theory and the norms for the healthcare rights also started following with the evolution of modern medicine. This was more or less developed at the expense of Indian Ayurveda medicine system and locally practiced traditional medicine.

When India received its freedom from the British in 1947 the Constitution of India incorporated various aspects of rights to provide substantial healthcare facility to its citizens. In the time to come the civil society also developed and saw many other rights were taken into the consideration; violation of rights to healthcare, jail inmates, mentally ill patients and the people having other various communicable and non-communicable disease.

The article will delve into the evolution of Indian medicine and various rights through the ages. The article will also touch the on the subject as how can human-rights of medical patients be protected in India, provided that there is a demand for appropriate medical care to be considered a human right of patients in India, and due to profiteering and other medical malpractices, this right is not given to them. What are the different legal instruments and policies that can ensure this?

II. PROBLEM ISSUES

The issue of rights can be conceptualized in two ways;

1. How does the state approach healthcare of people, and does it see it as a right at all? and
2. How does the law resolve issues of violation of patient rights and what is the legal precedent?

Points on Evolution of Healthcare system in India

1. India has had a history of a mixed approach to health, mainly because health is a state subject, which means health issues and matters are mostly dealt with by the states federally, hence there is a mixture of many different approaches.
2. Independent India inherited the urban centric colonial infrastructure of health, but could not improve upon it immediately due to focus on vertical programs to eradicate killer diseases such as malaria and black fever etc. Still piecemeal improvements in health infrastructure in rural areas took place.
3. The larger idea of state led and financed healthcare was in place even though private practice was rampant and commonplace, both in urban centers and hard to reach areas. This was so till 1991, when liberalization happened.

4. Post 1991, there were significant cuts in public spending on healthcare, healthcare as an industry, to be exploited by the corporates was formally established. This is what led to the rise of organised, corporatized private healthcare system that we see in cities today.

III. FINDINGS AND DISCUSSION

A. Historical Perspective:

India grew with the huge knowledge source starting with the Vedas which consisted most of the important aspects of our lives as how healthy people can remain. Atharva Veda having hymns and mantras consisted how four parts of the life: childhood, adolescence, youth and old age can be practiced according to the natural law and related rituals. Atharva Veda was written around 1200 BCE to 1000 BCE. The hymns and prayers reflect the ways how to prevent many kinds of diseases and natural disasters. Yajur Veda defines how everyone should have healthy mind. The Ayur Veda (Ayur: Life), means science of life means how to prolong life. Traditional Medicine in India is based upon Ayur Veda.

During the Lord Buddha's time (563–477 BC) the Buddhist Viharas in different places catered the healthcare service and education. Though according to few texts it seems that surgery was not taken in good spirit as it was against the non-violence in Buddhism.

Thus, Ayur Veda remained most important source of Indian medicine till the medieval period when Moghul started coming to India. The best thing with Moghuls was that they brought Yunani medicine and it worked as a parallel to Ayurvedic medicine with Ayurveda. And till the present day both kinds of medicine are popular in India. Starting from colonial period, Indian healthcare system had paradigm shift and when Portuguese arrived in India they established Royal Hospital in Goa between 1510 and 1515, thus a standard hospital came in shape where patients were treated with great care, later after three hundred years in 1842 this hospital was converted for teaching medicine and surgery. However, more medicines came from the west more diseases as side effects also started propping up.

When British arrived in India they themselves needed healthcare facility therefore they established first medical college in India in 1664 in Kolkata and 1668 in Madras (presently known as Chennai). Thus healthcare system in India started spreading and turned to be 1250 till 1885, during the rule of British India. When India received its freedom in 1947, the number of hospital grew by many folds 7400 all across the country.

State Health facility has been ignored and marginalized comparing to the allocations of fund in other fields. However, the study of medical science achieved a new height comparing other developing countries. Since the health program in India is mostly based upon federal allocations of fund, the development of health care is different in every state.

During early 1950s the central government's program worked parallelly and homogenous with the state government. It approached certain issues on early pregnancy, treating malnutrition, and post-delivery issues through Panchayati Raj system. It also opened 725 Primary Health Centres across the country to counter the communicable diseases and achieved substantial success. In 1959 it set up Health Survey and Planning Committee popularly known as Mudaliar Committee to assess as how government's grant in the form of Medical relief and public health service was progressing and also it aimed to review its various projects; first and the second 5 year plans on the health projects.

The report which was submitted after the 10 years carried substantial information about the eradication of certain communicable diseases. Post 1950s Government of India came out with many plans to improve its healthcare system. It opened more government medical colleges having tough competitions among the students who aspired to be doctors:

B. Government Health Care Facilities

Among total 77178 seats in which there are 31727 seats are from 235 Government Medical Colleges making almost 50 per cent of the total number. The data will be described in Table 1;

State	Medical Colleges	Number of Seats
Andaman & Nicobar Islands	1	100
Andhra Pradesh	12	1,900
Assam	6	723
Bihar	10	1,050
Chandigarh	1	100
Chhattisgarh	7	650
Delhi	6	900
Goa	1	150
Gujarat	17	2,830
Haryana	5	600
Himachal Pradesh	5	500
Jammu & Kashmir	3	400
Jharkhand	3	300
Karnataka	18	2,750
Kerala	10	1,300
Madhya Pradesh	7	900
Maharashtra	22	3,100
Manipur	2	200
Meghalaya	1	50
Orissa	6	950
Pondicherry	2	350
Punjab	4	600
Rajasthan	9	1,450
Tamil Nadu	25	3,250
Telangana	7	1,100
Tripura	1	100
Uttarakhand	4	350
Uttar Pradesh	17	2,224
West Bengal	14	2,050
TOTAL	226	30,927

Table 1

Having so, there are 9 AIIMS (All India Institute of Medical Sciences) which have 800 MBBS seats for Indian citizens.

Still the competition of for Indian students to getting into the medical profession as their career is very tough and difficult. There are around 1700,000 students appear for such a small number of seats and only few intelligent and hardworking students get through.

Having said that these number of doctors do not stay in India as after graduating many medical graduates seek their destinations to America and Europe. According to the latest data there are around 59095 Indian physicians who are working the in the USA, UK, Canada, and Australia. They constitute around 5 per cent of Total US physicians workforce and around 11 per cent of the total UK medical workforce. The data shows around 1200 doctors enter into the US residency system each year.[4] A data of the year 2012 shows that around 1333 Indian doctors migrated to foreign countries. [5]

Some of the very important points in Indian Healthcare System according to the data obtained in the year 2012.

1. 70 per cent of Indian health workers are employed by private sector
2. 18 per cent of the primary health centres are without doctors, 38 per cent are without lab technicians and 16 per cent are without pharmacist

3. According to the ministry the brain drain of doctors in India has caused great deficiency which has made the ratio of one doctor for around 1700 people in India whether China has one among 1063, Korea 1 in 951, Brazil 1 in 844, Singapore 1 in 714, Japan 1 in 606, Thailand 1 in 500, UK 1 in 469, and the USA 1 in 350 and Germany 1 in 296
4. According to the Planning Commission India at present needs 100,000 doctors and 10,00000 nurses and 200,000 dental doctors.
5. The government spends only 4.2 per cent of its GDP on the healthcare goods and services compared to 18 per cent by the USA. [6]

In such above scenario it's difficult task to record the situation of the human rights of the patients in India. There is a great deficit of doctors in India at the same time the purchase capacity of the people of have increased many fold in the last decade. And that's the reason, there is a continuous surge in better health facility in the country but in the urban region. At the same time the civil society groups have been strengthening themselves and have substantial protection for the rights of the Indian citizen for having adequate healthcare facility barring age, gender and economic situations.

C. Public Medical Health Care Insurance

There are dozens of the healthcare schemes offered by the both the state and the central government. The recent Ayushman Bharat is a National Health Protection Scheme of the government of India fully funded by the government of India that has covered around 100 million (one crore) poor and vulnerable family which is being benefitted around 500 million beneficiary) providing coverage up to Rs 500,000 per family per year for the secondary and tertiary rare hospitalization.

Benefits of the scheme are portable across the country and a beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empanelled hospitals across the country.

The beneficiaries can avail benefits in both public and empanelled private facilities.

To control costs, the payments for treatment will be done on package rate (to be defined by the Government in advance) basis.

One of the core principles of Ayushman Bharat - National Health Protection Mission is to co-operative federalism and flexibility to states.

For giving policy directions and fostering coordination between Centre and States, it is proposed to set up Ayushman Bharat National Health Protection Mission Council (AB-NHPMC) at apex level Chaired by Union Health and Family Welfare Minister.

States would need to have State Health Agency (SHA) to implement the scheme. To ensure that the funds reach SHA on time, the transfer of funds from Central

Government through Ayushman Bharat - National Health Protection Mission to State Health Agencies may be done through an escrow account directly.

In partnership with NITI Aayog, a robust, modular, scalable and interoperable IT platform will be made operational which will entail a paperless, cashless transaction.

At the national level to manage, an Ayushman Bharat National Health Protection Mission Agency (AB-NHPMA) would be put in place. States/ UTs would be advised to implement the scheme by a dedicated entity called State Health Agency (SHA). They can either use an existing Trust/ Society/ Not for Profit Company/ State Nodal Agency (SNA) or set up a new entity to implement the scheme.

States/ UTs can decide to implement the scheme through an insurance company or directly through the Trust/ Society or use an integrated model.

EXPENDITURE INVOLVED

The expenditure incurred in premium payment will be shared between Central and State Governments in specified ratio as per Ministry of Finance guidelines in vogue. The total expenditure will depend on actual market determined premium paid in States/ UTs where Ayushman Bharat - National Health Protection Mission will be implemented through insurance companies. In States/ UTs where the scheme will be implemented in Trust/ Society mode, the central share of funds will be provided based on actual expenditure or premium ceiling (whichever is lower) in the pre-determined ratio.

NUMBER OF BENEFICIARIES

Ayushman Bharat - National Health Protection Mission will target about 10.74 crore poor, deprived rural families and identified occupational category of urban workers' families as per the latest Socio-Economic Caste Census (SECC) data covering both rural and urban. The scheme is designed to be dynamic and aspirational and it would take into account any future changes in the exclusion/ inclusion/ deprivation/ occupational criteria in the SECC data.

C. Modern Private Health Care Facilities and Growing Medical Tourism in India

India has become the hub of generic medicines having exposure of its market globally. According to the Indian Brand Equity Foundation (IBEF), India has become the third-largest exporter of pharmaceutical products in terms of volume.[7]

Having itself very poor healthcare facilities among its rural sector India has been growing rapidly as a hub of medical tourism in the world. In the year 2015 its estimated that this growing sector amounted to US\$ 3 billion and its

expected to grow at CAGR of 200 per cent by 2020 becoming a market of \$ 9 billion by the end of this year. In 2017 the total number of patients who visited India for the medical support was 495056 from the countries like Bangladesh, Afghanistan, Iraq, Maldives, Oman, Yemen, Uzbekistan, Kenya, Nigeria and Tanzania, with significant number of patients also coming from Australia, Canada, Russia, the UK, and the United States and Indonesia. [8]

D. Human Rights

Indian constitution (the Article 21) has placed human rights of the Indian citizen in conformity of with the international law. The Article 25 of the Universal Declaration of Human Rights and the Article 7 of the International Covenant on Economic, Social and Cultural Rights have been referred by the Supreme Court of India. The same rights is also enjoyed by every citizen of Indian citizen.

Under the purview of the above laws every year many complaints regarding alleged medical negligence and violations of the standard medical procedures are field and accordingly both private and public hospitals and penalized.

REFERENCES

- [1] Kapil, R.N., Biology in Ancient and Medieval India, Vol 05, Indian journal of history of science, I.J.H.S. ISSN 0019-5235, OCLC, 1752903
- [2] Meulenbeld, Gerrit Jan. "Caraka, his identity and date". A History of Indian Medical Literature. Groningen: E. Forsten. IA, Chapter 10. ISBN 9069801248. OCLC 42207455, Year: 1999
- [3] https://en.wikipedia.org/wiki/Medical_College_and_Hospital,_Kolkata (accessed on Jan 2, 2020)
- [4] https://www.medscape.com/viewarticle/524466_6 (accessed on December 04, 2020)
- [5] <https://timesofindia.indiatimes.com/india/1333-doctors-migrated-abroad-last-year/articleshow/13128728.cms> (accessed on December 14, 2020)
- [6] <https://timesofindia.indiatimes.com/india/1333-doctors-migrated-abroad-last-year/articleshow/13128728.cms> (accessed on January 14, 2020)
- [7] <https://www.ibef.org/industry/healthcare-india.aspx>
- [8] Katz, Alexandra. "India emerges as new destination for Russian medical tourists". Retrieved Jan 14, 2020.