Social History of Medicine in Colonial India

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Lecture 05

TUTORIAL 7 – Public vs Private in Healthcare

Hello and welcome to the next lecture - Lecture number 35 and in fact it is another tutorial. In the colonial context, the role of non-state players was very significant and it was very commendable. The reasons for the prominent place of philanthropy and private contributions may not be all very endearing or due to very noble reasons or altruism. In fact, the very starting point itself is not that very a noble reason. In fact, one of the main reasons for all of this was the reluctance of the colonial state its clear negative attitude with regard to spending and then claiming to promote the British model of volunteerism in India. In any case, whatever the intention, whatever the shortcoming, this gave an opportunity for the local elite to show their munificence and again here in all cases it was not entirely due to pure altruism. Some of it was also born out of the desire to just be in the good books of the colonial establishment or earn their certificates as very responsible, very participative, public-spirited subjects or just to be seen by the colonial masters that they were also following on some of the very 'noble examples' set by the British which the British very much released - being seen as kind of beacons bringing light, reason, high culture to the colonized – all as smokescreen for the cross commercial profiteering activities behind.

Another kind of support in the colonial context was from the commercial agencies which were not charitable contributions but with very clearly stated goals and expectations - from various industries. But nevertheless it was a welcome and additional source of support given the government's stance of steady reluctance. We have already seen during the course of the main lectures, how the mining lobby had its role in establishing the Liverpool School of Tropical Medicine - because the findings of the school, the researches of the school would help some of the health problems related to labourers and therefore directly connect to the profitability of the industry; similarly how the tea-planting community supported Ronald Ross' survey especially in southern India and how kala-azar research was also supported by the tea plantation industry. In a sense, that kind of self interest or commercial interest is good for research. Not only because they give the funding for whatever expectations they had, but it was also by way of tuning the

research community to particular areas to particular problems. So, they were also giving freely 'research problems' - sometimes research community has all the enthusiasm, they have the facilities but they also want 'research problems' to work on - this came very readily supplied - apart from also giving the money to solve the problem. But this raises the question about the commercial direction /orientation that research could take. There is a danger of the imbalance or bias with more and more research going to study specific problems faced by these kinds of industries and commercial interests and not to general problems faced by people at large. On the one hand, public agencies and governments may as part of their responsibility, and as custodians of public fund, would fund those other kinds of researchers for the general problems which we stated above. But what can happen is that if private and commercial agencies, with their money are providing baits, - with better offers and incentives, then there is a danger of greater interest going towards those kinds of areas because scientists also, being human beings, would be inclined, tempted to follow those baits - unless they are very committed about what kind of work they would do irrespective of how much money comes for what field.

In the colonial case, there was no room for these kinds of moral dilemmas given the fact that the state was not too obliged about those kinds of researches of common public interest. So the question does not arise, the choice is very easy. But that is not the case in the case of post colonial independent countries where that kind of indifference cannot be entertained. But still it can happen even in the absence of colonialism where countries are independent with their own self-government but which are selfish governments - with selfish individuals or governments which are not entirely democratic or which are democratic in name but not in practice or in some cases where the governments are generally democratic but may act in non-transparent ways in some areas and questions where finance /funding may be disproportionately allotted to areas which may actually be of special interest to some particular individuals who are close to the establishment or some groups which are close to the establishment - therefore, funding particular areas/ chosen areas - irrespective of how very relevant the area is, or how very immediately it is important either in terms of direct or indirect gains – also with the money which could also have been otherwise used for purposes which were more direct.

Then it could also happen in other ways. For instance, multinational companies-funded research or multinational companies forcing governments to embark on particular kinds of researches - especially kinds of researches which they would not do in the original home country because public opinion would not allow it or there may be other kinds of issues like pollution and all that. Those kinds of things can very well be experimented with especially former colonies - the so-called third world countries. So, even in the absence of colonialism this kind of culture can happen. Coming to the role of the government, as I said, the post-colonial state need not and could not have the same attitude as the colonial one as public health had to be one of the top priorities of any

government which claimed to be the government ruling in the name of the people. And interestingly, in the Indian case, the erstwhile colonizer Britain itself continued to provide a model of the important place of the state. In fact, actually it was more pronounced in the context of the post-second world war period and precisely the period coinciding with decolonization - where the state was veering towards more of a welfare state and particularly in the domain of healthcare - there was a clear move from the original volunteerism-bias to more state involvement as seen very forcefully in the NHS - the National Health Service - which continues to this day (though it has its own problems but it is very much there) - which also means an ideal, an ideology or philosophy of the state involvement.

Coming to the Indian case, in the post-colonial situation, the post colonial state - both at the national as well as the state levels have, from the dawn of independence, shown clear commitment towards public health infrastructure though the quality of it and the reach might have had and still continue to have much to be desired and to be improved. The good work of the state through research-promoting organizations like the Indian Council for Medical Research or premier institutions like the AIIMS - All India Institute of Medical Sciences at the central level, and a whole lot of government-funded state medical colleges across different states (with some of the states like say, for instance, the present state of Tamil Nadu in this part of the world doing better on this count than some other states). While all this is happening in the post-colonial situation, there is always the danger of attraction towards other kinds of models there the state may withdraw or kinds of models which are veering towards more private corporate hospitals. On the one hand, there are clear advantages. For instance, as we see in India, especially in many metropolitan cities and in many towns as well - these private corporate hospitals provide world-class facilities - the latest available anywhere in the world - which is made possible because of the kinds of money they are making. Also, they contribute to this emerging and vibrant field of medical tourism. Many of these corporate hospitals are very eagerly sought by cash-rich people - especially those with petrodollars: many from the Middle East stream to many of these corporate hospitals; and even other rich people from neighbouring countries and even from western countries - because the same kind of treatment you get at fraction of the cost here - and at the same time, you also get to see the country's beaches and mountains and hill stations and its deserts and what not!

So, those kinds of advantages are there. While these are welcome from a larger commercial and even from medical delivery point of view, they can still only cater to those who can afford that kind of money - either within the country or those coming from outside and therefore the state cannot absolve itself of its responsibility or vacate the space too much because it needs to guard the interest of the larger wider population who cannot afford and whom the state cannot neglect as the colonial states could do and in fact, did do. Therefore the state has to be not only involved but also try as much as possible to provide somewhere near the same levels of healthcare delivery as in corporate hospitals. In fact, many governments do constantly endeavour in very innovative ways and with also schemes like what in Tamil Nadu is called *Veeduthedi Maruthuam* - that is medicine medical care at your doorstep. Also, it was very glaring

when the Covid19 pandemic came as to which sector played a more prominent role. The visible and valuable place of the public sector was one of the spin-offs, one of the good things, that was manifested during Covid19 - in the midst of all the sufferings and turmoil.

One other domain where private players have also increasingly been entering - again with some good but probably with more harm - is the field of medical education. Here again, like some of the hospitals which produce, which provide high quality, sophisticated services - some of them these medical colleges or training institutes do produce good students, doctors the highest quality of training. But some of them have just sprung up to capitalize on the fact that in a country like India with its its growing population would always have a perennial need for healthcare - which the state cannot fully itself cater to, both in terms of the medical service / the health service as well as the creation of the personnel for that. That's why we are talking about the serious limitations. As I said, state has got premier institutions like Armed Forces Medical College or AIIMS and many state level colleges some of which date from the colonial times - like Calcutta Medical College - doing commendable professional training. But then, given the number of doctors needed, in this field also - like medical service itself - the state itself cannot start many medical colleges - some of them have sprung up just making use of that situation and as a source of profiteering - that itself is a market -medical education has become a huge market with large capitation fees and regular fees but not necessarily having good quality medical faculty. Just as you can produce medical colleges and doctors - the kind of a mass production - you can't produce high quality medical faculty because most of these students anyway will become doctors - that's the aim - to make money after becoming doctors. So they are not going to go further on to postgraduate and research work and become faculty - medical faculty which is a more difficult job and a more long-term process. Many of these medical colleges like the engineering colleges, have as their faculty, students who had just graduated. They just finish M.Tech and then become the faculty of the new engineering colleges. Similarly people with very minimum – MBBS, or at the most MD, will become faculty and sometimes produced by the same college with its own limited quality faculty. What happens is that all these end up producing a whole lot of mediocre medical graduates students who just had soo much money to pay their way into such colleges and this can have huge consequences - adverse consequences - to the public at large especially with the interesting combination involving the other sister concerns of the medical practice like the pharmaceutical and insurance industries. Of course, we have to be clear that we should not be judging - passing judgments, sweeping judgments. These are crucial places they with their fruitful and innovative practices and research investments. They have a lot to contribute that has to be acknowledged. But in some cases, we see a very curious interplay and the cross-fertilizing: one serving the other in terms of financial interest. On the one hand these medical students pay much money as capitation fee and and regular fees - that's not a fee now - that is being seen as an investment - they had put so much - so many lakhs. Now, there's always a constant challenge that it has to be taken back – 'returns on investment'. It's not a question of health and the curing and all that - it's now more of a business. The investment has to be recovered. Pharma companies, as you have been seeing in the news, especially the past two years, and the past few decades - the kind of things that they involve themselves in - producing things

which are not at all needed. Then they do all kinds of very innovative and zealous marketing and you know who they target. Of course, we are not blaming everyone but these are things which we cannot deny, are happening. Then they also make a lot of investment in research and they also have to take returns. And, they are not always scrupulous.

Then there are all kinds of new equipments which are bought at great cost by the various hospitals - very latest MRI or all kinds of diagnostic instruments or the sophisticated blood testing equipments in laboratories set up in these sophisticated hospitals. So, for everything you go with, say, headache (these are things which all of us many of us have experienced) - for a simple headache, you may be asked to go through all kinds of tests – some 13 tests, and for something else, the entire body has to be tested - checkup - that is complete health checkup, or some small thing you have to take MRI - because that instrument is there – and that also will get spoiled if you don't use it regularly - there's a compulsion of having it regularly used. Also, that is a huge investment - then again, there has to be a return on that investment. On the one hand, those are all wonderful things - the fact that they are available (you don't need to go, like they say, to some so-called first-world country/western world to be able to avail of that facility). So, the one hand it is good. (But when it comes to the way it is used and they're all deployed..) Then, on the other hand, they have this insurance sectore - which is another sister industry. In fact, the moment the corporate hospital comes to know that have insurance, the game is different! Everything is different and while billing, everything becomes double, treble. This is how the insurance industry also grows - on feeding on the fear (of huge medical expenses). In many countries, you just have to take insurance (you can't say like 'I generally don't go to hospitals, I believe in naturopathy, it's only once in a while I go to hospital, I may not need ..). The problem is, once you fall ill - you may not fall, but once you fall – (especially it happens to students - when you go to say a particular country abroad you have to take medical insurance which is actually not very cheap and you might think that is one area where you can cut the cost because normally while in India you had not been to a doctor or it was just minor - you had your own homegrown remedies and all that, but then once something goes wrong,) - then you're gone. Then that forces you to take (insurance) and that's how the insurance industry grows. But as I said, these are all based on good principles, noble principles - but they can be misused - especially with these kinds of things - these doctors and the kind of alignments. Sometimes we even suspect whether the food industry also is a part of this this network - you have all kinds of fast-food industries. On the one hand, they produce kinds of food which make sure that you have all kinds of diseases starting from overweight to all kinds of diseases. Then, on the other hand, you have a whole lot of these facilities - including the gyms for instance. Of course, when we suspect, we are not getting into field of conspiracy theories. But we have to be careful how one feeds into the other: on the one hand, you have people who make you fat (and these are things which you are seeing in India - 20 years back we didn't see any gyms –), now every hundred feet we have this gym, that gym, gyms for ladies, unisex gyms and all these things on the other hand. Keeping fit can be done by walking in your garden, in the beach etc., that but these are new industries, sister industries, more and more sister industries coming - all because of this kind of play: on the one hand, the play of market, coming of private players is good; but on the other hand these kinds of 'diseases' – now,

we can talk of disease of commercialization. I keep repeating, we should not pass sweeping judgments. There are genuine hospitals, corporate hospitals, some of them even started by some kind of social organizations and very good doctors in the private sector.

So, we are not failing to recognize them but we are also taking note of this kind of disease of commercialization which has also permeated into the nursing sector too. Here again, like the case of doctors there is a ever-growing need for nurses - we saw again during Covid19, the kinds of services that were done (maybe that was for the first time many people saw the nurses also - because they sometimes they had also come out in the open to protest). Anyway, we all know, in fact more than doctors there's greater number of nurses needed. Therefore there is a proliferation of nursing institutes - again with the same kind of charges - capitation fees and regular fees and all that. On the one hand, this kind of proliferation is good because in the colonial context we saw nursing had a kind of a stigma which was seen associated with particular caste or even particular religion and all that. Now it's also not even seen that much as feminine profession - we have many male nurses, male students going to nursing colleges. In fact, not only has the stigma been removed - you can even say that one of the important exports of India is the nursing professions - especially to the Middle East and even to European countries. Gone are the days when Europe-trained nurses came here. Now Indian nurses are going and especially even to Britain itself ! But though that stigma is gone, they are an exploited set of people - especially with a meager pays, and (as we saw in the colonial conditions), very bad working conditions. Further, there are many fake, unlicensed institutions which exploit less-informed rural, semi-urban, poor families from which now again, many of the students come. As I said , in this case also, the government itself could not be expected to create the rising number of personnel for either nurses, doctors clinicians or the infrastructure. But it's not enough that the government is not like the colonial state in terms of neglect and indifference. The colonial state invited private contribution but mostly, as we saw, in terms of financial support. But now there is a lot more private participation where they are not just contributing - they are actually running the show - they are the players - which means, now, there is a even greater role for government to ensure that this is, by and large, a fruitful process, where the best of commercial interests, the best of research, the best of health care, the best of insurance -all of those things - come together. Government has to play a very active part rather than - what we can call here - producing ‘unhealthy trends’. After all we are talking about health, and this sector itself should not be beset with much unfortunate unhealthy trends. As long as that is taken care of, then this can be a very healthy and vibrant set of interactions in the healthy health sector. On that note we will close this tutorial. Thank you!