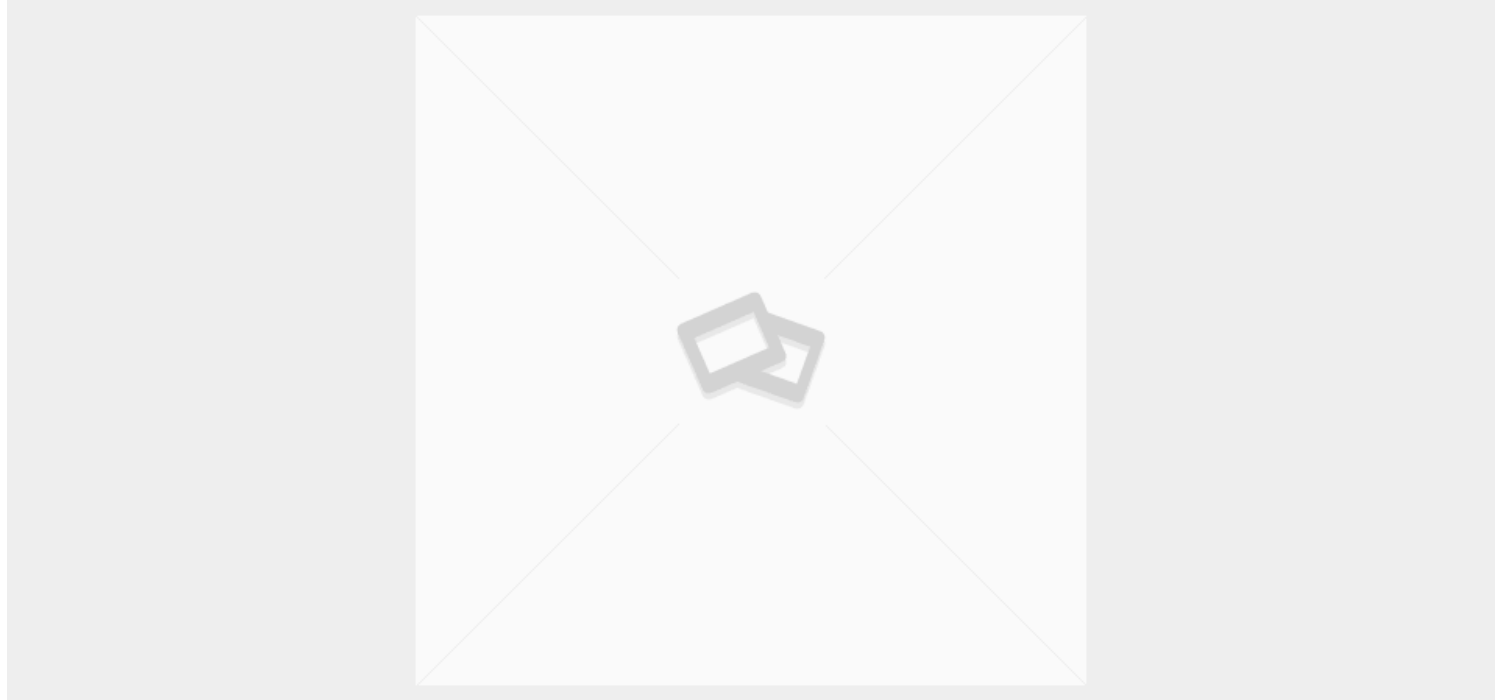


# KPME BILL AMENDMENT 2017 IS NOT A SOLUTION TO CREATE AFFORDABLE HEALTHCARE

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***A great health system is not when people opt for private healthcare; a great health system is when Governments can provide quality and affordable public healthcare. –***

***Dr. Edmond Fernandes, CEO,  
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It is both important and necessary to provide affordable and quality healthcare for which health systems in India struggle to live upto. Barring the state of Kerala as an exception, the indicators for healthcare is not very encouraging. Indians have survived and thrived due to private healthcare which has been there when popular governments of the day have failed miserably because of incompetency and indifference.

In a desperate attempt to push forth reforms, the Karnataka government has tabled the The Karnataka Private Medical Establishments (Amendment) Bill – 2017 to regulate the private sector and fix price rates. This seems exceptionally ethical in countries like Cuba, Costa Rica where the Governments have put in place public health systems which safeguards and secures the interest

of civilians at every single moment. Health in India becomes a state subject and bringing reforms is the need of democratic processes. But why bring conflicting conjunctures when the state cannot provide a mechanism which brings out the best in everyone and more importantly lead by example.

If you ever happen to visit district hospitals, or primary health centres, you will know what I am talking about. This is not the case for merely Karnataka, but states like Bihar, Gujarat, Chhattisgarh or any other are far worse. In the bargain of a public health system which begs for reforms and resurrecting a crumbling cockroach infested infrastructures with leaking walls all around, fixing rates for private sector is a fool's prerogative. Private sector hospitals have been doing a great job in the state of Karnataka where governance indifference has been palpable down the decades. The amendment proposed is unreasonable in many ways. Section 4 which is substituted as Registration authority shows no sign of inclusion of a public health cadre by which professionals responsible for community health namely, Community Medicine Doctors, Public Health Specialists and doctors of the discipline of modern medicine find no mention, but a district AYUSH officer who is incompetent to understand establishments run by modern medicine hospitals become defacto member of the registration authority.

The functions of the expert committee and other committees are mentioned where their job is to lay down minimum standards of staffing, infrastructure and prescription audits for private hospitals. Can the assembly and the ministry give an explanation why Karnataka still have pro-poor public health institutions and why has no public health cadre doctors have been created till date ? The expert committee is tasked to make recommendation to fix cost of service, why can service cost be fixed by government when the burden to run a hospital rests on the stakeholders involved. The government must understand that private hospitals do not poach patients and patients go there by choice, because the government hospitals are sick places not meant for those who are already sick. The poor who struggle to meet two square meals a day go to government hospitals, because they have no choice and there also they face the wrath of understaffed, overworked health workers who are naturally also under-paid. Would any minister ever go to government hospital to the treatment?

The government must engage in providing quality care, not fix rates for bed charges and investigations unless the government supports private institutions through monetary benefits to run establishments.

The government cannot effectively process files and documents and no work will be done unless you repeatedly follow up, why not fix this first? Irrespective of any government which comes to power, this is the sad saga of the Indian story.

A beautifully designed patient charter is put in place which should first be implemented in government hospitals. Should that be the case implemented at government hospitals, probably the government could be prosecuted under grounds of culpable homicide for not providing quality patient care and the waiting time involved due to which patients die every-day. This amendment in the best interest of health systems and the people of Karnataka must be confined to the dustbins of history and focus must be shifted to regulate government hospitals, ensure government doctors do not engage in unconstitutional practices as per law, provide clean, affordable and competent quality health care at district hospitals, PHCs and CHCs. India can still be resurrected from ailing health

systems and the state of Karnataka has the potential to do so with good officers in the bureaucracy and well meaning advisors to the government. I remain hopeful.

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