



AN ALTERNATIVE
FUTURE
FOR CHRISTIAN
HOSPITALS IN
INDIA

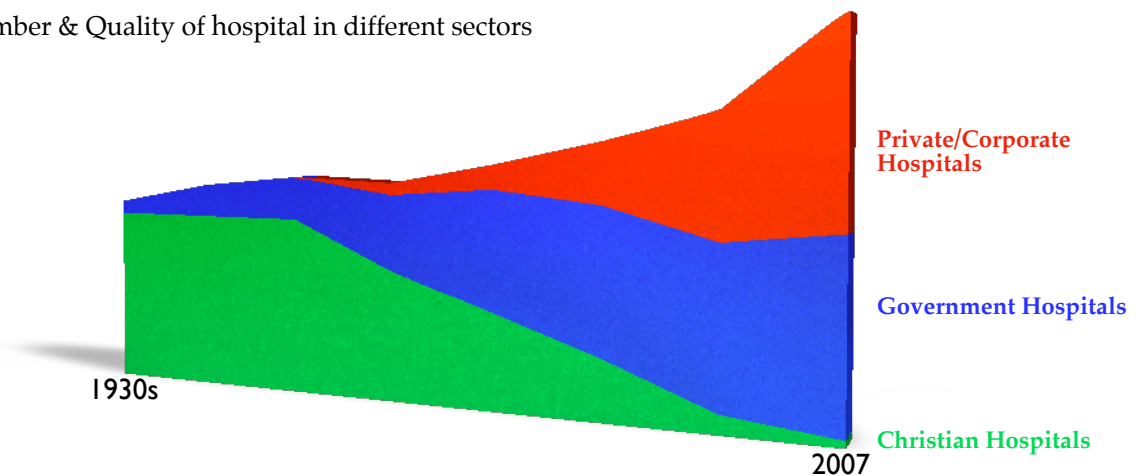
Dr. Varghese Philip

Introduction

Western missionaries pioneered a majority of the Christian Hospitals (CH) in India. CHs contributed enormously to the health and health care in India. They pioneered work in tuberculosis and leprosy. They cared for the marginalized of the society especially women and dalits. Thus they laid the foundations for the emerging health system in India. At the time of Independence of India almost 70-80% of the hospital beds in India were with the CH networks.

The National Christian Healthcare network (both Protestant and Catholic) has about 3,500 health care facilities [approximately 80,000 beds] mostly located in rural and tier 2 & 3 towns. As a network, this size of hospital networks in India in the non-governmental sector is unrivaled. However, over the last 2-3 decades there has been a decline in num-

Number & Quality of hospital in different sectors



bers and the quality of services in these hospitals. There are probably two key reasons for the decline:

1. Healthcare Professionals no longer consider CH as an option while making their career choice. There are several reasons to this. CHs no longer provide a supportive ambience for their own and their family's growth and fulfillment. Outdated governance structures, poor quality of management and incapacity to invest in modernizing hospitals make CHs an unattractive option.
2. In general, CHs are unable to raise funds necessary for modernizing hospitals and equipments. In the missionary era, the overseas personnel were paid by the mission organizations and the hospital did not have to bear the burden of raising money for key personnel. Today western world perceives India as a economic giant resulting in substantial reduction in grant funding for hospitals. CHs are unable to think beyond grant funds and so get overtaken by competition by private healthcare providers.



Meanwhile the government and private health care has undergone tectonic changes. Some of the key changes in the last few decades are:

1. Private healthcare has become the predominant healthcare provision in India with about 80% of the sick going to a private practitioner or a private healthcare facility.
2. Healthcare has become a profiteering commodity with a high return on investments. This has attracted considerable private investment into healthcare and related products. When investor returns are paramount, social commitment is often ignored.
3. Government health system has improved but is patchy. It is better in well governed states. However, increasingly government is privatizing healthcare and is entering into public-private partnerships. Privatization is here to stay and we need to come to terms with this reality.
4. Regulatory mechanisms are weak and are unevenly enforced or corrupt. Because of the demand from consumers stronger regulation will be in place over time. NABH and ISO are some the organizations currently implementing standards.
5. A time when health is sold as a profiteering commodity, healthcare professionals are also bought and sold to the highest bidder. Adverse ethical fall out of this to health care is that it pushes up the number of investigations and procedures which escalate the overall cost. The other consequence of this is that doctors are on a treadmill to produce more with its negative personal and family consequences.

Sum total of all the above changes is that the healthcare system has become curative oriented, inequitable, impoverishing. This has made people around the poverty line and the lower middle class significantly vulnerable to higher morbidity and mortality rates. Healthcare professionals are trapped in a system which does very little to provide them with personal significance and meaning.

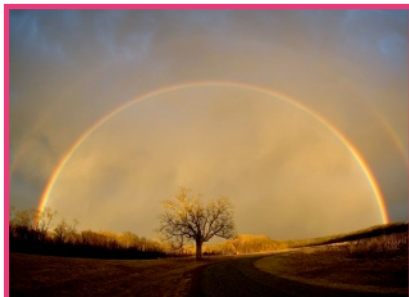
Janreddy's Story

Janreddy sat wracked in pain, a picture of ill health. "Why isn't this man on his way to hospital?" we asked the neighbours crowding around his bed. "Well," they said nervously, "we just brought him home from one. He was there for days. This family has already lost all its money on hospitals." Janreddy died hours after we met him. His daughter-in-law, who became a bonded labourer to keep the family afloat, will remain one till debts of Rs.5 lakh are paid off. Over Rs.3 lakh of that was incurred on medical costs. His wife, who donated one kidney to her son - both of his had collapsed - does any work she can find. The son, Narsi Reddy, confined to home, has to drink only the purest water in a place where there is none. His medicines cost around a thousand rupees each month. The huge medical bills of this family of six were incurred despite the son getting free operations at the Osmania Government Hospital in Hyderabad. They had first gone to private hospitals for checkups, a biopsy and other tasks. As the costs mounted they sold off land and cattle to meet them. That Narsi Reddy had sunk four borewells didn't help. All of them failed. The crisis on their four-acre farm in Chelliagudam village of Nalgonda district saw Janreddy's health too, cave in. "They might just have survived the crop failure," say the neighbours, "but their medical costs destroyed them."

- P.Sainath in The Hindu Jul 2004

Further, the decline in Christian Hospitals has had following particular consequences:

1. Inability to provide a context for the healthcare professionals to find their calling and vocation.
2. Erosion in the capacity of healthcare system in general to take care of the poor and marginalized groups.
3. Reduction in the huge capacity for hospitalization in rural areas
4. A serious set back to the Christian witness in these locations.



What is the vision?

The mandate is to be the salt and light in the world. This constrains the Church, its institutions and us who are leaders, to understand the context and the host of opportunities that are emerging in healthcare to formulate a socially and morally responsible action.

We need to dream and work towards at least two key complementary components in being the salt and the light:

- Fundamental to the vision is the healthcare professional. Institutional structures in the present day Christian hospitals has not only frustrated and disappointed the professional but also convinced them that Christian hospitals are not a career option at all. Thus it is important for a group of senior professionals to commit to listen, support, mentor, accompany and provide a sense of belonging to the health professional. A forum or an association of such professionals needs to be created which will provide this sense of belonging whatever field of work the person takes up.
- To create a network of Christian Hospitals which are characterized by their Christian values of human dignity, justice and care of the poor. To do this consistently and effectively standardization of care is essential. To provide such standards of care, significant investment has to be made on modernizing the facilities. A strong and progressive HR policy, a modern and a responsive management team are essential for the success of such an endeavor.

What will be the impact of this vision?

- Creating a distinct community of healthcare professionals with an alternative identity. The community to be characterized by:
 - Mutual support and encouragement. Helps professionals find or clarify their calling and vocation. Supports individuals and families during vulnerable periods in their life journey. Encourages professionals to take risks in response to their faith and calling. Support and sustain them when they go out beyond the margins of what is comfortable.

- ▶ Having a Biblically rooted alternative vision for the country and healthcare (E.g, Micah vision to act justly, to love mercy and to walk humbly with God)
- ▶ Ability to provide an alternative to the individualistic, excessive profiteering and unconcerned consumeristic dominant culture.
- Individuals or teams of healthcare professionals setting up new models of health care enterprise. They will be supported in this by the community and by various other organizations who will bring in finances, technology and management expertise.
- Take over the management of a number of Christian hospitals and other strategically placed hospitals. This network of hospitals will have the following characteristics:
 - ▶ Uniformly standardized care, systems and processes
 - ▶ Competitively priced while accessible to the poor
 - ▶ Follow Christian principles in its ethical standards
- Once several hospitals are networked, the power of aggregation is used to centralize drug and equipment purchase, centralized accounting and even a centralized radiology and pathology labs. This will further provide value to the patients by considerably bringing down the overheads.
- Such a network has capability to influence public policies related to healthcare.

What needs to be done to make this vision a reality?

1. To operationalize this vision two or three legal structures may need to be created.
 - a. First entity to strengthen the people building mechanisms and undertake all the activities related to it.
 - b. Second structure to be created to manage hospitals to receive investments, technical and managerial expertise etc.
 - c. Third entity perhaps to receive grants and channel it to health care institutions to activities that may not necessarily generate income such a primary health care, care to the marginalized groups etc.
2. We need to come out of our own exclusiveness and be willing to work together with diverse kind of organizations and people who may be different from us. As C.K. Prahalad says: ‘...the resources of many to satisfy the needs of one’.

Way Forward

A serious challenge is at our door step. Christian doctors are incorporated in to the treadmill of profiteering healthcare. Christian Hospitals are made redundant on a daily basis. This is a call to come together and to take steps to move forward. The cornerstone of such a movement forward is the support, encouragement and building a sense of belonging of the healthcare professional through a caring community. Christian hospitals will need a process of restructuring, injection of capital, partnerships and collaborations to improve quality, processes and systems. The vision is for Christian health professionals and Christian hospitals to occupy the centre stage of healing ministry in India thus becoming the salt and light to this nation. This is needed to make our society a saner and a livable place for all of us and even for the most disadvantaged individual.

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