The Big Picture- Regulating Private Hospitals

The Delhi government's Health Department will re-examine the draft policy framed by a committee to regularize the functioning of private hospitals in the capital, to understand the 'rationale' behind some of the suggestions. The draft advisory was prepared on the basis of recommendations by a nine-member expert panel, headed by Director-General of Health Services Kirti Bhushan.

The panel was formed in 2017 after a family alleged medical negligence at a private hospital for wrongly declaring a baby dead. But senior officials in the department are not satisfied with the draft policy and want the committee to work again on the entire report. The draft was ideally to be submitted by the end of June. It is already delayed by four months now.

Why there is no policy to regulate private hospitals?

- One of the biggest hurdles faced by the administration in drafting regulatory policy is the fact that **health is a state subject.** Each state has its own priorities to settle. The centre cannot intervene in the issues of states, consequently giving the state administration leeway, which in turn is proving detrimental.

DRISHTI INPUT

Recommendations of the draft policy

- The Delhi government had proposed regulations restricting private hospitals and nursing homes from **marking the prices of medicines and consumables over 50% of their procurement price.**
- **They should preferably prescribe drugs from the NLEM** (National List of Essential Medicines) and patients should be consulted before administering drugs from the non-NLEM category. (NLEM 2011 is a list of medicines prepared by the Union Ministry of Health.)
- Private hospitals **can charge the patients, the maximum retail price for medicines under the National List of Essential Medicines,** 2015, as their prices have already been capped.
- Hospitals should ensure that **rates of surgery packages are "transparent**, and should disclose if it covers any complications during the procedure." Any charges paid to doctors without the consent of the patient would be considered as a malpractice.
- Hospitals **shall not detain a dead body for non-payment of dues.**
- The patient's family would be given a **50 percent waiver on the bill if the patient dies within six hours of being brought to the hospital.** 20 percent waiver would be given if the patient dies within six to 24 hours of being brought to the hospital.
- **Patients should not be compelled to buy drugs from the hospital's in-house pharmacy**, and be allowed to purchase medicines from outside the hospital.

How would the draft policy help to deal with the problem?

- **At present, private hospitals have their own protocol** to manage the day to day affair. If

there is a single draft policy listing the **standard operating procedure (SOP) it would create a single SOP for all the hospitals.**
- In the private sector, doctors are pressurized to meet targets. A SOP would regulate activities like cuts and commissions.

Drawbacks in the Draft Policy

- The **policy is silent on any penalties levied on hospitals in case of malpractice**. Very recently, there have been many cases of death because of hospitals careless attitude.
- **It does not provide for any grievance redressal mechanism.** If a patient has a complaint, then there is no way to list the grievances.
- Many experts believe that the **recommendations given are not justifiable.** It is anticipated that there will be many cases of litigation involving private hospitals.

Challenges

- Delhi is one of the **several states that have still not ratified or implemented the Clinical Establishments** (Registration and Regulation) Act, 2010. Few other states such as West Bengal, Karnataka, and Kerala have passed their own version of the central law to regulate the private healthcare sector.
- **The government has not yet focused on the primary health care setup or on the preventive care.** There is a lack of sufficient doctors in primary and community health centres in the villages.
- Due to the huge demand for doctors in rural areas, **there is an increasing proliferation of fraudsters.** Identification of these ill-trained medical practitioners is one of the main challenges ahead.

Way Forward

- Just after independence, the ratio of the government sector to the private sector in health service was 75:25. Presently, the ratio has reversed. Consequently, **it is important for the government sector to take initiation.**
- Around 60% of the income of a poor household is spent as health care expenditure. In such a scenario, a resilient government support is very essential.
- The cost of treatment is directly related to the cost of medical education. A medical student spending lakhs of rupees on his/her education would want to recover it from the patient. **Hence, there should be a delicate balance maintained between public and private medical education cost.**
- Consequently, **strengthening of public medical college** and capping of private medical college fees is imperative.
- T**here should be a statutory body** to take action against any unethical practices.
- The law to address dishonest practices has to be made stringent. **Unregistered practitioners should be trained** through a bridge course and then allowed to dispense medicine.
- All the states, along with the centre, **have to work in unison by implementing all the necessary law appropriately.**
- **The Primary Health Care Centres** and the **Community Health Care Centre**s have **to be manned** adequately with well-trained medical personnel.