Doctors opposing Right to Health Bill

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Pavitra Mohan Jagdish Rattanani

A landmark bill that promises to make healthcare a fundamental right has run into an ugly, unseemly and odd opposition from private hospitals and doctors, a group that should have been delighted that the people at last have a right that is often denied even 75 years after Independence.

The opposition from doctors is at its peak in the state of Rajasthan, where the assembly has led the nation in bringing the bill and in making the efforts to pass it even though it ran into some rough weather earlier. The bill, which was meant to be passed in a previous session, was referred to a select committee and comes up for a vote in the current session of the assembly.

The feisty and perplexing opposition by private hospitals and doctors stands in the face of a strong civil society movement to support the bill, which seeks to provide free the full range of health services at public health facilities to all persons in the state of Rajasthan, as a matter of right.

The bill builds on wisdom that has led to models like the National Health Service (NHS) in the United Kingdom and other developed societies in Europe. N.Y.E. Bevan, Heath Minister of England from 1945 to 1951, and the architect of the NHS had proclaimed way back then that "Illness is neither an indulgence for which people have to pay nor an offence for which they should be penalised, but a misfortune the cost for which should be shared by the community."

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In India, as many as 50 to 60 million people sink into poverty on account of health bills, according to data citied at the Asia Health Conference 2020 organised by the CII. The latest National Health Accounts released last year noted that out-of-pocket expenditure all over India was Rs 2.88 lakh crore in 2018-19, comprising 53.23% of current health expenditure so that households spent more than the government.

Rajasthan will be the first state to give a firm push to the movement to end all this, creating the right demand momentum for a similar adoption across the nation. However, the state association of doctors, especially those representing private doctors and private hospitals, has opposed the bill tooth and nail. They have even threatened to go on strike if the bill is not rolled back.

They have three significant demands, none of which is about improving the bill for the patients. The bill makes a significant provision: any emergency care will be provided cashless and free of cost to all residents, at a public or a private facility. This is significant, as it has the potential to save thousands of lives by ensuring that a sick patient is provided timely care in such a situation at the closest facility, irrespective of their ability to pay. So, it is even more baffling as to why doctors are opposed to a provision that would save lives.

There is a fear among private providers that the cost of giving emergency care is unpredictable and may be very high. In many ways, the fear is exaggerated given that only a fraction of all emergencies are going to land up at a private facility. Secondly, many emergencies will not entail high costs in stabilising the patient before sending him or her to a public facility. For example, most patients with convulsions will require inexpensive care during the acute phase.

Thirdly, there already exists a state government scheme called Chief Minister Durghatna Beema Yojana, coupled with the Chiranjeevi Yojana, the state version of Pradhan Mantri Jan Arogya Yojana (PMJAY). This scheme provides for free emergency care of all accident victims, irrespective of their insurance status. Government can and should consider enlarging it to include all emergency care. Finally, some costs can be absorbed by the hospitals which have received benefits from the government in the form of land subsidies, and an in-flow of patients through the Chiranjeevi Scheme etc.

The second demand is around representation of the doctors' association in district and state health authorities. While it is a fair demand, there is a need to enlarge the representation of healthcare providers to include not only doctors, but also nurses, ANMs and ASHAs, who provide a large proportion of primary healthcare to rural populations. Also, as civil society groups have demanded, the representation should most importantly include civil society groups, patients' groups and citizens' groups.

The third significant demand is around removing the provision that restricts appealing to the civil courts any matters that are pending before the grievance redressal mechanism set up under the bill. Legal experts have commented that such a restriction in any case is bad in law, and is against the right to justice. Government should have no difficulty in removing such a provision.

The Rajasthan Right to Health Bill is an act in the right direction, and will provide a legal framework for progressive improvement in strengthening public health systems and ensuring equitable healthcare.

Columbia is a small country in Latin America. In 1993, the country's health system was built on the foundation of a strong Right to Health Act. Over the next twenty years, the Act provided the constitutional foundation on which progressive, pro-people health reforms were brought, some of them through the intervention of the court, invoking the Act. We can hope for a similar trajectory for Rajasthan, followed by other states. It is time for doctors' associations to keep people's interest topmost, and constructively engage with the government to allow for the passage of the bill with suitable improvements. Any win for the people will be a win for the doctors as well.

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India cannot remain unmindful of the huge inequalities in access to healthcare. While on one hand, those with means can access state-of-the-art healthcare by paying huge sums in private hospitals, the poor continue to avoid seeking treatment, or are mistreated in overburdened and under-resourced public hospitals. The Right to Health Bill, backed by adequate budgetary allocations and legal commitments to ensure access to quality healthcare without incurring a financial burden on families, can make healthcare equitable, humane and responsive.

The Billion Press

(Dr. Pavitra Mohan is a co-founder of Basic Healthcare Services, a Rajasthan-based non-profit that runs primary healthcare services. Jagdish Rattanani is a journalist and faculty member at SPJIMR. Views are personal)