DEATH AT SCHOOL
A teacher at a school in Chennai was sitting in the classroom, waiting for her students to troop in, when a student rushed in with a knife and stabbed her to death. She taught science and Hindi, and he had failed in Hindi. He had also failed in mathematics. The mathematics teacher had not made any adverse comments in his diary, while the Hindi teacher had. The student was apprehended by other teachers. It was reported that he was from an affluent family and received ₹100 as pocket money every day. The boy was sent to a juvenile delinquents’ home.

There was naturally some discussion in the newspapers about the reasons for this fortunately rare occurrence. A common feeling was that modern education places greater stress on the student. While the act of murdering teachers is distinctly uncommon, we hear of suicides by students far more often than in the earlier days. In the first 3 months of this year, no fewer than 19 students in Chennai took their lives, mostly because they were unable to cope with the stress of their studies. There is no comparison between what is going on now and the situation during my childhood and teen years. I spent my holidays travelling around the country with my friends and less frequently, with my family, or just reading, anything but textbooks, and playing games. It is with horror that I witness the way that my grandnephews and grandnieces in different parts of the country spend their time. They spend their holidays attending coaching classes, which sometimes start at the unearthly hour of 6 a.m. and go on all day. Our neighbours in Andhra Pradesh are worse off than we are. I have relations who are attending a regular college (not a coaching establishment), where classes start at 6 a.m. for the students to be able to complete their normal school board syllabus, and the afternoons and evenings are left free for the purpose of coaching for admissions. The students come home at 10 p.m. A grandniece who was a state-level table tennis player as a school student has abandoned the sport so that she can put everything into securing admission to a medical college. We have abolished childhood in the quest for university admissions. Is it worth it? Has my generation not made a success of life despite not having been through this sort of intensive training?

Does this kind of coaching develop a student’s aptitude for higher learning, or does it just teach him to clear examinations? Most of us are convinced it is the latter. That too, such coaching caters to only the peculiarly structured entrance tests. It does not pick out the students who would be most suited for the particular branch of studies. The education imparted in our medical and engineering colleges and Indian Institutes of Technology (IITs) is not based on just rote learning, but needs application, and coaching classes do not equip the candidate for this. Having to struggle to make the grade in routine semester tests can shatter the self-confidence of someone who has topped the entrance tests, and put him under severe psychological stress. Many of the suicides by students are the result of this. It seems to me that the entrance examinations are not properly designed to pick out the best students. With all our advances in education as a science, surely we should be able to devise a method that works better and thereby, channel students to fields that suit their special aptitudes. Everyone should be happier in consequence.

There are always some parents who expect a great deal from their children and drive them to succeed. I am aware of many children who were driven into medical colleges, though their aptitude and intellect were more suited for literature or history. Failure in examinations draws harsh parental criticism, which is one of the reasons why many students take their lives. I wish our educationists would take the youth of India back to the time when education was fun, when we enjoyed our lives and our time at school and university.

A LANDMARK FOR GOVERNMENT GENERAL HOSPITAL, CHENNAI
In March this year, Chennai’s Government General Hospital completed its thousandth renal transplant. This is a major achievement. I am sure there are other government institutions, such as those in Chandigarh, Delhi and Ahmedabad, which have achieved this milestone, but the noteworthy feature in the case of the Chennai hospital was that 91 of the 1000 transplants were from deceased donors. Some other statistics were telling and reflect our social attitudes: 797 of the recipients were men and 203 women. In contrast, 354 of the donors were men and 646 women.

HEALTH FOR ALL
The Chief Minister’s Comprehensive Health Insurance Scheme (why do we Indians love these long names, so unlike the Medicare and Medicaid of the USA?) was in the news a few days ago when Tamil Nadu’s health minister announced that 216 hospital beds in the city had been allotted exclusively to patients availing themselves of the scheme. Fifty-six common surgical procedures, including hysterectomy, appendicectomy and tonsillectomy, will be covered only in government hospitals. Is this reservation really helpful? Have we not been performing these procedures in government hospitals ever since they were introduced into surgical practice? I have assisted at a number of these procedures when I was a houseman. After the introduction of the scheme, however, these beds will be available only to those who have a smart card issued by this government or its predecessor.

Let us consider another situation. Last week, a man with end-stage renal failure consulted me. He was from Nellore (Andhra Pradesh), just 160 km from Chennai. I am often hesitant about advising these patients as so few of them can afford treatment, but I had no hesitation with this person. He was covered in gold from head to foot, wearing a heavy necklace, bracelets, rings and a gold watch. I spoke about the options, but he cut me short. He wanted me to only confirm the diagnosis that had been made by the nephrologist in Nellore. ‘There is no problem,’ he said, ‘I have an Arogyashree card.’ Arogyashree, the brainwave of the former Andhra Pradesh Chief Minister, the late Y.S. Rajasekhar Reddy, is an insurance scheme for those below the poverty line. The card will entitle him to free dialysis. If this man is below India’s poverty line, the country need have no economic worries.

PARENTS OF THE DIASPORA
Like so many of my generation, my wife and I have cousins all over the world. Most of their parents are in Chennai. As the parents age, they fall ill and we are the only ones of our generation available to look after them. I should have used the past tense, for most of our uncles and aunts have passed on to better worlds. Now
we are the super-senior generation with no children in the country, and hardly any nieces and nephews here to look after us. This is not just my problem; the vast majority, save business families, have the same problem. As a doctor, I frequently come across geriatric patients with children overseas, and the children often call me on the telephone at times which are convenient for them but rarely convenient for me. Dr R. Hari Ramesh has found a way to help these absentee children and their parents. He has devised a scheme that he calls ‘Home Health Care’. I spoke to him just before I started writing this paragraph. I was gratified to find that he was once a student of mine at the Stanley Medical College, and remembers that without resentment. His scheme is not just for the parents of the diaspora, but covers many of the elderly who live alone for some reason, for example, those whose children are in some other part of the city. His services are now restricted to one area of Chennai, but he hopes to expand. He now has 4 doctors and 60 nurses working with him, and has 580 registered members, of whom, he stresses, just 61 are parents of non-resident Indians (NRIs). His services include a regular monthly visit by a doctor, who examines the individual and carries out some tests which are included in the package. People who have hypertension or diabetes are regularly monitored through visits by nurses. In addition, the team responds to any emergency call. All such visits are made in an ambulance owned by the organization to avoid any loss of time in waiting for an ambulance should hospitalization be necessary. Dr Ramesh has made arrangements with the neighbouring hospitals and nursing homes to admit patients. The consultants of these hospitals and nursing homes have agreed to make home visits to his patients, who, of course, are charged the usual fees. The annual fee for Dr Ramesh’s scheme varies from ₹15,000 to ₹25,000, depending on the distance between the person’s residence and his office. The parents of NRIs are charged a higher fee (US$ 1000 a year), but the coverage is more extensive and more services are included.

Dr Ramesh has been in family practice in the area for several years. An interesting observation he made was that when senior citizens have complaints, they tend to suppress them as they do not want to add to their children’s expenses; however, once they become members of this scheme, they call for medical support without hesitation, since they do not have to pay extra. This means that potentially serious problems are tackled in good time.

I am very happy to learn of this initiative. The mobility of the elderly is limited and they find it difficult to go to a doctor’s clinic for their complaints. Dr Ramesh’s scheme has addressed this problem and certainly fulfilled a need. With the increase in longevity, the number of senior citizens has grown manifold. Dr Ramesh’s efforts are to be lauded, and I hope he will be able to expand the coverage of his scheme to the entire city. I also hope that people elsewhere will follow his example.

It is obvious that the majority of people will not be able to afford ₹25,000 a year for such medical care. The government and the corporation should expand their health schemes to provide domiciliary care for all senior citizens, irrespective of their economic status, and also to provide regular coverage at home for all people with hypertension or diabetes.

DISCHARGE AGAINST MEDICAL ADVICE

A citizen of Chennai sustained multiple fractures in an accident and was admitted to the Institute of Orthopaedics and Traumatology of the Rajiv Gandhi Government General Hospital (to give it its imposing full name). He felt the services were inadequate and got discharged against medical advice (AMA) to seek treatment elsewhere. In the course of time, he recovered sufficiently to initiate steps to obtain compensation, for which he required a wound certificate. The hospital refused to give him one, and he was also denied a discharge summary, on the grounds that he had gone AMA. Using the Right to Information Act, he sought details of the treatment given to him, but the hospital replied that such queries should be referred to the judiciary. He petitioned the Dean of the Hospital, the Director of Medical Education and the Secretary for Health, and was asked to come to the hospital to get the discharge summary. As he was not yet mobile, he sent his wife, but the hospital refused to give her the certificate.

The patient then approached the State Information Commission, which has ordered the hospital to ‘respond clearly, fully and in detail’ to let him know the procedure by which he can obtain a discharge summary. That is where the matter stands now.

I worked as a houseman and then as an assistant physician in government hospitals till 1973, and even in those days we never gave discharge summaries to anyone who went AMA. Housemen, who are the ones who normally have to write these summaries, were often delighted when a patient went AMA, as that reduced their work. In private hospitals, of course, every patient gets a discharge summary, which is clearly his right, whether he leaves on the instructions of his doctor or AMA. It is certainly time that government hospitals also adopted this procedure, especially when matters of compensation are involved. The lawyer representing the patient mentioned above plans to file a writ in court to make it mandatory for government hospitals to provide discharge summaries to all their patients. I wish him success.

POSTSCRIPT

A day after I sent this letter, there was an encouraging item in the newspapers. The Vice Chancellor of the Anna University (Tamil Nadu’s engineering university) plans to start a mentoring programme for students, entitled ‘Mind without fear’. He has written to all the engineering colleges, calling on their faculty members to enrol themselves in training sessions to equip them to counsel students. The sessions will be conducted by communication experts, psychologists and counsellors. These trained mentors will support the students when things go wrong, both in their personal and academic lives. The Vice Chancellor hopes these measures will reduce the stress suffered by students and the number of suicides among them. Already, 120 professors and lecturers from the affiliated colleges have volunteered for such training.

M.K. MANI