PUBLIC–PRIVATE DISCORD

In 2011, the association of Recognized Private Nursing Schools and Colleges filed a writ in the Madras High Court demanding that their candidates should be considered on par with students from government institutions for jobs in the nursing services. The government pleader claimed that since trainee nurses were given a stipend in government institutions, it was tantamount to a promise of their being absorbed into government service, and therefore there was no place for nurses trained in private institutions. The court disagreed with the government position and denied that payment of a stipend was a sign that appointment to government service was assured. Appointment could be considered only after attainment of the qualification. It held that denying appointment to nurses who studied in private institutions violated Article 14 (Equality before law) of the Constitution. Bowing to this decision, a government order (GO) was issued on 18 January 2012, enabling students from private colleges to enter government service. An entrance examination was to be conducted to select candidates for these jobs.

This was challenged in the Madras High Court, but the court turned down the challenge and upheld the GO. Immediately, nursing students from private institutions went on fast demanding that the examination be held promptly and demanding employment with the government, while students in government institutions demanded that this examination be scrapped and they be guaranteed employment on completion of their training. They were not bothered about future generations of students, for they wanted students enrolled only till 2014 to be promised jobs, and did not mind what happened to their juniors. Accordingly, they demanded that the examination for private nursing students to apply for these posts be scrapped.

Some discussions were held, details of which were not disclosed in the press, and the students called off their agitation on 3 February 2014. They had changed their demand to one for better conditions in their hostels, including permission to use laptops and extended visiting hours. The government on its part said it would consider the legal implications of giving them priority in appointment to government jobs and then come out with a decision.

The fact is that nurses move overseas to better their prospects whenever openings arise. There is considerable demand for Indian nurses all over the world, and many have moved to the USA and the UK, and, as opportunities there became fewer in recent years, to the Gulf countries. This has left government medical institutions, from primary health centres to teaching hospitals, woefully short staffed, and it seems that the only sensible thing for them to do is to accept nurses trained in the private institutions.

This issue will ultimately run its course, but I was interested in the concept that someone going through a course of training should automatically be employed on completion. While there are fluctuations in job markets, and in good times people can be almost sure of finding jobs, I do not know of any situation where the training institution gives a 100% guarantee of employment afterwards. Job markets cannot keep expanding as each new batch of students qualifies.

ELECTRONIC HEALTH RECORDS (EHRs)

There are obvious advantages of storing data in digital form instead of on paper. Paper records are bulky, and searching through them is time-consuming when you need to extract information from them. If a patient has been in the system for a long time, several years or decades, it will take time and effort to collate all the data generated in different departments, even if he is one of the few faithful who stick with one institution all their lives. I understand that the USA is moving to EHRs in a big way, and has made it compulsory by the end of 2014. A number of institutions in India, including my employer, the Apollo Hospital, are enthusiastically embracing this concept. I fear I am one of the old fogeys hopelessly opposed to the march of science. I find it takes too much time to enter all the data generated in different departments into a digital storage medium. Of course, this means that every doctor would have to employ a computer-savvy assistant, not a medical man, to do this job. What would that cost? Computer professionals probably earn more than medics at an equal level of training.

I know I am not alone, but not many people are frank enough to admit it in public. It is always a relief to know there are others who share the same view. The Hindu reproduces columns from some other newspapers including the Guardian from the UK, the New York Times and the Washington Post from the USA. Charles Krauthammer is one of the columnists for the Post. In a recent article titled ‘Health-care myths we live by’, reproduced in The Hindu of 8 February 2014, he points out that, in the USA, computerization is proceeding only because every doctor has a scribe allotted to him or her. This scribe spends his or her time entering the paper data generated by the doctor into the computer. If a doctor has to do the job of a scribe, he points out, it would be a colossal waste of medical expertise. We need to have lay scribes with a reasonable knowledge of medical terms. Employment generation is good for the country.

A NATIONAL ANTIBIOTIC POLICY

My colleague Dr Abdul Ghafur, Infectious Diseases Specialist at Apollo Hospital, Chennai, is crying himself hoarse about the increasing prevalence of antibiotic resistant bugs in our hospitals. He says New Delhi metallo-beta-lactamase-1 or NDM-1, a gene which is said to have the ability to make bacteria produce carbapenemase, and was found in around 3% of hospital bacteria in 2010, had risen to between 20% and 50% during 2013. (I hope the editor will permit my brief foray into the National capital. In any case, Delhi hospitals vociferously protested that they had no connection with this gene, and objected to the name.) He warns that we are heading for a situation like that when our fathers and grandfathers faced infection with nothing but good food, sunlight and fresh air. I certainly find myself desperately seeking remedies...
in many patients when nothing seems to work. The new National Antibiotic Policy, announced in September 2013, places 46 antibacterials on a list that should not be dispensed over the counter, and will need a doctor’s prescription. Details will be noted in a register, which will have to be maintained for 3 years.

But that is not the purpose of this letter. A couple of months ago I attended a meeting in one of the large towns in a neighbouring state. One of the prominent general practitioners of the area has written a manual of general practice. It is full of sound advice to junior practitioners, which might be useful to some of his more experienced colleagues too. He was kind enough to give me a copy. While I approve of most of what he wrote, I was horrified to read a few parts. I quote, ‘When the patient has high temperature it indicates us to use antibiotics. But it does not mean that if the patient does not have high temperature, no antibiotics are necessary.’ ‘Antibiotics, for a day or fever? Yes It [sic] a Must. It is the fashion for consultants to deliver lectures stating that no antibiotics are necessary for at least first 3 days of fever. It is theoretically true but not practically. A GP must give antibiotics … in any fever case.’ ‘No fever will come down truly with paracetamol unless antibiotics are given. Antibiotics are necessary to prevent secondary infection.’ ‘And only paracetamol without Antibiotics will delay the relief.’

It is not just over-the-counter antibiotic sales that are our problem. The legally valid prescriptions of doctors do much greater harm.

UPDATE ON CHENNAI’S NEW MULTISPECIALTY HOSPITAL

The new hospital is now functioning, at least in part. The building has a total floor area of 180,000 sq.m. and cost Rs 10,920 million (Rs 1092 crore) to build as a legislative assembly complex. We are told Rs 329 million more was spent on the modification, making it Rs 11,429 million for just the building. Another Rs 1100 million has been spent on equipment so far.

Curiosity impelled me to visit the hospital. Regular readers will remember that when I asked permission to visit the reconstructed Government General Hospital some years ago, I was denied permission by the dean. This time was a completely different story. The officer on special duty, on whose desk my telephone call landed, was most courteous and welcoming. He deputed the nephrologist to show me round, and I was given a grand tour. Was I happy? Alas, I felt angry and depressed.

To begin at the beginning. We are a poor country. What was the need to squander these huge sums of our meagre resources to provide so massive and luxurious an arena for our elected representatives to waste precious hours insulting each other and sometimes subjecting each other to physical violence? The corridors are huge, wide enough to accommodate tennis courts and oh so tall. They are paved with granite. Each legislator was allotted a large room, which has now been converted to a consulting chamber for outpatient work, or to a special ward room, presumably for paying patients. The assembly hall is comfortably furnished, and there are a few smaller conference halls. The design consists of three cylinders, built around these halls which are circular, so the corridor winds round them. The distances to be traversed are so great that the hospital has already bought a number of electric cars to transport patients from one section to another. Rooms are allotted at random to different specialists. Large parts of the corridors have been partitioned to form wards. The nurses’ station is often separated from the wards by a corridor, instead of overlooking them. The whole building is air-conditioned, and with just 250 outpatient a day and just a few dozen beds occupied, air-conditioning cools vast empty spaces because there is as yet no system to regulate it in individual areas.

I am sure it will ultimately be utilized in full. However, it will never be an efficient structure. Why am I angry and depressed? The sum of money is so huge that I cannot even comprehend it. If it cost so much to build the assembly, I doubt whether the conversion to a hospital could have been done at so small a fraction of the original cost. If one is going to spend so much on a hospital, we should have designed one for the purpose, where people could devote all their energies to their work instead of wastefully wandering around trying to locate the appropriate person or department. London taxi drivers are expected to pass an examination on the topography of the city. They should know where every road is located so that they can take their passengers there with a minimum of delay and expense. Perhaps all the staff of this hospital will have to take a similar examination before they can be employed there.

The few consultants I met are all happy and optimistic. I believe all requests for equipment are approved without delays. The government is always ready to spend on machinery and buildings. Problems arise with the maintenance of both, and with provision of technical staff who know how to use them efficiently. At a conference of instrument engineers some decades ago, I delivered a guest lecture on artificial kidney. An engineer from the National Physical Laboratory mocked the medical profession in general, tactfully avoiding any reference to me personally, saying we would happily buy machinery worth millions, but would not be prepared to spend a few thousands of rupees on a maintenance contract. I had no defence against that accusation.

M.K. MANI