Let public health system be toned up



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The alumni of the Rajiv Gandhi Government General Hospital (RGGGH) in Chennai have demanded the state-of-art status for the hospital. It is a fair and right demand because the way the hospital is functioning is far better than any state-of-the art hospital in the country. The healthcare and clinical treatment facilities made available here during the Corona times have set a precedent worth emulation to other states. The hospital has been doing a yeoman's service to the poor and downtrodden.

Yet the hospital has to pay heed to certain important problems.

Struggling doctors

The number of patients flocking to the outpatient block in the hospital for even ordinary ailments such as fever, headache and cold has, of late, been increasing, keeping the doctors always busy, struggling to make time for treating seriously diseased patients. It is not right that a super-specialty government hospital is witnessing such huge crowds in its outpatient block as happening in a primary health centre.

Though there are many government medical colleges and private hospitals in the vicinity, several patients in advanced stages of diseases are often referred to the RGGGH. While treating with utmost care and concern the terminally ill patients with slim prospects of survival, the doctors in the RGGGH have to spend hours on end, treating them and at the same time, following procedures in recording deaths, if any. Consequently, the government hospital's intensive care unit's (ICU) functioning takes a beating. It should be borne in mind that this problem is certainly hardly a one-off and not confined to a single hospital.

Root-cause of the problem

A state's topmost general hospital equipped with the most advanced healthcare facilities is closely and directly linked with the department of public health and preventive medicine. In the state strong in a robust public health and disease preventive system, the functioning of the topmost GH must be excellent and without unnecessary burdens.

A heavy financial burden was avoided by popularising and promoting vaccinations in the battle against the pandemic and various epidemics. Likewise, by drawing up primary public health schemes, financial burdens can be averted down the line. For that, our Directorate of Public Health and Preventive Medicine should be strengthened which is now set to celebrate its centenary. The Directorate has several feathers to its cap such as elimination of chickenpox, polio etc., reducing the infant and maternal mortality rates, promotion and propagation of vaccination schemes and so on.

At present new infectious diseases and non-communicable lifestyle diseases of high blood pressure, cancer and diabetes pose a challenge to the medical sector. Besides, psychological and mental health issues are also cropping up among students and youth, causing crisis to the society at large. These must be addressed and redressed at the preliminary stage itself so that the headquarters hospitals are spared workloads and function in a hassle-fee manner.

If these things are not taken care of right now, the government may have to be faced with heavy financial commitment in the years to come. In this respect, the 'Makkalai Thedi Maruthuvam' (Medicine in Search of People) scheme is highly welcome, having the same objective as mentioned above. Schemes like this must be propagated.

What's to be done

The WHO has warned that non-communicable diseases such as high blood pressure, diabetes, cancer and mental health issues will be a great burden on the health sector down the line. Medical services in this regard should be de-centralised. Among the patients afflicted with serious diseases swarming the headquarters hospital are the patients with chronic diabetes, cancer and high BP. Schemes must be in place to cure the patients of the preliminary-level lifestyle diseases in the primary health centres themselves. Funds must be arranged to tone up facilities at the PHCs for prevention of infectious disease and clinical examination of non-communicable diseases. Similarly, the PHCs must be equipped with proper facilities to find out psychological issues in the preliminary stage itself and clinically treat them.

Need for financial resources

For funds to serve all these purposes, the state has to depend on only the union government's National Health Mission. That is why contract workers are posted in the jobs under the Mission and no reservation is followed in the appointments. The state government has no say in the matter and does not interfere in the affairs of the Mission.

In Tamil Nadu, there are three directorates functioning under the Ministry of Health, Medical Education and Family Welfare: Directorate of Medical Education, Directorate of Medical Services and Directorate of Public Health and Preventive Medicine. Of these three, if the Directorate of Public Health and Preventive Medicine can be made an exclusive ministry armed with sufficient funds, the overall public health system in the state can be more strengthened. Consequently, the future burden on the medical sector can be eased.

Tamil Nadu stands front and centre in all indexes pertaining to the people's welfare in the country. So an exclusive ministry for public health can be carved out so that schemes are drawn up and implemented to prevent infectious and non-communicable disease in the preliminary stage itself.

Let us hope that all these changes suggested here will begin at all levels from the Rajiv Gandhi Government General Hospital down to all primary health centres.

Translated by V. Mariappan