

AETCOM Module 2.3

HEALTHCARE AS A RIGHT

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Background

- ◉ Introduction to healthcare systems
- ◉ Access to healthcare in system & equity to access in healthcare system
- ◉ Impact of socio-economic situation in determining healthcare access
- ◉ Role of a doctor

No.	COMPETENCY	Domain (K/S/A/C)	Level (K/KH/S/ SH/P)	Core (Y/N)
AETCOM 2.3	Describe & discuss the role of justice as a guiding principle in patient care	K	KH	Y

SPECIFIC LEARNING OBJECTIVES

At the end of this session, the 2nd MBBS student....

1. should able to describe about current healthcare systems in India
2. should have knowledge about how patients can access the available healthcare.
3. should describe about equity in access of healthcare
4. should have knowledge about right to Healthcare as a part of Universal Declaration of Human Rights by UN
5. should able to discuss about social and economic implications of healthcare as a right in India
6. should able to discuss about missing links and barriers for healthcare as a right in India
7. should able to discuss and reflect about role of a doctor for implication of healthcare as a right

Healthcare systems in India

- GOVERNMENT Healthcare Setups
 - > PHC
 - > CHC
 - > THC
 - > District Hospitals/ Civil Hospitals
 - > Medical College/ Research Inst. affiliated Hospitals
- PRIVATE
 - > General Practitioner clinics
 - > Nursing homes & small scale hospitals
 - > Multispeciality/ Superspeciality Hospitals
- PPP – Trust Hospitals...
- Telemedicine portals

Universal Access to Healthcare

Think about this questions...

- Are all people able to access to the available healthcare when required?
- Is there equity in healthcare access to people from all socio-economic class?

Equality



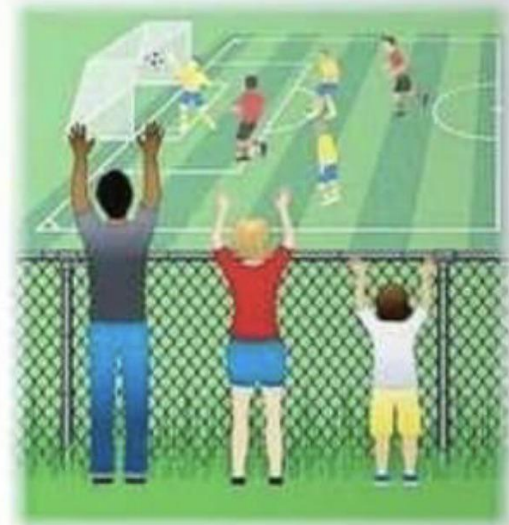
The assumption is that everyone benefits from the same supports. This is equal treatment.

Equity



Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed.** The systemic barrier has been removed.

Healthcare as a right

● **Universal Declaration of Human Rights by UN 2015**

ARTICLE 25

(1) - Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Right to Health – Fact sheet by UN & WHO 2008

- Right to access to healthcare, safe food and drinking water, adequate sanitation, adequate nutrition and housing, healthy working and environment conditions, health education and information, gender equality
- Right to freedom in non consensual medical treatment – experimental and research interventions, forced sterilization, torture or cruel inhuman treatment/punishment
- Non-discrimination in health services
- ‘Right to health’ is NOT same as ‘Right to be healthy’.

Constitution of India (1950):

- Part IV, art. 47,
 - a duty of the State to raise the level of nutrition and the standard of living and to improve public health:
“The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties...”

Socio-economic implications of healthcare as a right

Think about this questions...

- What will occur if healthcare would be available free of cost to all?
- What will occur if healthcare would be accessible to only for people of some particular socio-economic group/ caste/ religion/ political believers ?

Missing links in universal healthcare

- **Integrated health care**
combining primary, secondary & tertiary care in single **patient centred healthcare system**
'managed care' – rational, cost effective, integrated healthcare
- **Primary care with gatekeeping**
development focus from hospital based care to primary care – less than 2.50% of patients needs hospitalized treatment, rest 97.5% are manageable at primary healthcare level

- **Universal coverage**

entire population. Not targeted to poor/
specific fraction of population.

- **Search out social determinants** – extended
healthcare – preventive & promotive medicine
providing clean drinking water, sanitation, child
education, nutrition... – big impact on health
outcome in population

Role of a doctor

- ◉ Doctor – ‘captain of the ship’ & ‘member of a team’
- ◉ Good knowledge, attitude, behaviour & practice of medical ethics
 - > leads healthcare staff to follow same
- ◉ Findout ways to implement equity in healthcare to all

Self study exercise

- ◉ Write a short note on barriers to implementation of healthcare as a universal right.
 - Disintegrated multilevel healthcare system
 - Financial limitations
 - Lack of resources and trained manpower
 - Socio-economic barriers
 - Illiteracy and lack of health awareness
 - Unethical medical practices

References

1. AETCOM Booklet by MCI, 2018
<https://www.nmc.org.in/information-desk/for-colleges/ug-curriculum>
2. The Universal Declaration of Human Rights, 2015
<http://www.un.org/en/documents/udhr/>
3. Missing links in universal health care. The Hindu, 2016
<http://www.thehindu.com/opinion/lead/missing-links-in-universal-health-care/article6618667.ece>
4. Right to Health – Fact sheet no.31 by UN High Commissioner for Human Rights & WHO, 2008
<https://www.ohchr.org/EN/PublicationsResources/Pages/FactSheets.aspx>