

WAITING FOR HEALTH CARE:

A SURVEY OF A PUBLIC HOSPITAL IN
KOLKATA.

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INTRODUCTION

With a population of 1.13 billion India not only requires an effective and easily accessible health care system but also one which can deliver health care facilities to the masses in remote areas of the country as well as to the robustly growing cities at low costs. This is a challenge not just for developing nations but also for many developed countries who are still trying to formulate an effective health care model which would satisfy the needs of diverse groups within their population.

However the Indian health care policy primarily suffers from neglect. The public expenditure on health care is extremely low, coupled with inefficient use of resources; the problem of providing effective health care services to the majority of its citizens has become an impossible task for the Indian Government.

In the face of a yawning gap between the demand for health care facilities by a growing population and the supply by the government, private health care facilities have grown tremendously in the past decade and it is now an accepted fact that the 'Indian system of health care is already highly privatized and the state has a small presence in this sector'¹. Though, private health care provides services to varied sections of the society at a better quality than their public counterparts, it also has its share of problems.

There seems to exist no efficient regulation of private health care services resulting in wide spread inequalities in services offered by private health care providers and wide spread corruption. The cost of private health care has created a 'highly differentiated market for health services'² where reliable but expensive services co- exist with unregulated and exploitative services.

It is also important to remember that in India, Health care is a state subject and any improvement in the levels of public health care facility depends on the capacity of the state governments and the extent to which they can increase their expenditure on health care.

This paper attempts to analyze the health facilities and challenges in West Bengal, where the inequalities in income distribution in the capital city of Kolkata has created a highly differentiated market for health services making affordable and reliable health care service an unfeasible reality for its citizens.

¹ 'India: Development and Participation' Amartya Sen

² 'Population, health and Environment' Amartya Sen

EXECUTIVE SUMMARY

- The Public Hospital however handles a patient population in excess of its infrastructural capability and is hence unable to provide services to all the patients.
- The waiting period in the public hospital for doctor's attention as well as investigative services is implausibly high, extending to months in some of cases.
- The costs at private hospitals/nursing homes are significantly higher than public hospitals making it accessible only to the prosperous small fraction of the city's population.
- The public hospital is not able to effectively provide basic services but the difference in cost when compared to private medical institutions is so high that people especially from the economically weaker sections have no choice but to undergo the long waiting period and sub standard services of the public hospital.

RESEARCH OBJECTIVES

The aim of the paper is to analyze the health care options available to a citizen living in Kolkata, while bringing out the disparity between public and private health care options in terms of service and cost.

The paper will seek to explain the following questions:

- What are the cost and the quality of services provided by a public hospital in Kolkata?
- What is the primary problem faced by the hospital and reason behind its inability to provide effective health care?
- What is the difference in the cost of basic services between the public hospital and the private hospital?

Research Methodology:

To compare the costs of services of a public and private hospital in Kolkata and to answer the following questions these measures were taken:

- Reviewing the provision of public hospitals in Kolkata.
- Surveying a public hospital located at the heart of the city.
- Interviewing patients at the hospital to determine cost and the quality of services provided.
- Collecting data about the average cost of services at private hospitals across the city.

An Overview of Health care statistics of West Bengal:

The state of West Bengal has seen rapid growth over the past two decades and the population of the state has been rising consistently in all its districts. The table below indicates the rise in overall population as well as the density of population from 1991 to 2001 in West Bengal's seven districts.

Table I.3: Population, decennial growth rate, density of in the districts of West Bengal, 1991 and 2001³

District	Total population		Decennial growth rate		Density of population per sq. km.	
	1991	2001	1981-91	1991-01	1991	2001
Bankura	2805065	3192695	+ 18.12	+ 13.82	408	464
Bardhaman	6050605	6895514	+ 25.13	+ 13.96	861	982
Birbhum	2555664	3015422	+ 21.94	+ 17.99	562	663
Kolkata	4399819	4572876	+ 6.61	+ 3.93	23783	24718
Darjiling	1299919	1609172	+ 26.91	+ 23.79	413	511
Haora	3729644	4273099	+ 25.71	+14.57	2542	2913
Hugli	4355230	5041976	+ 22.43	+ 15.77	1383	1601
West Bengal	68077965	80176197	+ 24.73	+ 17.77	767	903

From the table above, we can see that in Kolkata though the Decennial growth rate is not as high as other districts and it has fallen considerably from 1991 to 2001, however, the density of population per sq Km in Kolkata is phenomenally high: While the state of West Bengal had an overall population density of 903 in 2001 the population density of Kolkata district in 2001 was 24,718.

³ Source: West Bengal Health Department Website

With such soaring population figures it is evident that there must be a heavy demand for Health care infrastructure in the state. Table 1.2, gives an overview of the health care facilities available to the people of West Bengal provided by the state as well as the central government.

Table 1.2 Medical Institutions in West Bengal

Hospitals/Health centres under the Department of Health and Family Welfare	Number of Hospitals/Health Centres	Total Number of beds sanctioned
Medical College Hospitals	9	11130
District Hospitals	15	7402
Sub Divisional	45	8926
State General Hospitals	35	4019
Other Hospitals	32	7553
Rural Hospitals	96	3554
Block Primary Health Centres	252	4774
Primary Health Centres	921	5593
Sub Centres	10,356	0
Hospitals under other departments of the State Government	67	6044
Hospitals under other Local Bodies	31	960
Hospitals under Government of India	58	6235
Hospitals which are NGO/Private	1789	29,891
Total	13,706	96,081

From the above table and keeping in mind the population of West Bengal mentioned in the earlier table, it can easily be discerned that there is a serious shortage in infrastructure especially hospital beds available to the citizens of West Bengal. It should also be noted that the Private or NGO hospitals supply the most number of beds in West Bengal.

Table 1.3 : Population served per bed in select districts in West Bengal

District	Estimated Population, 2007			Total no. beds			Population served per bed		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Bankura	3239857	245254	3485111	914	2572	3486	3545	95	1000
Bardhaman	4763706	2655382	7419087	1337	7503	8840	3563	354	839
Birbhum	3020271	269411	3289682	914	1714	2628	3304	157	1252
Darjeeling	1192705	542568	1735273	441	3909	4350	2705	139	399
Hooghly	3674526	1759534	5434060	924	4724	5648	3977	372	962
Howrah	2323656	2243521	4567177	613	3882	4495	3791	578	1016
Kolkata	0	4767375	4767375	0	25698	25698	0	186	186
Total	63263453	23381152	86644605	13921	82160	96081	4544	285	902

Table 1.3, reveals some disturbing statistics about the availability of health facilities to citizens of the state. The condition in the rural areas is far worse in the districts throughout the state. In the capital city/district of Kolkata which has the lowest number of people served per bed still has an extremely high figure of 186 people for one bed, while the total figure for the state of West Bengal is 902 people served per bed.

SAMPLE SURVEY

The West Bengal Government has established 9 Medical Colleges and Hospitals (MCH) across the state. These large hospitals aim to provide medical services at lower costs than private hospitals and nursing homes. These MCH are equipped with better medical equipments and can serve a larger number of people than district hospitals.

This sample survey is of SSKM Medical College and Hospital or P.G hospital located at the heart of the city. Eighteen patients and their family members at the Out Patient Department (OPD) were asked questions related to

- Waiting time(to determine how fast a patient is able to get medical attention.)
- Where the patient is coming from (to determine the efficacy of other medical institutes across the state.)
- If any medical tests had to be conducted outside the hospital at private health care providers.

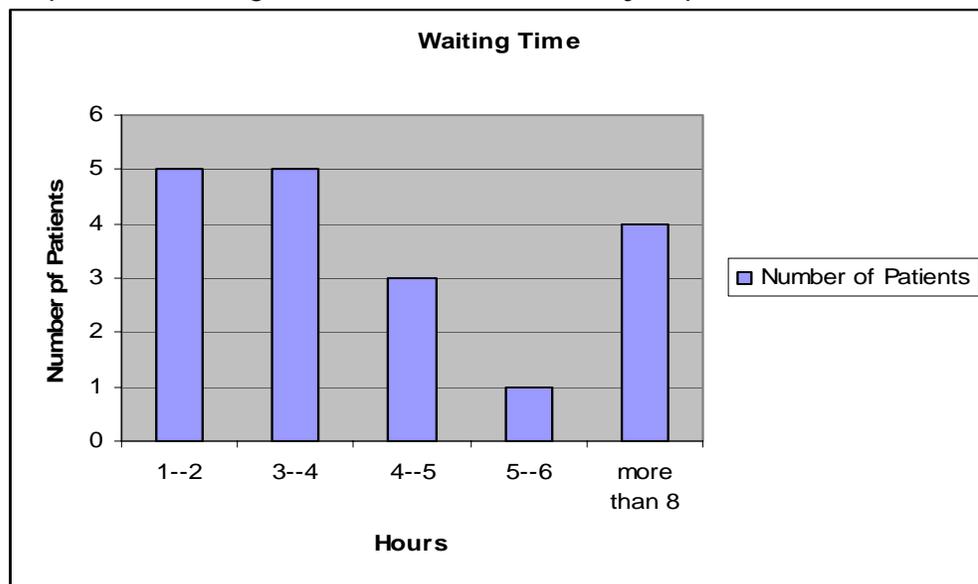
To answer certain questions such as delay in investigative services, it was not possible to conduct surveys to determine the exact figures; hence to answer these questions auditing reports on hospital services by the Comptroller and Auditor General of India have been used.

ANALYSIS

How long do the patients have to wait for in the Out Patients Department?

Out the eighteen patients who were surveyed graph 1.1 below shows how long the patients had been waiting at the time of the survey.

Graph 1.1: Waiting time at the OPD of surveyed patients



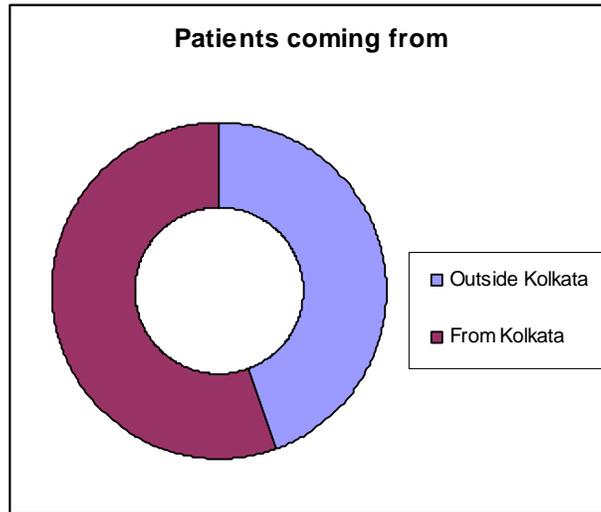
It is evident from the above graph that the waiting time at the SSKM hospital OPD is extremely high with 55.5% of the patient's surveyed waiting from 1 to 4 hours. During the survey, the patients complained that they had to visit the hospital for 2 to 3 hours everyday for at least 2 days to be able to meet a doctor.

Another disturbing factor was that 22% of the patients surveyed were staying in the hospital premises for a number of weeks since they could not afford to travel everyday to the hospital, these are patients who have been waiting for more than 8 hours and their total waiting time is difficult to calculate.

When asked during the survey if they had received any medical attention at all, 44% of the patients complained that they not been able to meet the doctor for even a preliminary diagnosis and not knowing the cause of their illness, they could not begin any treatment.

Where are the patients coming from?

When asked where the patients were coming from, 44% of the patients came from areas outside the city limits.



This data can be used to infer two things. Firstly, the hospitals and other medical care centres in other parts of the state are not functioning effectively and hence people from other areas have to visit the hospital in the city. A large number of patients from state hospitals are sent as referral cases to SSKM and the non availability of equipment is one of the main causes of these referrals.⁴

Secondly, the SSKM hospital itself has to cater not only to the people in Kolkata but also from people outside the city which is creating an immense pressure on its resources. It is because of this that the hospital cannot give timely medical assistance to the people of the city or to the people who travel all the way to the city.

How many critical patients are being admitted in the hospital?

During the survey of the emergency ward in the SSKM hospital, it was found that patients were only diagnosed with the problem but were not admitted into the hospital for proper medical treatment.

⁴ CAG performance audit on the Health and Family Department, Government of West Bengal

Although, it was difficult to calculate how many patients were not being admitted into the hospital during a day, Data has been found on how many critical patients were not admitted in the hospital from January 2003 to December 2006.

Name of the MCH	Total critical patients attending emergency (in lakh)	Number of patients admitted (in lakh)	Percentage of admission to emergency patients
CMCH	3.67	1.75	48
NRSMCH	2.57	1.00	39
RG KMCH	4.50	1.03	23
SSKMH	3.55	0.38	11
Medinipur MCH	1.88	1.45	77

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SSKM hospital was only able to admit 11% of the critical patients who were brought to the emergency ward. This clearly indicates that the hospital cannot support the huge demand on its resources and has the lowest admittance rate among the 5 hospitals which were surveyed. Due to unavailability of beds, patients have to be redirected in critical condition to other hospitals.

Other Delays

A review of the other basic hospital services brings to light an even more grisly picture of the state of the SSKM hospital.

There was a severe delay in investigative and diagnostic services in SSKM. The table given below shows the average waiting period for various tests.

⁵ CAG Performance Audit of Health and Family Welfare Department, Government of West Bengal, 2007.

Particulars of tests	Average waiting time for different tests for each patient (In days)					
	NRSMCH	RGKMCH	SSKMCH	CMCH	MMCH	BMCH
X-Ray	120	70	10-14	40	13-37	3-31
USG	30	98	15	35	16-23	4-36
TMT	60	No delay	NA	90	NA	3-24
Echocardiography	21	90	NA	90	NA	35-45

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In SSKM hospital, the average time for a X ray or even an Ultra sonogram ranges from a week to two weeks. In a survey of the average waiting time for surgery in different departments of various MCH's including SSKM hospital during 2002 to 2007, the following statistics emerge:

Nature of surgery	Average waiting period for surgery (in days)			
	NRSMCH	RGKMCH	SSKMCH	CMCH
Orthopaedic	120	14	120	NA
Neuro Surgery	45	NA	NA	60
Plastic Surgery	150	180	150	70
E.N.T	60	30	30	45
Cardiothorasic	90	NA	NA	NA
Dialysis	5	NA	45	No dialysis
Urology	NA	NA	60	45

NA: Information not furnished

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The waiting time for surgery in the various departments of SSKM is a minimum of one month while orthopaedic surgery had a waiting time of 2 months.

Cost Comparison with Private Healthcare Institutes

One of the reasons behind the excess demand on the SSKM hospital and public hospitals in Kolkata in general is the lower cost at which these public hospitals provide services to patients. There is definitely no dearth of private nursing homes and hospitals in Kolkata and in fact as pointed out in table 1.2, they form an enormous share of the total medical institutions available to the people in the city but a comparison between the cost of services in a public hospital and that

⁶ CAG Performance Audit Report on the Health and Family Welfare Department, Government of WB, 2007

⁷ CAG Performance Audit Report on the Health and Family Welfare Department, Government of WB, 2007

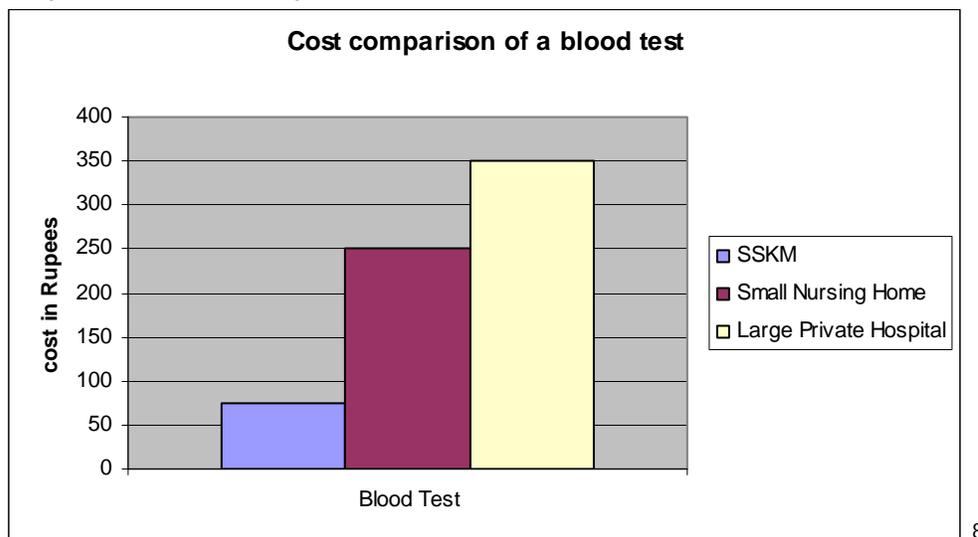
of a private hospital reveals why there is an excess demand on the fewer number of public hospitals.

For the purpose of cost comparison three investigation tests a regular blood test, x ray and a Sonogram for OPD patients were compared in the SSKM hospital, a small nursing home and a private large hospital. The graphs below reveal the difference the costs between the three medical institutions.

Blood Test Charges

The general costs of a regular blood test at the three different medical institutes were compared and the graph below reveals the cost disparity between the three.

Graph 1.2: Cost Comparison of a blood test



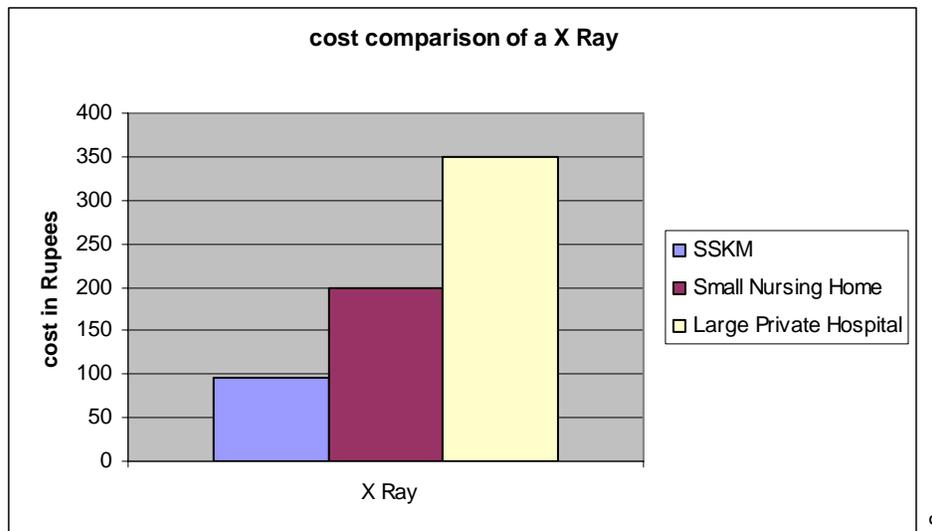
Hence, the costs of a regular blood test in a large private hospital almost 79% more than the cost of a blood test in the SSKM hospital. The difference does not reduce much for a small nursing home, where the cost of a running a blood test is 70% more than the cost at SSKM.

⁸ Source of MCH data: Personal Survey and Government of West Bengal document on fixation of hospital charges for government hospital
Source of private hospital data: Dr. Nilesh Mehta, member of the All India Medical Association, practitioner in Kolkata

X Ray Charges

Similarly, the cost of an ordinary X ray in a Public MCH and nursing home and a digital X Ray in a large private hospital were compared. The graph below shows the results of the comparison:

Graph 1.3: Cost Comparison of a X Ray



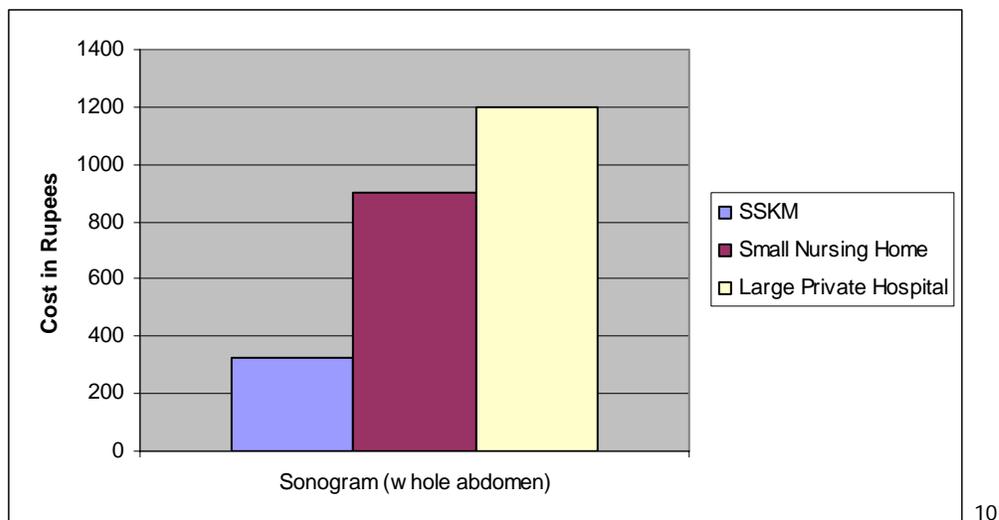
Hence, the cost of performing a digital X ray at a large private hospital is 73% more than the cost of a ordinary X ray at SSKM hospital. The difference is lower with a small nursing home where the cost is 52% more than the cost at SSKM.

⁹ Source of MCH data: Personal Survey Government of West Bengal document on fixation of hospital charges for government hospital
Source of private hospital data: Dr. Nilesh Mehta, member of the All India Medical Association, practitioner in Kolkata

Sonogram Charges:

The cost of a sonogram of the whole abdomen is compared in the third graph.

Graph 1.4: Cost Comparison of a Sonogram



A comparison of sonogram charges reveals that the cost of conducting a sonogram at a private hospital is 73% more than the cost at SSKM, while the cost of performing it in a small nursing home is 64% more than the cost at SSKM.

¹⁰ Source of MCH data: Personal Government of West Bengal document on fixation of hospital charges for government hospital
Source of private hospital data: Dr. Nilesh Mehta, member of the All India Medical Association, practitioner in Kolkata

Given the above cost disparities, it should also be remembered that even though services in public hospitals are subsidised, patients have to pay a considerable cost for medicines which increases their cost of treatment considerably, but this is also applicable to patients who use services of private medical institutions.

Nevertheless, the cost of treatment imposes a heavier burden on the poor. 'In a study it was estimated that for the poorest tenth of the population cost of treatment amounted between 10% in Kerala and 230% in states like Punjab, Uttar Pradesh, Rajasthan and Bihar of annual per capita consumption expenditure. The top 10% of the population bore a relatively lighter burden as the average cost of treatment was between 5% and 40% of annual per capita consumption expenditure of that class.'¹¹

¹¹ Analysis of public expenditure on health using state level data, Ramesh Bhat and Nishant Jain, IIM-A, June 2004

Conclusion:

This paper has attempted to show, based on certain parameters, the efficacy of a public health care institute in Kolkata. Given the population of the city the severe demand on health services is expected, however in the city at least private health care institutes including both large private hospitals and small nursing homes outnumber public hospitals drastically -but the demand on the services of the public hospital has not reduced despite the availability of private health care options.

One of the primary reasons for the excess demand on public hospitals is the difference in the cost of services when compared to private health care institutes. While services in government hospitals like the one surveyed are largely subsidised, private healthcare is largely profit oriented and hence much more expensive.

The facilities in the public hospital are of poor quality, there have been reports on the irregularity of doctors and medical staff, inadequate equipment and non maintenance are some of the factors which plague desired efficiency of these hospitals. Despite of these facts one must take into account the pressure of providing healthcare to lakhs of people on everyday basis as a mammoth task.

The SSKM hospital in Kolkata is one of the largest referral hospitals in West Bengal, hence when medical cases cannot be solved due to lack of equipment or expertise in a state or district hospital in the state, the patient is asked to visit SSKM in the city. This is despite the fact that all public hospitals in the city itself do not have enough infrastructures to cater to the people of the city alone.

Hence, the poor of the city and the state have no option other than to undergo the painstaking long waiting periods in public hospitals at the cost of their health since they simply can't afford to pay for private services. This in turn creates an impossible demand on the public hospital and one walk through a public hospital corridor where sick patients lie on the floor instead of beds and where people inches away from death are asked to wait for their turn, is not a rare sight.

Recommendations

For several years everyone has largely agreed on the fact that the entire health care structure and system in India is in need of reform. The survey conducted is a very small indication of the plight of the poor in Kolkata who are denied the right to basic, clean and timely medical attention. However it is not entirely correct to blame one hospital or one state government of under performance since the malaise of ineffective health care has spread throughout the government system.

As mentioned earlier expenditure on health care is largely a state subject and the central government is expected to aid the states and not be expected to be the primary provider of health care. Recent studies have shown that expenditure on health care by state government has not increased but on the other has fallen over the years. The obvious solution to many of the woes in the Indian health care system is for state governments to increase their expenditure on health care.

The existing network of healthcare facilities which suffer largely from inefficient management can be helped through public-private partnerships which have helped in the improvement of the delivery of services in other aspects of the Indian economy.

Regulation of private services, which has grown tremendously in the past decade is also the need of the hour. It is not rare to see touts at the SSKM who try to cheat ailing patients into using the services of small unrecognised nursing homes around the city and where if something does go wrong(which is the case more often than not), the patient or the family has no chance of demanding justice.

The SSKM hospital and the public hospitals in Kolkata can improve if they do receive more attention and aid from the government and even look at private partnerships for improving services. The example of AIIMS in Delhi should by now have become an exemplary example for public hospitals throughout the country but like for many other reforms in public healthcare, the people are just waiting.

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Annexure 1: Survey Questionnaire.

1. Reason for visiting hospital:
2. Area from where the patient is coming from:
3. Waiting time for doctor attention:
4. Treatment Time:
5. Cost of treatment till now:
6. Bed charges:
7. Testing charges:
8. Medicines:
9. If any of the diagnostic were conducted outside the hospital and why: