

Musings on Protection and Better Patient Care

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ABSTRACT

Published on 30th December 2008

The author describes the challenges medical profession is facing today. The role of Indian Medical Association in improving the work environment of medical doctors is stressed here. Better patient care traditional methods adopted for ensuring quality in medical field are Setting and Monitoring of clear standards, Systematic statistical review of quality linked data, Retrospective medical audit, Peer review, credentialing and accreditation, Mortality and morbidity audits, Risk management, Nursing audit, Utilization review, Monitoring of nosocomial infections.

Keywords: Medical profession challenges, Better patient care, Quality improvement in health care

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When we opted to undertake the tedious medical course, what ever we may some times aver, think or tell, we might definitely have had the intension, at least behind our mind, to serve the community by involving in patient care. Apart from getting the monitory benefit and stability the profession contributes; we value most the mental satisfaction and contentment we derive when we are able to ameliorate the pain of a suffering patient, cure him of his affliction or save his life.

It is unfortunate that now a stage has come when we are not able to do the job we are expected to do or entrusted to do, due to the attitude of the society and the approach our government and the politicians have. We have in fact failed to convince them of the difficulties and the problems we are faced with. In a given situation we are not able to do what we want due to the fear we are engulfed with of getting brickbats, personal injury, destruction of property, litigations and their unpredictable aftermath. Now a- days it has become an occupational hazard of the medical profession. "To do or not to do" has become the dilemma and this invariably pushes us to defensive medicine or practice.

Many of our brethren are being persecuted for no fault of theirs. Though we have done to our best judgment and knowledge that do not protect us from the troubles. Many a time our own colleagues do not stand with us. They watch things impersonally and sometimes become positive agents for adding insult to injury by their acts and deeds. They forget that they are also of our own community and are exposed to the same risk and such calamity could happen to them

also, however careful they are. They feel they are clever and could manage situations. Their overconfidence in themselves, feelings that they are always doing the things the right way and have the best of relations with the patients, all are only myths. They live in a fool's paradise and only when misfortune strikes them or they have first hand experience, they realize the magnitude of harassment and mental agony it might entail. Many such persons, in our experience, have dug their own graves and fallen later and had to be extricated.

Of course, I am sure our Association is in the right track to find solutions to the above. The thought process to help our suffering colleagues have given birth to Professional Protection Scheme and due to the dedicated work of those who handled it so far many of our friends could be saved. But why should we leave it to the organization alone? Why not we act from our side taking the initiative? My suggestion to all my colleagues will be that realizing that a problem exists, we must try to convince our patients and public about the plight we are in and convince them of the necessity for a changed approach for us to do our duties conscientiously and to the people's expectations.

Many of us have contacts higher up and definitely our efforts through this personal channel are bound to bear fruit if we use them for the good of our medical community. Let us hope for the better and believe that we will be able to convince the public and the politicians by getting them involved and educated about the peculiarities of medical profession, our woes

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and anguishes and what we expect from their side.

Our Association has spent a lot of energy in getting the government aware of this and was trying to get the Government enact a law to curb the menace and to punish the culprits. The judgment of the Supreme Court that the situation of the medical profession is unique and has to be dealt differently has come to our rescue, thanks greatly to the efforts of our Head Quarters. The agitation of the doctors in Andhra, getting an ordinance to punish the culprits and later getting it passed by their legislature have raised our morale. The states of Tamil Nadu, Maharashtra, Rajasthan, Delhi etc have followed suit. We are at it and let us hope that the recent observation of Doctor Patient Protection day on 28th August 2008 with Dharnas at Dist. Headquarters and the Secretariat will definitely augur the enactment in our state also.

When I took up the National President ship of IMA at Varanasi in the year of 1993, I had to select a theme for the year. I had no difficulty in choosing "REACH OUT TO THE MASSES" & "CARE A LITTLE MORE". Today if I am given a chance to change it I might change the second one to "CARE A LITTLE BETTER". It is because the medical science is progressing rapidly and growing exponentially. We have a lot to adopt from the progress and utilise it for the benefit of our patients. What I mean is that we have to be conscious of the qualitative aspect of the medical care and try to improve wherever possible. Quantitative aspect is being amply met at present by the demand and supply principle, private sector chipping in a very large measure.

In better patient care, quality is vitally important especially in the field of inpatient treatment as it determines what, when and how much will be the sum effort of care. In our case quality is an intangible matter and can be ensured more by emphasis on the methodology and not on the final outcome. Medicine is not only a science but also an art, heavily dependent on human judgment and endeavour. This aspect we often forget and concentrate mostly on the scientific aspect alone, robbing it of humaneness and its inner essence.

The most effective means of ensuring quality care is to find out the particular methods, which have been found effective and use them again to get the same sort of result. This is the secret of many practitioners, who some or other way have the knack to find out what has helped them previously in the practice and repeating the same to other patients, thus getting salutary effects.

It is found to be true in our dealings with the patients and help assure their faith. They repose confidence in you and patient satisfaction also become assured.

Abysmal levels of healthcare outcomes, inadequate and inequitably distributed health infrastructure and facilities, low accessibility of healthcare facilities and lack of initiatives assuring the patients about the quality of medical care provided are key challenges to be addressed by us to achieve our aspiration towards 'Quality healthcare for all'

According to one study, to reach the target of 2 hospital beds per thousand population, an additional 17.5 lakh beds and requisite infrastructure for medical education would need to be created by year 2025. For this, an estimated investment of Rs. 3,70,000 crores would be required.

Traditional methods adopted for ensuring quality in medical field are Setting and Monitoring of clear standards, Systematic statistical review of quality linked data, Retrospective medical audit, Peer review, credentialing and accreditation, Mortality and morbidity audits, Risk management, Nursing audit, Utilisation review, Monitoring of nosocomial infections, Appraisal of provider profiles, etc. Most of our institutions do not introduce such measures. It is high time we adopt these in our system also so as to assure improved patient care methodologies, higher standards and improvement in the final result of treatment or interaction with the patient.

The current characteristics of our healthcare set up have to be gone into and the gaps that exist between the needs of the patient and the existing delivery mechanism have to be delineated. The key imperatives for the healthcare sector that will assist in achieving the target of 'quality healthcare for all' have to be explored. There is urgent need for rapid expansion of quality healthcare.

In India, Government and the public have lukewarm approach to quality due mainly to economic scarcity and lack of wisdom and quality assurance is not a mandatory requirement. We do not have statutory body that deals solitarily in the health field, that lays down standards for institutions, inspects or monitors the adherence to these standards and accredits hospitals that fulfill these standards in terms of instrumental requirements, process factors and final outcome of care. This pathetic state has to be changed and we must insist and work to have such quality assuring accreditation agencies and overseeing bodies. They need

not be always of the government, but credible private initiatives could also change the present unenviable situation and make it bright. It is heartening to see that the Bureau of Standards and other private agencies have started their efforts in the quality front and at least some of the health care institutions have come forward to acquire the standards.

In our case, Govt. Hospitals are assured of their annual revenue coming from the state budget without any compulsion to meet targets in terms of quantity and quality of services provided. It is one of the reasons our Govt. hospitals are going down in stature and are not able to compete with private institutions. As the private institutions have to compete for clientele, improvement of the quality of service becomes a mandatory requirement for their sustenance and survival. Still most do not adhere to these norms, due mainly to dearth of compulsion, shortage of competition and absence of regulations and rampant profit motive. But gradually there is a welcome change to these due mainly to the enhanced paying capacity, higher expectations and elevated awareness of the public and the upcoming competition. Adoption of the quality improvement measures has allowed some of our private health institutions to flourish and to become centers of excellence.

Adopting quality management techniques is a means of ensuring efficiency & effectiveness.^{1,2} Quality assurance projects in hospitals do indeed result in higher admin-

istrative efficiency, significant cost savings and higher patient satisfaction, lesser waiting time, shorter length of stay, lower incidence of nosocomial infections, better risk management and overall improvement in cost-efficiency and cost effectiveness. It is high time we adopt these and other newer techniques, which assure quality and at the same time better patient care. I am sure the Indian Medical Association would be the foremost in spreading the message of quality while trying to safeguard the interests of the medical profession.

END NOTE

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Conflict of Interest: None declared

Cite this article as: VC Velayudhan Pillai. Musings on Protection and Better Patient Care. Kerala Medical Journal. 2008 Dec 30;1(2):66-68

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