Crisis in Shangrila – Euphoria at home

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The author takes a hard look at the health care crisis in the Americas

Travels in 1993 in the East Coastal of North America (regarded for a whole generation as the Shangrila of modern western medicine) proved to be a rather thought provoking experience for me.

Having grown up in the dominant medical culture of the Indian health service – which believes, with an unshaken faith, that ‘what is good for New England is good for us’ – the experience of the growing crisis, the debates, the sobering facts and harsh realities of medical care in Shangrila were both, at the same time, prophetic and disturbing!

A few snippets from the statistics, the debates, and the public outcry will give you a feeling of the state-of-the-art available on the East Coast Today:

- The American health care budget is $912 billion but the American health care system is able to immunize only 50 percent of its under-twos. In 1981, the cost of immunizing a child was $6.69; in 1991, it increased to $90.43 – an increase of 1.250 per cent.
- A recent newsweek poll found that 81 per cent of Americans feel that doctors charge too much and 160 per cent blame the doctors for today’s crisis.
- A routine appendicitis, which years ago would be associated with only about six preoperative tests, now has at least 31 such tests – the technological imperative, as it is called.
- Forty per cent of doctors in a poll said they would not enter the profession, if they had to do it all over again. The profession feels that a population that is getting older, sicker, more violent and more litigious is the cause of the crisis.
- Solutions to the medical crisis being debated include, among others, emphasis on prevention; employment mandated insurance; malpractice reforms; and, finally, reorientation towards general practice and family medicine.
- Doctors are being exhorted to think not only of what is good for their patients but what is best for society, when they make treatment decisions. Simultaneously, patients are being weaned away from the idea that good care means more care and that they need a CT – scan for their recurrent headaches!

Just across the border, the Canadian Ministry of National Health and Welfare was promoting an expert document on ‘Achieving Health For All’ which had most interesting observations and goals.

The report recognized that there were three important challenges not being addressed by the health care system:

- Groups at a disadvantage having significantly lower life expectancy, poorer health and a higher prevalence of disability than the average Canadian
• Various forms of preventable diseases and injuries continuing to undermine the health system and the quality of life of many Canadians.
• Many thousands of Canadians suffering from chronic diseases, disability of various forms of emotional stress and lacking adequate community support to help them cope and live meaningful, productive and dignified lives.

The report, therefore, stressed not the pursuit of more high-tech medicine, but efforts to reduce inequities; widen prevention strategies and initiate efforts to enhance people’s abilities to cope.

By the end of my travels, it was clear to me that the East Coast was coming to terms with the harsh truth that market economy- determined, high-tech hospital medicine was a major stumbling block to the ‘Health For All’ revolution. The state, the profession, the institutions, the policy makers and the consumers were all therefore gearing themselves for some far reaching reform in the years ahead.

Back home from my travels, I chanced upon an interesting full-page advertisement in a national newspaper that shocked me out of my wits! The ad was celebrating the first decade of a well-known private hospital group and after listing out nearly 17 urban centres where it had established 9or was on its way to establishing) high tech hospitals, it claimed to have transformed the health care scenario in India. It then prophesised that India would emerge as the medical mecca of the world because it has the doctors to make it a sterling leader in the field. The advertisement, with euphoria and perhaps misplaced revolutionary zeal, exhorted all the readers to come and join the revolution and lead a historic movement in the Indian health care industry. Inject India with the power to lead the medical world! Accelerate the revolution!

Coming so soon after experiencing the crisis in Shangrila, I was rather disturbed. Whom would we need? The depressing prophets of Shangrila or the euphoric prophets back home?

Having been associated with the future of mission dialogue that preoccupies the mission hospital network today, I believe that this dilemma, will soon become central to the debate. Caught on the horns of a dilemma, the network has hard, and perhaps uncomfortable, choices ahead. There is a need for a calm assessment of the network of hospitals, their role in health care and health promotion and their contribution to the health of the poor, for whom we claim a preferential mission. I believe there is a role, though this may be more limited than the expections of the early pioneers. However, even this limited mission needs sober appraisal and rigorous situation analysis.

We need to choose between the pursuit of high-tech services and enabling the marginalized to fight for basic rights central to their health

Last week, I came across one such sober appraisal in a book which was the last testament and legacy of a respected and humane physician, world-renowned epidemiologist, committed
Christian and inspiring teacher – the late Geoffrey Rose. In a chapter entitled ‘In Search of Health’, he notes with deep sincerity, after a life-time of commitment and scholarship, that in the age of scientific optimism it was believed that medicine had, or was soon to discover, the answers to our health problems.

Thus, for example, if the president of the United States gave enough millions of dollars, then cancer would be conquered. That optimism has passed (except in the popular media) and we are starting to sober up. Medicine has indeed delivered effective answers to some health problems and it has found the means to lessen the symptoms of many others. But by and large, we remain with the necessity to do something about the incidence of disease, and that means a new partnership between the health services and all those whose decisions influence the determinants of incidence.

The primary determinants of disease are mainly economic and social and therefore its remedies must also be economic and social. Medicine and politics cannot, and should not, be kept apart. A time has come for more of the leadership of the mission sector to make such sober reappraisals of what they seek to achieve through their institutional investments and their professional exertions, and to discover what the future mission will be:

- Bone marrow transplants or initiatives in building community capability of health?
- Magnetic resonance imaging or family life education?
- Organ transplants or caring/counseling services for AIDS victims?
- The pursuit of high-tech services or enabling the marginalized to fight for basic rights, central to their health?

The choices are hard. But choices have to be made. The question is: are we ready for the task?

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