The Health Advocate –5

Will There Be Mission Hospitals In 2000 AD?

Dear Friends,

Having been closely involved with health action for over two decades – especially in the voluntary sector of the country, both Christian and non-Christian – I have gladly agreed to reach out to all the CMJI readers through this column, “The Health Advocate”.

I will be regularly bringing to you my concern about the crises in the health missions, unmet needs, distortions in health care and disturbing trends in the emerging health policies, all of which could become obstacles to our commitment to Health For All by 2000 AD. I believe our concern should be supported by collected reflection and collective action in solidarity. Reflective action is the key to change and I hope this column will stimulate such a process among CMJI readers. Please write and let me know your own experiences and perceptions about the issues I will be raising in this column, so that I can weave them into subsequent columns and build further reflections in an interactive way.

In this first issue I would like to share one of my growing concerns, which would be of particular interest to you. It is a question that is beginning to loom on the horizon of voluntary health work in the country because of various developments in the country in the health policy, and also because of various disturbing trends within the voluntary sector and in the large societal universe around it - will there be ‘mission’ hospitals in 2000 AD?

Some 20 years ago, on a visit to Kerala, I was told by a group of young, committed social workers that mission hospitals in Kerala would disappear in the 1990s!! It seems, as they explained it to me, that most mission hospitals in Kerala were customarily referred to in the 1960s as St X’s Charitable Mission Hospital. The social workers reckoned that ‘value orientation’ or saintliness had eroded in the 1960s, the charity dimension was disappearing in the 1970s and the ‘mission’ thrust would evaporate in the 1980s, leaving X’s Hospital without ‘saintliness’, ‘charity’ and ‘mission’ in the 1990s – no different from the large numbers of private sector, profit-oriented hospitals which have developed in response to the market economy.

While this was said in utmost seriousness, my own understanding and field observations of mission hospitals were too limited at that time to assess the ‘prophetic nature’ of this concern or to reject it as mere fancy! As the years went by, in my increasing contacts with the staff of mission hospitals through seminars and workshops.

⇒ I have been told by many that the number of poor, needy and indigent patients being cared for by mission hospitals are going down rapidly, not because the purchasing capacity of the poor Indian has gone up through post-Independence economic development, but because the only way to make enough money to run the hospital without regular doses of foreign donation is to shift the focus on the paying patient.

Somehow the thought that the ‘mission of healing’ finally gets experienced only as ‘clean floor and white sheets’ has always disturbed me
I have been told that the ways to balance the budget in order to continue the vocation has been to increase unnecessary investigations under the euphemism of ‘routine tests’ to increase unnecessary prescriptions, even promote surgery and increase the length of hospital stay – especially of paying patients!!

I have been told that many mission hospital pharmacies are stocked not only with banned, bannable and hazardous drugs but also with inessentials of high cost and cosmetic embellishments. This is evidently not by accident, but for the simple reason that they provide better profit margins, inessentials being allowed a higher mark-up in the present irrational drug pricing policy and thus companies producing them offer greater ‘unethical’ trade discounts.

I have heard that in many institutions doctors are paid larger and larger sums ‘over’ and ‘under’ the table since they are the best contributors to the profit margins, while paramedics and auxiliaries who do most of the work are generally underpaid by government standards.

On the contrary, I believe that many institutions are also closing down because they are not able to generate enough money to meet the increasing costs of medical care and, what seems even more significant, they are unable to get committed professionals to work in situations that are more peripheral and designed to serve the needy and underprivileged!

Some, on the other hand, are linking up with ‘big business’ so that they can survive the pressures of the market economy and many are dreaming of attaching a self-financing or capitation fee for medical / nursing colleges to their institution to help them over the crises – not recognizing the value crises they may be inadvertently moving into through such an initiative.

One of the most interesting feedbacks that I have had, when asked why people prefer mission hospitals to government or other institutions is a pavlovian response about the former being ‘cleaner and more efficient’. Somehow, the thought that the ‘mission of healing’ finally gets experienced only as ‘clean floor and white sheets’ has always disturbed me.

As I ponder over these confessions I often wonder whether the young social workers in Kerala were being prophetic. There are no signs that mission hospitals are disappearing from the national scene – take a look at the membership statistics of associations such as CMAI and CHAI. But membership on an association is one think, commitment to a mission is quite a different matter.

If you consider some of the ‘confessions’ – even though they were not based on rigorous study but were hearsay evidence ( maybe only partially true) – then the question posed does not seem just fancy.

If mission hospitals continue to close down because of the shortage of funds or committed personnel at the rate they are closing down at present (a CMAI estimate I believe is 10 a year)
If others opt out of the ‘mission’ sector into the ‘market’ economy for the sake of survival.
If still others opt out of ‘preferential option for the poor’ because it just doesn’t work ‘to rob Peter to pay Paul’ today
If still others accept unquestioningly the ‘unethical practices’ that are bound to balance their budgets
And still others are known only for their ‘clean floors and white sheets’ and nothing else.

If the above is true then will ‘hospitals’ with a ‘mission’, as we have known them all through these years, actually survive till 2000 AD? I wonder!

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This article is published in Christian Medical Journal of India, Jan-Mar 1992