Episode 7: A Closer Look at Health and Healthcare in Kerala

TRANSCRIPTION

Speakers:

Dr. V Raman Kutty - Epidemiologist and Public Health Expert
Vivek Divan - Coordinator, Centre for Health Equity, Law and Policy

Vivek Divan:

This is Status of States where we explore health and healthcare across India's diverse regions with a particular focus on policy, programs and ground realities. The Indian Constitution lists public health as the responsibility of states. Join us as we speak with health experts from different states, understanding the unique contexts, challenges and innovations shaping public health.

I'm Vivek Divan, your host for this episode of Status of States, brought to you by the Center for Health Equity Law and Policy at the Indian Law Society in Pune. Let's dive right in.

In this episode, we journey to the state of Kerala with Dr. V Raman Kutty.
Dr Kutty is a medical doctor, epidemiologist and researcher in Public Health and Health Policy. After a long stint of teaching and research at the Achutha Menon Centre for Health Science Studies at Thiruvananthapuram he now heads the Amala Centre for Promotion of Research, Amala Institute of Medical Sciences, Thrissur.

Thank you very much Dr Kutty for giving us time today to speak about the state of health in Kerala. Perhaps we can begin with you providing us an overview. If you could describe to us in broad terms the state of health in Kerala, how would you do so in terms of health and healthcare as it is understood, but also the larger context of social determinants of health? How do you see the state of health in Kerala?

Dr. V Raman Kutty:

I would put it in comparative terms in the sense, Kerala, if you look at the statistics on mortality, Kerala is doing well compared to other states, especially infant mortality, life expectancy etc. But what actually it means for people in public health like me is that we have been able to control death at the early ages, that is at the lower end of life expectancy. I would say that we are not doing very well in other aspects like morbidity. We have a lot of chronic diseases which has been recognized: heart disease, diabetes, obesity, etc., high blood pressure, stroke. Micro studies by various credible institutions have shown that these are all very high among adults, that means it's not a very healthy society, but we are surviving. We do have a lot of what we in public health call the second generation problems.

First generation problem is controlling infant mortality mainly, because all developing societies try to do that and control infectious diseases. In Kerala with regard to mortality in infancy and childhood, we have achieved a lot. But the second generation problems of controlling mortality at the older ages and also controlling morbidity, we are really not doing so well, that is my opinion, and also what is borne out by facts. So that gives a general picturesque.

When we come to healthcare, we do have a pretty strong public sector, especially the government sector in health, the public hospitals, there's a lot of institution building especially in the last a few years. Because in Kerala we have now decentralized local governance, i.e. all the health institutions, education institutions are with the local panchayats and the local governments. So they are putting money in those institutions and

they are doing well. But I would also say that we have a very strong and growing private sector which is actually much more than, if you count the number of facilities and the beds and people attending those facilities, I think the private sector is foremost, it has overshadowed the public sector. Even poor people for their more advanced health needs, like serious operations or things like knee replacement and technology heavy inputs, they are going more and more to the private sector. So that is also happening parallelly. So I wouldn't say that it is a very optimistic picture, but we do have certain achievements, no doubt. If you look at the cost of care, what people are spending out of their pocket, it is growing. And there is a lot of evidence that poor people have been driven into greater poverty because of the spending on health care. So that is a very general picture of what is happening.

Vivek Divan:

Thanks for that brief overview, Dr. Kutty. I was just curious, in terms of the well-known effort at decentralizing governance that you also mentioned. How has that played out in the context of primary health care in Kerala? We know, for instance, that primary healthcare strengthening has been a challenge in many other parts of the country where it has often been ignored and it's tertiary care where everyone then ends up being and the pressures are immense there. But I'm wondering with decentralization, have PHCs (Primary Health Centres) been strengthened in the process. And therefore are health issues kind of dealt with at that level, which then puts less pressure on secondary and tertiary healthcare?

Dr. V Raman Kutty:

Yes, that's a good question. Actually in my opinion personally is that decentralization has had a positive effect. What decentralization has achieved in Kerala is bring the control of health institutions largely under local government and local politicians who are responding to the local needs. But there are two sides to it because every primary health center now wants to be a big hospital, which is not really primary healthcare. We need to strengthen primary care and that is not happening because of course, you can't expect the local politicians to be well versed with knowing what is expected of the local level and all that. But they have built up the infrastructure which is a good thing because the public hospitals used to be almost collapsing, even the buildings were going down. But now that has largely been rebuilt and new facilities have been built and new initiatives like family health centers with more staff and some hospitals and some health centers have been well stocked with medicines for the public. So there are certain aspects which decentralization has achieved, but decentralization has also run into a lot of challenges.

Just to speak a few, number one, I would say that the conflict between the health sector, the professionals in the health system and the local governments has not been resolved. It was very bad in the beginning. They started in a very conflicting situation where the doctors felt that they had to be under local politicians and they were not willing to do that. So there was a lot of problems in many places. But then some of the younger people, especially doctors, they found that by working in collaboration with local politicians, they had the freedom to do a lot of things in their own hospital. And that changed their attitude, at least for some of them. So there have been examples of local hospitals, local primary health centers along with the local politicians when they work in harmony, producing wonderful results. But there

have also been examples where conflict has actually brought everything to a standstill. So the health, I would say, machinery or the institutional hierarchy of the health system in the public sector even now has not accepted or agreed or rather, they're not really in complete harmony with the local politics, local governments. That is one major issue. And this has resulted in another thing that is even though broadly, decentralization has brought in better services to most people, there are areas where for instance, marginalized groups like the coastal fisherman, for instance, or the tribals, they have not really gotten the full fruits of decentralization because in Kerala we don't have a panchayat where tribals are in the majority. So which means that they are going to be in the minority and the panchayat decisions will not be actually pro tribal. Actually it will be for the non-tribals because they are in the majority. Same thing happens with the Dalits and the scheduled caste populations. They are marginalized everywhere and their special needs. There are several areas where the advancing health statistics of Kerala is not reflected in certain pockets because of this kind of a conflict.

Thirdly, and most importantly, this whole revolution in decentralization has completely bypassed the urban areas. And Kerala is a largely urbanizing state. So if you take the large cities like Trivandrum, Kochi, Calicut and several other cities, the district headquarters and all, because traditionally the public health system did not extend to the urban areas. The urban areas only had some hospitals. They didn't have a primary health center. There's no urban primary health center infrastructure in Kerala. Traditionally it has been so, so what happens this completely bypasses the urban system. If you look at the urban population, there are a lot of problems on the primary level. So I would say on the whole, decentralization has been positive, but it still has a lot of challenges which have to be solved if you are to achieve further gains in health.

Vivek Divan:

So let me ask you about the bypassing of urban areas like you explained just now. It's traditionally been the case that urban areas were never catered to by the public health system. Is there an effort to change that and say, well, let us put government resources into strengthening public health systems in cities? Or is this a vacuum which then the private sector has filled up, which is why you mentioned earlier there is a strong growth of the private sector in Kerala?

Dr. V Raman Kutty:

Partly true in the sense, traditionally there were no primary health centers in the urban areas because that was the way the system was built. And then when decentralization came, the city governments like the city corporation and the municipal councils, they had some hospitals under them, like the taluka headquarters hospital, general hospital etc. So they were only developing the hospitals. They did not care for the primary healthcare like for instance they didn't have staff like village health workers or the junior health workers and field staff. And the government never bothered to create that cadre. Now at least in the last few years they have recognized the problem and are trying to solve it. But it takes a long time. And of course, there are fiscal problems of creating new posts in government, and that has run into problems. So it is difficult.

And if you look at India, there are very large cities like Mumbai and Ahmedabad and all, which have very strong and rich municipalities, they have built up the urban health system much better. In Kerala even though there is decentralization and everything, even the large corporations are not that powerful because it is still with the state politician that most of the power lies. So that conflict and that problem has still not been resolved, but it has been recognized and people are trying to fill in. And there are now few urban primary health centers, especially in the capital city of Trivandrum, and they are trying to build up a few more. But there is a problem that they have shortage of resources and as you said, the private. There is absolutely no control of the health system over the private hospitals and they can't even get the data from the private hospitals because there is no law. There is no legislation controlling the private hospitals. All such legislations have run into serious problems because the private health lobby is very powerful. They're also very close to all the politicians, whatever political party is in power because most of the politicians go to private hospitals. That is the truth. Which means that they have access and then these people have control over the legislators. So even the effort, for the last several years, they have been trying to pass a Private Health Establishments Act. I think they brought it to the assembly and I think it has run into problems because it has been questioned in the court, so many problems. So the government has no control over any private institutions. So that is another conflict going on.

Vivek Divan:

Yes. Thank you for bringing in the law there Dr. Kutty. It is interesting to hear you speak about it. There is, like you said, the Clinical Establishments Act, which is a model law that Parliament passed, but very few states have adopted it. And clearly, as you describe, there seems to be a challenge in Kerala with the vested interests obviously resisting this. At the same time you are seeing the highest out-of-pocket expenditure on healthcare. So I am just wondering how as public policy, how does the government view this? Because in a state where there should be no reason for out-of-pocket expenditure given how there have been, attempts to strengthen public provisioning of health care. How is that even justified by policymakers is something I'm just curious about. Is that a conversation that is happening in civil society in Kerala?

And secondly, the social security schemes on healthcare, the insurance schemes, etc. do they come to the aid of people so that those are methods by which out of pocket expenditure can be lessened?

Dr. V Raman Kutty:

Well, the question is very interesting, and I think it's good that you asked it because, I don't think there has been a serious discussion on health issues or health policy in Kerala, at least for a long time. And I work with various civil society organizations, especially the Kerala sastra sahitya parishad, which is a huge organization and they try to popularize science and they also look at policy, science policy. So they are interested in health. And we have a group of doctors. We have been trying since the 1990s to get the governments to enunciate a health policy stating where we stand taking into consideration the need for primary healthcare strengthening and the need for looking at the social determinants of health. Finally came to fruition only in 2016 when this new left government came, they produced a

document but it's just a document, and they don't seem to be very keen to go through with that. So it's a struggle.

Health policy has never been something on which people have voted. Education is very sensitive, people are very sensitive to things happening in education. But in health, people have kind of taken it for granted that what you do is go to the private sector and if you don't have money, you try to muster it somehow. So there are all these crowdfunding posts. You find every social media, newspapers, people needing huge sums of money for transplant or some other such very complicated intervention, and a lot of them are successful. People even pay a huge amount of money for their fellow citizens. So it's a positive thing, but the government doesn't really create the opportunity to completely take care of the expenses of these citizens. And if you look at the statistics, I think we still spend only very low public expenditure on health comparable to any other state. It's not that we have done well, in fact, maybe slightly higher, but even then it's hardly anywhere near what is needed. So actually it is mostly out of pocket expenditure, as you say, and people have this aspiration for better health.

If I may give you an example in Kerala, over the last several years, the last 30 or 40 years, what has happened is that corresponds with my own medical career. I was initially trained as a pediatrician in the 1970s. So in those days there was a growing tendency for people to move towards hospitals for delivery, that is childbirth. Probably Kerala is one of the first states for that to happen on a large scale and even by 1980-90s we had the majority of child births in hospitals. So what used to happen was that the rich people would go to the private hospitals and the poor people come to government hospitals. So that was the pattern.

Now after that what has gradually happened is that poor people also started going to the private hospitals. Now you find that hardly any delivery takes place in government hospitals because people don't come there, they don't want to have their child in a government set up because their expectations are very high. They need a gynecologist, for instance. The first thing they ask is ,“do you have a specialist?” Well, primary health centers may not have specialists in all of them, they have them at the community health center level, the secondary level. So immediately they want to go and then they look at, “do they have a private room?” Even if you are a poor person, not very affluent, in Kerala because of low fertility people have only one or two children and then they want that to be in all their comfort and whatever they expect of the quality of care. So they have gradually migrated to the private sector. Most of it is privately done now, I mean, of course there is a proportion still going to the public sector, but now what has happened is the public sector caters to the absolutely poor people who have no other options. That is all that is happening, especially in areas like childbirth or surgery or serious problems like that. So that has been gradually happening. It's a very mixed picture.

What I'm trying to say is the government has never recognized that there are policy issues. I think there are a few attempts, for instance, people like us working in civil society organizations. At one stage we used to say that it is because of coalition politics. Always health is given to a minor party and they are not interested in doing anything. So we used to clamor for the major parties on either side, the UDF (United Democratic Front) and the LDF (Left Democratic Front), the major parties should take up health like the Congress on one side and the CPM(Communist Party of India Marxist) on the other side. And it finally

happened by the 2000 or so. When LDF was in power, the CPM directly took over health and in Congress, the Congress took over, but nothing changed, so that was not the problem. And I think we were mistaken in thinking that it is because the smaller parties. It is simply that I think they don't really recognize the issues of the health sector. It is rather complex and it is the pattern of the health system which has never been changed from the 1950s - 60s. It is like a very centralized system.

I always say this and then whenever I get an opportunity, in this huge system, the major activity of the bureaucrats in the health system is to look after transfers. I don't know why people should be transferred unnecessarily, that I guess is because they have power, that is a source of power for the bureaucrats. So they hold on to it. So they spend enormous amounts of time and energy in making transfer lists of doctors and nurses and then changing it when there is pressure from the politicians, they go on doing that. Actually, according to me, it's a waste of time. So these kinds of unproductive activities are going on in the health sector and they are not looking at how to reduce out of pocket expenditure, what can we do? Whatever reform has come actually has come from above like the central government or sometimes the World Bank scheme and the World Bank says you have to do this and they do something.

I can tell you an example of that. In the year, I think around 2000 there was a European Commission loan for Kerala and they said that you have all these kinds of institutions there is no standardization. You may have a PHC with one doctor, there is another PHC with four doctors. There are some places where there are beds, there are some PHCs where there are no beds. There is something called a mother PHC and a daughter PHC and what not. So they said, Why don't you standardize? You have to standardize, you have to say what is available, at what level and what will not be available at what level. And then we'll go on like that. So I was in a committee which drafted a big report and submitted to the government saying that this should be done and there should be a PHC at the panchayat level and then the CHC (Community Health Centre) at the next level, then Taluka Hospital, then the district hospital and general hospitals should be limited, only one or two, like that. And then they got the money from the European Commission, they had the report and nothing was done. Now we have general hospitals in every taluka. Whenever some politician feels that this hospital should be built up, they clamor and they say, we have to have an intensive care unit, we have to have a cardiac catheterization unit, whatever, and then they call it the general hospital. So there is no standardization, there is no referral system, there is no proper gatekeeping, nothing. So it is just totally chaotic. Some people do well because they are good or because of the circumstances, that happens for a limited time and somebody is transferred and that is the end of that. So then suddenly it collapses and you don't have the same quality of service anymore.

So this kind of very chaotic, haphazard policymaking has been the major reason for the public sector not performing well in Kerala. That is my personal view.

Vivek Divan:

There's a lot there Dr Kutty, so much interesting information and insight that you provided. I just want to put that in the context of COVID-19. How did Kerala grapple with COVID-19 Because from outside we were getting the sense that Kerala was actually handling it

extremely well and therefore from the outside one felt that maybe the systems in place were all there in terms of public health, in terms of human resources, in terms of equipment, whatever was required for a really quick and effective approach to controlling COVID.
But you've painted a picture of a rather complex and quite chaotic, like you said, context. So how did COVID get effectively dealt with in the state?

Dr. V Raman Kutty:

COVID, we didn't do bad, as you say. We handled it reasonably well compared to other states in India and some of the things I said, like we have a system on the ground, like the public health system is there, the sector is there. You have people in most posts, and so there are people. We are good at crisis management. Whenever there is a flood, for instance, people do very well but the routine functioning is what is problematic. And I would tell you another thing, this is something I think people have to look at, why crisis management works very well is that everything comes together under the district collector. Actually I would give a lot of credit to them even during COVID. They had a committee under the collector who was supervising every day in the health system also. So they had to report and they had to track. And all the doctors were working according to the instructions from that committee, which was actually controlled by the collector. I mean, the collector cannot do this in every day situation in the health system, he is not really usually responsible for everything, like but the DMO (District Medical Officer), who is the head of the medical team, had very little to do with it. I mean, I'm saying this with all responsibility. So that is another issue. So when we do well in a crisis, because the bureaucratic structure is pretty good, the revenue department, the collectors, sub-collectors, all those people. And when they wanted, the doctors can deliver because but the thing for them is the lack of leadership, that is what happens. And then when in a crisis situation there is a committee or there is guidance, they do that.

Vivek Divan:

So in the context of COVID, was it the public sector, the private sector or both, which came to the aid of people when either treatment was required? Because it sounds like the private sector is quite happy to not be governed by any kind of legal framework. And the public sector seems to be while strengthened in non-urban areas, in urban areas, it is relatively weak. So I'm just wondering in the COVID context, where urban contexts were most affected, was there an access issue which people faced in receiving treatment for COVID?

Dr. V Raman Kutty:

Yes, there were certain access issues, there was a second wave when a lot of cases came up. And at that time, I think there were lots of deaths also. The first wave was handled pretty well, we did not have too many deaths. But then the second wave came and I think there were some I don't remember exactly, but I think there was a strain variation and there was another wave of COVID, and that was a time when we had several deaths, and that was because we didn't have enough facilities. But here also what happens is the private sector will cooperate with the public sector in certain situations like in this COVID situation, what happened was some of the hospitals in the private sector were commandeered for COVID and they have no other choice. Again it happened because the collector steps in and says

that this is now going to be a COVID hospital and they just give it over. So that happens. That will happen. But the normal case is that they have no connection with the public sector, they don't even give their data whatever, and so that it is totally like two separate institutions. But in a crisis situation like COVID, it happens, there is a lot of sharing.

My own take on that is that it is because the leadership of the district level that is the only reason it happens.But doctors cannot make it happen on their own.

Vivek Divan:

That's clearly an example of a district level, decentralized level kind of advantage in a system which allows that sort of implementation to take place. I'm wondering in this context, you did mention that things come from the central government or from the state government, like insurance schemes, they are sort of implemented. I believe there are insurance schemes, social security schemes in Kerala, something called the Karunya Arogya Suraksha Padhathi, the Aardram mission, which was launched to strengthen primary healthcare, which I think you've described a little bit of already. The PMJAY (Pradhan Mantri Jan Arogya Yojana), I assume, is also implemented in Kerala. What is the uptake on these schemes,both by users of healthcare but also by healthcare institutions, are they enlisted as hospitals and institutions within these schemes? And do people actually take advantage of the coverage?

Dr. V Raman Kutty:

Yes, certainly. I mean, people are happy that they're enrolled, they can get healthcare free of cost even from private hospitals which have been empanelled. So they're happy about it and they are utilizing it on a large scale, especially the poor people. But they're also unhappy about what they get and what they don't get. Generally there is this feeling that there is a premium but you have to claim something so that also is going on that even unnecessarily usage sometimes and that leads to conflict especially in private hospitals where they say that no you cannot be admitted. There's no need for admission like that. So that kind of thing is going on. But the thing is that many schemes now, Kerala government schemes, especially where the Kerala government is financing, they're lax in reimbursing the private hospitals so many of the private hospitals are now backed out saying we can't afford this because we don't get paid in time.

Not only private hospitals, there are the hospitals which are for instance the Sree Chitra hospital in Trivandrum, which is actually of central government. So they used to cater to a lot of advanced cardiac procedures, bypass surgeries and whatnot. But now they don't want to deal with the Kerala government because they say it takes a long time to get their money. So they have disengaged from the system. So that kind of administrative governance problems are actually mounting. So I wouldn't say it is all smooth under the insurance schemes, but I do think that a lot of people are getting health care because of the various schemes. But now the thing is that there are so many schemes that people are confused and the Kerala government has also introduced a system for reimbursing or reinsuring government employees and pensioners. So that has run into problems and now they are trying to recast the system because so many hospitals are backed out of that scheme. They say that we cannot deal with this. So many things are going on. It is still in a state of flux.

Vivek Divan:

Right, you also mentioned earlier that the private sector doesn't want to be governed, so any attempt to govern it has failed and then the nexus with political powers etc. What is the state of accountability of private healthcare then in Kerala, even public healthcare for that matter. If there is a case where a person is unhappy with services or this is actually a negligence situation, what are the remedies that people can seek and how do they get resolved? If there is no law governing an entire sector which is increasing in its scope.

Dr. V Raman Kutty:

Yeah, that has also been changing because the nature of private care is also changing. We used to have in the 1990s and 2000, the hospitals were not very big. They were not like corporate hospitals. They were private hospitals run by either private individuals or maybe research institutions etc. So they were not too huge. But nowadays what is happening is that there has been a lot of corporatization. Recently there was news that some of the major hospitals in Kerala have come under the Blackstone Equity Group. I think it is based in the USA, they have bought the major shares and they are controlling like that. So there is a lot going on in the private sector also.Sorry what was your question?

Vivek Divan:

My question was, how then are these large hospitals, which are, like you said, being corporatized increasingly, How are they being governed in terms of accountability, transparency of practice, etc., if there is actually no legal framework in place?

Dr. V Raman Kutty:

Smaller hospitals, what used to happen is, also with public hospitals people just take law into their own hands and they come and bash up, everybody. It has been going on even recently. That now happens more and more in the public hospitals,attacks on doctors. Even one lady doctor was killed, I think one year back or so, a young doctor was stabbed. So that kind of thing is going on. I mean, I'm not saying that it's a remedy, but that it's happening. And now the IMA (Indian Medical Association) and all have pressured the politicians and they want a law which say no attacks on doctors, the police should take action, etc. That is going on on one side.

Several years back, the consumer forum was the major area for redressal and there were several cases and I think there are one or two landmark judgments starting from Kerala hospitals where there has been a judgment in favor of the client, of the consumer But nowadays you don't get too much. People feel that the consumer courts are also taking a long time to resolve issues. But there are a lot of litigation also going on.

Now in Kerala, for instance, the cadaver transplant program, that is the program for taking organs from cadavers and transplanting into people who need it, has come to a standstill because of a case filed by a doctor. I think it has gone to the Supreme Court. His allegation is that the hospitals are actually taking organs before the person has actually died etc. I'm

not saying it's true, but that is his allegation. And effectively because of that, people are not doing it anymore. So people probably who would have been saved by a transplant from a cadaver, that is a dead body, cannot get them because even doctors, the hospitals are scared to perform such operations because they don't want to get into trouble. So there is a lot of litigation also. But Clinical Establishment Act even the IMA is not happy with that. So they are also trying to contest its implementation and I think that's also in the court.

Vivek Divan:

So lots of again, interesting points you raise. Dr. Kutty. I just wanted to touch on the violence against healthcare workers situation. You're part of civil society conversations on this and civil society discussions on healthcare generally in Kerala. I'm curious what is your view on the need for or need for a special law. The centre I work at, we have actually written publicly about this and our belief is that there are laws which adequately exist to cover these situations. If someone is stabbed, then that's a question of a crime under what was called the Indian Penal Code till a few months ago, the BNS (Bharatiya Nyaya Sanhita) now and so a lot of those sorts of completely unacceptable actions are covered by law already. Why do we need a special law? So I'm wondering if the civil society groups you engage with or the doctors community have some views on this? And also, why do you think this is happening? If there is an increase in such violence, what are the underlying reasons for it?

Dr. V Raman Kutty:

I think I agree with you of course doctors organizations, especially the IMA is very much for a special law. They seem to think that doctors need protection. I mean, they do need protection where they work, because like anybody else, you should be able to do your work in peace. That I do agree. But that doesn't mean that you must have special protection. Civil society organizations generally don't feel that there should be a special law or something like that. So I do tend to agree with them. But you should have measures so this can be dealt with, it can be prevented, like somebody stabbing a doctor is certainly a very unfortunate thing.

Recently there was another incident where there was a baby who had been scanned several times while the lady was pregnant and they reassured her that the baby is all right and the baby was born, it had some malformations. Then they started accusing the diagnostic centers and the hospital and the people who treated her. It is currently a big issue they tried to kind of attack them and things like that. So these things are unacceptable.When you ask why it is happening. I think I don't know. It's very difficult to explain. But one reason is that possibly in Kerala, the expectations have been raised so much like we always say among doctors. We say that now, people cannot accept death or tragedy, I mean, they think that somebody must be responsible for it, like you must have agency, otherwise it doesn't happen. Unfortunately, that is not the truth. Of course, there are areas where there is negligence. Definitely it has to be explored, and the people that have been criminally negligent, they should be brought to before the law, etc. But, medicine is not an exact science and you can have tragedies and things happening without any planning, etc. and nobody can really predict all the things that are going to happen to you. But that is not acceptable to a lot of the public in Kerala, I don't know, maybe its the same thing in other states also. But I think this has got a lot to do with the people's expectations of healthcare

and that of course has been fueled by mostly doctors and health institutions, especially in the private sector. They advertise on a huge scale. When I was a student, I was taught by my teachers, especially in the medical jurisprudence part, that doctors should not advertise, that's actually an ethically wrong thing to do, etc. But now you find it on social media and huge hoardings on the board and on the street and everywhere. Such and such doctors such and such department. We are doing robotics surgery, we are doing this, that, etc. So in that atmosphere you are actually kind of soliciting patients to come and do the procedure and then when they fail, naturally people get angry and of course they spend a lot of money that is on the other side of it. So I think that has to do a lot with the violence. Many of them, they are not very rich people, and poor people, they somehow muster the money and when the results are not really what they expect, they get very angry and I think that is the big thing.

Vivek Divan:

Yeah I do feel doctor Kutty that last point you raised is an interesting one where suddenly you have a very expensive health care system. You are putting all your savings into it. Not that violence can be justified by any means whatsoever, but the fact is that people's frustrations play out. They think the doctor can solve all the problems. And when those problems are not solved, even after paying so much money, these terrible incidents take place. I don't think this is unique, frankly, to Kerala. From my sense of things, it's happening in many parts of the country, but I'm not sure that a law to address this is a solution. There have to be larger kind of responses about how health care is not as depersonalized as it has become and how it's made more friendly in certain ways instead of the corporate and very, very, unemotional ways in which people have to encounter the system.

But moving on, I wanted to touch on another issue before we conclude. I used to be involved in discussions around end of life care at one time. There were discussions around the need for the law. Of course, those discussions are happening even today around what they call passive euthanasia etc.. And in that context, I learned a little bit about the palliative care system in Kerala and how it actually has been a successful model that really comes to the aid of people in the state. Could you throw some light on how that has worked?

Dr. V Raman Kutty:

I'm glad you brought it up. I think one of the best things that happened in the Kerala health system in the last several years, maybe 20-30 years is the growth of the palliative care sector, which has actually been initiated by one or two individuals. One prof Rajagopal who was a teacher in the medical college, but in anesthesia, and he was looking at pain care. And then he gave up his job or rather retired or I don't know, but he stepped out and started the palliative care movement. First thing is, it was very limited. He wanted to make opioids available to people in terrible pain and the terminal end of life, like cancer and all, some people have unbearable pain. And he said that denying them opioids was a wrong thing. And he finally got around to getting the license and putting in the legal things and all that. And now there are several palliative care societies where they are able to prescribe opioids.

Apart from that, now it has grown into not only cancer care and pain care, anybody who has a need, like our terminally paraplegic patient or somebody who cannot talk. So it is like a

movement of volunteers. And there are several palliative care societies all over Kerala who are doing this. And because of the decentralization, the local panchayats are helping them, they are giving them money, whatever money is available with the Panchayat, they are also helping the palliative care societies. The societies are entirely voluntary. This is like an NGO system and several people give their time. I'm not romanticizing and saying that all of them are great, but there are some very good societies, but there are also some societies which are just palliative care in name and they just maybe dispense some tablets and that's it. But there are some which are pretty good.

Now Dr. Rajagopal has gone into this aspect of terminal care and end of life decisions and things like that. Apart from him there are other people like Dr. Suresh, he has another model of palliative care that he developed in Calicut's medical college, which is again more dependent not by doctors but usually community workers who are trained by the doctors and doing a lot of work in the community.

So now we have in the panchayat system, the decentralized system, the government has actually passed a law some years back saying that each Panchayat should have a palliative care component in their health system that is primary health center. They should also cater to people needing palliative care. So that's the legislation that is part of the health policy. So they put in some part of the panchayat's money, even though the panchayat's money is discretionary for the local government, they put in this clause that they should have set aside some money for palliative care. I think the Kerala government also now has palliative care legislation.

So these are good things and steps in the right direction, I think because it's an aging population what is also happening is that many of our health care professionals in the last maybe 5-10 years, I find that all the nurses are going out. You can't get nurses because they're needed abroad. And even healthcare workers are going abroad like care workers for elderly care, everybody is finding jobs abroad. So that is a major problem. So we don't have anybody for our own people, elderly and terminally ill people. So we are facing a crisis of sorts.

Vivek Divan:

On that note Dr. Kutty, I wanted to actually ask you a winding up question. What would your 2-3 key things be in terms of resolving some of the challenges that Kerala faces in terms of health? And you just mentioned human resources and it's very interesting to hear that because one always, outside Kerala one realizes that actually it's a lot of people from Kerala who are part of the nursing staff in many, many places in India. And now clearly what you're suggesting is that many of them have also gone abroad, even doctors and others. And so there's now a shortfall within the state and I wonder what the solutions are for that. But also, if you could speak to what you think, the 2-3 key things that need to be focused on for health to be more equitable and more accessible to the people in Kerala. It would be a nice way to conclude the conversation.

Dr. V Raman Kutty:

Okay, several years back I think in 2003 or 2004, there was an Asian Development Bank loan for the state and of course it was a huge political controversy. All the left people against the loan and the ruling UDF was headed by the Congress. But finally, the loan did come through and they had a component saying an improvement for several departments and I was advising the team on what to do in the health sector. And I think many other things that I said at that point of time are still relevant today.

First of all I would say the private sector, I think that currently we should just leave it alone like that, because right now, I mean, we are firefighting on the public sector front. So we should focus on that. The public sector should be strengthened in many ways. First of all, it should have more resources so that they can provide better services at every level. So how to raise the resources is a big issue. I think people who are experts in that should sit together and talk about it. We had suggested some ways, I don't know I'm not really an economist or a policy expert, but maybe we should have some kind of a health cess or some way of raising extra resources, especially focused on the health sector, so that we can improve the services in all the public sector hospitals. And we should build in very good primary health care. We should focus on primary health care.

One of the failings of the decentralized system, as I mentioned before, is that when you have a hospital, the local politician is there and he is looking for his next election, so he wants to build up the hospital and show it as, it can even compete with the private hospitals. So the focus is on care and it's not on prevention or promotion of health issues like that because those are the things which will not bring any votes, but those are the things that we have to build up at the primary level. We should have a very good primary healthcare system and there should be very good health gatekeeping. Gatekeeping is simply the point that people should be able to access a family care physician or a primary care center first and only after referral from there, they should go on to the higher levels because that will keep down costs. Now what is happening is everybody is choosing his or her own provider, going to the best private hospital available, and they are spending a lot of money. We can avoid a lot of that if you have a proper system and gatekeeping. So that is the next policy intervention, I would suggest.

I think some people seriously (need to) think about the recruitment and this whole thing about this huge bureaucracy which is doing nothing but doing transfers and promotions. We should look at how you can improve that. I know very well I'm going to be easy because a lot of vested interests are there. But I think unless we do that, we will not be able to achieve that.

I think lastly and and not the least I would say, we should strengthen the public health system. Now, the health system in the state is totally focused on hospital care, but we don't even have a public health cadre. Suppose you are a specialist in public health, there is no special post for you in Kerala health services. Your expertise is not recognized. So that is why when you have for instance an epidemic, you have to bring in people from Delhi, people from next door, Tamil Nadu. I mean, we do have good people, but the government somehow doesn't trust them and we don't have a special cadre or a special team for looking at public health epidemics and primary problems like that. So public health specialty should be strengthened and that should be a part of the government health system.

I think these are a few of the things that immediately come to mind or of course, we will finally need to look at the huge healthcare spending, which is because of the private hospitals and the privatization of care and what can be done about it.

My experience in health policy teaches me that, you can only be incremental, you cannot break something which is already there. So probably we have to think of, again, how to make insurance more available to everybody or something like that. But I'm not an expert in those lines, so I don't want to comment too much, but these are the few things that we can do.

Vivek Divan:

Thank you so much for all those insights Dr. Kutty I think what I certainly picked up was that while Kerala is unique in so many ways and as obviously all states are unique in their own contexts there are common themes clearly which are running through between what you said and what others have told us in the different episodes that we've had on this podcast. This was a really eye opening conversation, I think, I certainly learnt a lot and there's so much more curiosity around issues that I would like to read up more on. It was a pleasure to hear you speak, and thanks for your time.

Dr. V Raman Kutty:

Thank you very much.

Vivek Divan:

Thanks for joining us for this episode of Status of States. Stay tuned for more such conversations. This is your host, Vivek Divan, signing off.