Response to Jain commentary on Bawaskar

"Sustaining for-profit emergency healthcare services in low resource areas" by Jain Yogesh,Patil Sushil,Phutke Gajanan published in Vol 0, No - (0) of Indian Journal of Medical Ethics at "<http://ijme.in/articles/sustaining-for-profit-emergency-healthcare-services-in-low-resource-areas/>".

It is an excellent reply to Bawaskar. Clearly the state must prevent patients going bankrupt or practitioners going into negative balances either

However, two points made are contestable-

- "... how many doctors has anyone heard of slipping down the economic ladder? We would argue that the financial graph of almost all private physicians only moves upwards."

Is there any evidence for this statement? Probably the Income of private doctors in rural areas varies with paying capacity of patients and with number of patients. In Eastern Europe (Romania) and in drought hit areas- if the number of patients remained constant- doctors' real income would fall with that of their clients/ patients. Any increase is parallel to that of the milieu or the number of patients seen

- "What place does the private sector occupy in the health care services scenario? Clearly, the expansion of private health care services has been in response to the ineffective and inaccessible public health system in rural areas. a process that acquired speed in the 1980s and galloped towards corporatisation after 2000. "

Here-the rapid expansion of private services has been mostly in urban areas. Data is unlikely to show much expansion in rural areas. The push to go for higher end treatment is market driven, related to liberalization rather than to an actual decrease in public facility performance or decrease in performance per unit population.

##### ***Prabir Chatterjee (****prabirkc@yahoo.com*)**,** *Executive Director, State Health Resource Centre, Kalibadi, Raipur Chhattisgarh, INDIA*

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