**[Authors' response to commentaries on "Emergency care in rural settings"](https://ijme.in/articles/authors-response-to-commentaries-on-emergency-care-in-rural-settings/)**

HIMMATRAO SALUBA BAWASKAR, PRAMILA HIMMATRAO BAWASKAR

We are grateful to Kattula D (1) and JainY, Patil SB and Phutke G (2) for their comments on our real rural medical problems, its management and threat to our survival(3).

We agreed the points and their solution advocated (1). Since the medical profession come under pre-view of consumer protection act , in medical profession sincerity is retained due to a threat of hanging sward of law of consumer protection act,at the same time dedication , devotion and research is buried. Each and every doctor are preoccupied with stress and strain. To get rid of individual from couches of law ,result in many investigations, many expert opinions (2). The author (2) are preoccupied that private hospital are profit oriented. To maintain the proper ethical treatment in private doctor has to pay surplus payment than rest of community as everybody in community is preoccupied similar to authors(2). Unless there is universal law for uniform compulsory insurance payment soon after birth. There will be no space remain for private heath carte syetem (1,2.3).

Today rural government hospitals are merely building and ivory towers, lack of staffs including medical officers, investigations, more important is given for prevention rather than treating patients. Almost all government doctors are doing private practice. Even many of them charges to patient while treating in government hospitals at rural setting.

Let me pass few lines regarding how we are supporting ethical practice in India .

We repeatedly published and fight for individual sponsorship for doctors to conference at India and abroad. We were the first in India to complaint against cut practice (4).

Snake bite, scorpion sting is real life threatening accident of poor grassroots population. We did basic clinical research without help of any funding agency and published many scientific publications in the Lancet, BMJ,NEJM, TROPICAL JOURNALS etc. The fatality is dropped to <1% from >30% in scorpion sting and <11% from 33% in krait bite. We regularly without taking any honorees daily attend the government rural hospital and treat almost all victims of scorpion sting, snake bite and other medical emergency since 1987. This gave us esteem satisfaction and mental peace and prevent from burned out. There are no easy solutions for providing ethical ,rational and free heath service at private or government levels (1,2).Thus at the dawn of life we are tired of fighting and heading against iron wall. “Long live healthy India”

References

1-Kattula D. Emergency care in rual settings:no easy solutions. IJME 0n line july 30,2018.

2 Jain Y,Patil SB,Phutke GB. Sustaining for –profit emergency healthcare services in low resource areas IJME online August 11,2018

3- Bawaskar HS ,Bawaskar PH Emergency care in rural setting:can doctor be ethical and survivw? IJME 2018May(cited 2018 jul15)

4- Sachan D Tackling corruption in Indian medicine Lancet 2013,382,23-24