Comment :

This is in reference to the “Book Review India’s health system: No lessons learned” by Sunil K Pandya, published in IJME online on August 30, 2017. Before commenting on the review a clarification maybe in order.

The book, “Do We Care? Indian’s Health System” is not an autobiography. It neither lists out my achievements nor explain my failures. It records my understanding of the evolution of India’s health system over the years and provides an insider’s perceptive on how policies are made in the corridors of power.

Post retirement, gave me time to read and reflect. Out of government provides the distance to contextualize issues more objectively that a daily battle normally precludes. This subjective experience, Dr Pandya finds fault with, caustically alleging that deficiencies “became apparent” …”only in 2012” or other remarks about not mentioning the name of a district or an officer’s name or comments such as “the failure of the general body of bureaucrats to rise *en masse* in support of their colleague who had done no wrong” or his negative experience with a health secretary and so on demonstrating a mind biased against bureaucrats.

Despite reading the review multiple times, I am confused as to what Dr. Pandya seeks to convey and his understanding of health system evolution in general and the book in particular. Half of the 8 page review is strewn with quotations from the book, words or sentences taken out of context and commented upon with own experience or understanding. For example, a long paragraph on how positive the British rule was in opening medical colleges was completely out of context to a general comment on how the public health measures the British introduced were perceived by the people as an imposition by a colonial power.

Dr Pandya found the book to be full of facts “most of them conducive to dismay” and stated that “the volume would have gained much from the addition of details of what Ms Rao did to change the situation for the better during the years when she influenced events pertaining to healthcare”. It is clear from this summarizing paragraph that Dr Pandya may not have read Part II of the book that provided several insights of my contibutions and more importatnly that of the several dedicated people, who despite a muddled environment, were able to achieve successes in reducing HIV incidence, polio eradication and major improvements in maternal and child mortality reduction and improve the functioning of rural health systems.

Notwithstanding the above, acareful reading of Dr Pandya’s comments bring out two issues that could merit some discussion. One, who or what is responsible for the current unsatisfactory situation? I had offered three reasons : weak leadership – political, administrative and technical; low resources and poor management. Understanding the complexity of policy making is critical as policies are not outcomes of rational thinking or autonomous action of some individuals, no matter how ‘powerful’ they maybe in the legal de jure sense. Power is constrained by the political economy that impose limitations. The detailing of how an otherwise politically powerful leader like Gulam Nabi Azad failed to institute a relativley unimportant public health cadre to work in peripheral facilities is a case in point. In such a situaiton who then is to be held accountable and responsible?

Dr Pandya raises another issue of how then does the much needed transformative change come about. He appears to feel that it is the ministers and the bureaucrats who have all the power and so responsible for effecting change. Neither doctors nor judiciary nor people. I disagree. The book is replete with examples of not just the constraints of power but the shrinking space and loss of autonomy for decision making. Consider the fact that since 2000, despite the might of the Supreme Court setting aside the MCI and placing it under its direct supervision, despite the government in 2010 ( I was secretary then) taking the unprecedented step of setting aside the Medical Council of India by an ordinance, and despite the scathing report by the Parliamentary Standing Committee of 2013, yet, the MCI stands unchanged and the status quo continues. Who then is to be held accountable? According to Dr Pandya, the minister of health and the secretary. And what will make these two to bring change? What if they do not? For the truth is that systems are designed exactly for the intended purposes.

Further, in democracies policies are made in accordance with the relational strengths of the actors involved. The Judiciary, the media, civil society and the doctors and other care providers all have a role and responsibility. They are as responsible and accountable for the situation since there is nothing called neutrality and silence too is a decision. Based upon and frustrated with my own experience of policy making, I feel that India’s health policy can be brought out of the morass only when people and doctors push for change.

And such changes do not come with article writing in journals as Dr Pandya would like to believe. In Thailand, a group of dedicated doctors steered the health system over thirty years including collecting half a million signatures to force the government to introduce strong anti tobacco policies. In the UK, a million people were led by NHS doctors and nurses to halt the privatization of the NHS. In the US, it was the American Association of Physicians that got Abraham Flexner to review the quality of medical colleges that resulted in half of them being closed down. In the UK the Bristol heart surgery scandals resulted in a complete revamp of the British Medical Council and the revamping of the NHS. Country after country had at some point or the other, leaders forcing governments to provide a good health system to the people as their primary obligation. In India, such examples have been rare. Even the small step proposed by Dr Rath for saying, No to Corruption, has not invited any response and the IMA and the elected representatives of the doctors in the MCI continue to stonewall reform. In such an environment nothing will change, since neither the “powerful minister nor Secretary’’ that Dr Pandya has so much faith in, have in reality any power.

We as a people, have failed to make health central to our development dialogue. That has to change. We need to build clarity in our vision, in our policy design, and provide appropriate funding and incentive structures over a span of a decade and more. This can only come about when doctors and other care givers say enough is enough. No point blaming bureaucrats, for after all, as PV Narsimha Rao, the then PM called them, they are trained horses but then need good riders to ride them.