**Difficulties at the time treating life threatening medical problems at rural setting : Kindly tell us ethics**

We are working at rural Maharashtra since 1976. There are many difficulties involved during medical management with high expectations of patients and their relatives from treating doctor. Relatives are not at all aware of restricted resources such as non availability of trained staffs, electricity and modern gadgets. Patients always compared rural facilities that of tertiary care hospitals in big cities. In addition to treatment we have to keep the relatives update regarding patient health and investigations, at times we have to satisfy the relatives who came from Bombay , with little incomplete but with high proud of Google knowledge regarding disease. He teaches us, still with calm mind without any intervention one has to listen him though it is irrational. Today’s doctor is burnout because of hanging sward of consumer protection act. Patient relative aggressive respond, if something goes wrong. Here we are elaborating our experience regarding patients at ruralsetting.

In 1986 a 38 years old female stung by red scorpion was admitted to my private hospital at Mahad. She suffered of autonomic storm, we closely monitored her vital function took repeated ECGS. She took 72 hours for recovery . No doubt she was from poor family. Before telling them total hospital bill, her husband told me he is going to sell her necklace ( mangalshutra) for to pay hospital Bill. Listening this I was totally demoralized and told him don’t sell out chain please, you can pay me after one month. He gave us his statement in writing. We waited for one year. He did not reply to postcard. One day an old man from same village came for treatment. We asked details of person who did not pay use. He suddenly exclaimed he has deceived many people like this. We forgot and till 2018 he did not turn up for payment.

During this days nobody was ready to admit and treat sever scorpion sting. I became popular for successful treatment of lethal scorpion sting. Being Mahad a small town, if such case dies if I refused to admit, news spread like fire in small town , every body pass remarks that doctor refused to admit poor patient for want of money. Such news spread bad an demoralized message in society. Even patients from government hospital are referred to our hospital for further management. Poor farmers, labors are more prone to Scorpion sting , Snake bite accidents. So we trained all peripheral doctors regarding management of sever scorpion and snake bite envenomation. Since 1990 we voluntarily started visiting and treating all cases at government hospita. So there is no question of payment. Even we get esteem mental peace and satisfaction without burned out.

A 68 years old female suffered of unstable angina, was brought by her son to hospital. She was admitted and treated with intravenous nitroglycerine drip, beta blocker and low molecular heparin for 8 days. She underwent coronary angiography and cardiac bypass surgery. Last one year nobody turned for hospital payment.

A bank employee brought her mother with acute chest pain. She suffered of acute myocardial infarction was treated and haemodynmaiclly settles ans was transferred to tertiary care hospital for further management. Bank employee son was classmate of my son. The bank employee asked me to pay cash of ten thousand with promise that he will pay on first date of salary. Patient was treated undergone angioplasty and retuned we waited for payment for two months mrs Dr Bawaskar repeatedly visited to his resident for payment. Ultimately he issued the cheque which was returned due to short of payment. This happened twice. We decided not to go further for police action as he is being main supporter of family may lose his job. His close relative and friend told us he is playing *matka* gambling every day. In between he was transferred to another town. The politician from this town came for health check up at mahad .We detailed him regarding nonpayment of money, which we gave him for treatment of his mother. Same day he visited the bank and told detail to bank manager.

On 15th November 2016, 40 years male was brought by his uncle complained of severe chest pain radiating to both arm, he was sweating profusely . His blood pressure was 180/120 mmhg, he was chronic cigarette smoker since last 15 years. ECG showed acute inferior wall infarction. In acute myocardial infarction time muscle. As rapidly as we thrombolized the patient there are many chances of rapid reperfusion in the of thrombotic vessel. To avoid delay we always kept tenecteplase 2 vials in hospital. With detail discussion with his uncle that tenecteplase is expensive Rs 25000 but it is essential to revive the heart muscle. You may pay me later or at the time of discharge. His acute infarction pattern was aborted. Subsequent angiography was normal as recanalization occurred due to tenectplase given in time. He gave me cheque which was bounced, again he came to hospital and promised that second time given cheque is also bounced. WE issued notice to him through advocate. He did not reply the notice. He met the advocate and promised him he will pay within next fifteen days. Ultimately advocate told me that in the court it is years to go for result and doctor has to be present every date. We felt it is unnecessary to kill out time hence we forget the payment.

Government and medical ethics mentioned that in emergency victim should be given proper treatment in time without asking for payment or treatment should not be withheld for want of money. At rural area there is no system of payment in advance deposit. Even we ask for deposit everybody passes remarks that we are not going to deceive; moreover nobody came with excess of money.

These are the reasons why specialist doesn’t want to go to rural areas. Moreover majority of rural people is unaware of health insurance. Since last 30 years there is no improvement in the government hospitals. For medical life threatening emergency poor patient has no alternative than private hospitals. For payment of private hospital poor people have to sell out ornaments, piece of land or cattle’s, this result in excessive indebt result in suicide. To avoid this we never force for payment. There should be improvement of staffs, specialists and investigations facilities like CT and MRI etc. Government should pay for heath insured almost all poor people. Irrespective of such behavior if something wrong happened or patient dies with all care there are many chances that relatives may harassed us.

Patients and public always preoccupied that doctors are charging unnecessarily. At the same time they forget that almost hale life span is killed for becoming doctor. By this time his peer from non medical side completed education, earning , marriage and having children. While super specialist with gray hair accompanied hid child for nursery.

Yours

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