**Commentary on Bawaskar and Bawaskar’s Emergency care in rural settings**

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Bawaskar and Bawaskar have presented a very real problem facing private practitioners in rural areas. They raise the important question of if we could be true to ethical principles and yet survive in the marketplace. Ethical behaviour has always been expected from doctors. In India, Ayurveda had a code of conduct for the physician.(1) In the west the Hippocratic Oath has been influential for many centuries. In modern times the four principles of respect for autonomy, beneficence, non-maleficence, and justice have become fundamental principles of medical ethics. They have universal appeal and despite differences in individual philosophy, politics, religion, moral theory, or life stance, most healthcare professionals can commit to these principles. These principles can deal with most issues that arise in health care.

The four principles are “prima facie,” meaning that the principle is binding unless it conflicts with another moral principle. If there is a conflict of principles, one has to choose between them.(2) This approach does not provide a method for choosing the principle, so at times we are stuck with a situation where we have to pick one principle over the other. This difficulty makes it necessary to have ongoing discussions on ethical dilemmas we encounter as we see cases and their contexts.

In the four cases that Bawaskar and Bawaskar describe we find they are presented with a problem which has these components.

1. Presence of serious medical condition

2. Treatment for the condition is available

3. Window of time for initiating treatment is short

4. Treatment is costly

5. The caregivers did not have enough cash to pay upfront though they had capacity to pay the bills if adequate time was given.

In all these situations the impulse to go ahead with the treatment is clearly guided by the principle of beneficence. If any one of the above mentioned constraints was removed, it would be easier to deal with the situation. Given that these constraints exist, what are the options available and what are the ethical implications of these options.

Options 1: Refusal of treatment

This option seems inhuman even at face value. The Code of Medical Ethics of the Medical Council of India states that physicians are not bound to treat every patient asking for his services, but should be ever ready to respond to their needs. It also states that in the case of an emergency, a physician must treat the patient and that no physician shall arbitrarily refuse treatment to a patient.(3) The 201st report of the law commission suggested ‘emergency care law’ and it makes it binding on private hospitals to provide emergency care.(4)  
  
There are no clear standards of what the emergency care is. Does emergency care for a patient stop with first aid and stabilisation of the patient to be moved to nearest public funded hospital or does it mean provision of the whole gamut of services available in the hospital? It raises an important issue of where does humanitarian response of the hospital end and its own responsibility to sustain self as a private service provider begin. The lack of clarity is good enough for private practitioners to avoid legal trouble but it does not clear the dilemma for the ethically conscious.

Option 2: Separate the pharmacy services from regular service

This is a pragmatic step. Willingness to pay is influenced by multiple factors.(5) It is well known that people are more likely to pay for products than services. When life-saving medicines are provided to ICU directly, the caregivers do not see the product. When they are made to buy the medicines in pharmacy counter close by, they are in a better position to consider the marginal costs and marginal utility. This increases the willingness to pay. In the cases described by Bawaskar and Bawaskar, the problem was not in inability to pay but rather unwillingness to pay. This option however is not a solution for the patients who are and would always be unable to pay. So if there is no other mechanism to help such patients this option would go against the principle of beneficence.

Option 3. Insist on payment

It can be argued that people who elude the payments in hospitals which trust them but are able to pay for ambulance transport to come to hospital and settle bills in other hospitals when referred are exploiting the benevolence of the service provider. So a case can be made for insisting on payment. However this overlooks the fact that there are genuine cases of people not having cash to make out of pocket payments. In such cases this option seems inhuman as it puts pressure on caregivers when they are already stressed with the patient’s grave condition. It would go against the principle of beneficence.

 3. Take post-dated cheques

It is a very practical step. When the person signs the cheque he knows by which date he has to maintain the minimum required bank balance and is therefore fully responsible to ensure that the account has sufficient funds. If the person has not maintained the required balance then hospital should fight the legal case to obtain it. There is an additional cost for the hospital in fighting a case to get the money. However, not doing so would prove to be more costly for the hospital in the long run. Service providers may think that fighting legal battle with a patient might go against principle of non-maleficence, but that principle is supposed to work together with principle of beneficence to provide net gain for the patient in therapeutic relationship not for stopping seeking a legal remedy when defrauded. The person who is genuinely distressed financially to ensure the required bank balance could always inform the hospital and buy more time or pay in smaller instalments. It would be very sensible on part of the hospital to allow grace period.

4. Use personal means to recover money

It seems fair for one to use known contacts and relationships to recover the money. Bawaskar and Bawaskar mentioned that a politician had helped them recover money in one of their cases. It is very difficult for any provider to influence every defaulter through such personal relationships. It has been documented that even big banks have successfully used men with muscle as loan recovery agents.(6) However such a forceful intervention by healthcare organisations can be seen as breaking the principle of non-maleficence, as the recovery happens in the shadow of a threat of harm.

5. Cross subsidise from other areas of a hospital

There are few departments like pharmacy, operation theatres, private wards etc which are profitable and some departments which do not generate enough money like the general ward, counselling etc. One might cross-subsidise emergency services from other areas of hospital. One can justify a case for cross-subsidy using the principle of justice. It need not be a blanket cross-subsidy for all emergency patients, as that would make it unjust for others in non-emergency situations who are footing the bills. However, practically this could help cover costs for those who cannot pay. It might marginally increase the cost for others but this could be justified for the good cause of saving lives.

6. Ignore the money aspect and provide service.

One could take an idealistic stance and say that the principle of beneficence is of paramount importance and preservation of life is an absolute obligation. However, if the money aspect is ignored fully, in the long run the hospital would not be sustainable and would close down. The loss to a community when a rural hospital shuts down is enormous. Sacrificing benefits for many in the community to facilitate benefit for a few patients in emergencies is not justifiable. The utilitarian principle cannot be trumped by ethereal idealism. One cannot ignore the monetary aspect, if the principle of justice is to be upheld.

**Discussion:**

Medicine has become a healthcare industry and the doctor-patient relationship has become a service provider-client relationship. The expectations of people are increasing even in rural areas.  They not only want good quality services, they want their desired outcomes. They however fail to realise that there is a cost to the running of services. Medical emergencies create constraints requiring deeper thought to the principles we need to follow. It is quite clear that there are no easy solutions. Each option is riddled with complexity. However we could agree on a few things.

The bottom line is, we must do whatever is a legal obligation. However, we as individuals and institutions should try to go beyond that and do whatever is possible and feasible. Being led by the principle of beneficence, hospitals should have the motive to serve people including during emergencies regardless of ability to pay upfront.

Those patients who take services from the private sector also have the responsibility to pay for the services and cannot expect or demand all services as a ‘right’. Even if we consider health as a human right, we should note that the obligations are supposed to be on state parties and are limited on private hospitals and moreover the minimum entitlements are unclear. Patients however have a right to choose an upscale or downscale of treatment so long as they bear responsibility to pay the bills and accept the outcomes.

The service providers should use their judgement to differentiate those who cannot pay and those not willing to pay and deal with the situation appropriately. They should realise that patients are willing to pay more during crisis and not after crisis abates. They should look for creative ways for getting financing. It is unethical to use the imbalance in knowledge to scaremonger patients to make money through needless investigations and interventions; however it is perfectly acceptable to be paid for appropriate services that were provided.

Private hospitals are seen as institutions driven by profits, when in reality some hospitals may have a vision for education, service and research and not just generate a surplus. Society needs organisations which practice medicine ethically. If such organisations are pushed to pick the principle of beneficence, they will not sustain. If such hospitals close, many needy deserving patients would be denied of medical services. This would go against principle of justice. We may have to make tough choices at an individual level to sustain our services for serving the larger population.

We should note that government is unable to provide services at the quality and quantity that is required. It is because of this, that patients who truly cannot afford to pay for private healthcare services have no option but to go to private providers. They resort to finance from local money lenders during a crisis and then fall into a debt trap. It is to prevent this fate that Bawaskar and Bawaskar had to give treatment on credit and face the difficulty of non payment. They would not have had the problem if the government-run health system was strong.

In addition to running robust health services through primary health centres, district hospitals and medical colleges, government can also reimburse private hospitals the bills for certain emergencies, as the Delhi government proposes to do, towards the cost of treatment for medico-legal road accident victims at pre-approved rates.(7) Government aided health insurance schemes like Rashtriya Swasthya Bima Yojana should get wider coverage. (8) Government should regulate the health sector to make the system ethical and of good quality. It should not shirk the obligations upon it and rub it onto the private sector and make the private sector unviable. Consider the Delhi government proposal in the new law that a 50 per cent waiver on the bill should be given if the patient died within six hours of being brought to the hospital. Even though this sounds very empathic, it is quite uninformed regarding implementation and long term viability. The same law however tries to protect hospitals from patients who have not paid the bills by allowing them to take legal action against the family. (9) The wider availability of smart-phones, high speed internet, internet banking, mobile wallets, credit cards is bound to make transactions easier for those with money but for those without money government and a just civil society should always lend their hands.

**Conclusion:**

We do not have any easy solution to the question Bawaskar and Bawaskar have raised. We should be led by the principle of beneficence in providing care even during emergencies. We should try our best to get resources to provide care for those who cannot pay. We should actively find ways of making people who can pay to pay, so that we can do justice to others. We should however stop short of providing services at a cost that could bring an existential threat to our service as a whole.

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