Introduction:

I have immense respect and appreciation for doctors like Dr Bawaskar, who despite all odds have persisted in their call to a serve rural India. Dr Baswaskar raises 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. 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. 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.

Problem:

If we have a look at the situations that Dr Bawaskar described, the scenario can be summarized in the following manner.

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

Options and ethical dilemmas:

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.

1. Refusal of treatment

This option seems inhuman. It is also illegal as there is a law prohibiting denial of emergency care for the lack of money.  It raises an important question of where does humanitarian response end and responsibility as a private service provider begin. Who sets the minimum standards? Are there any? Does the minimum standard depend on the provider’s capacity? The lack of clarity is big enough for people to avoid legal trouble but it does not clear the ethical dilemma.

2. Separate the pharmacy services from regular service

People are more likely to pay for products than services. Patients may not realize the value of a product till they experience the purchase. If life-saving medicines are provided to ICU directly, the caregivers see it as a services received. If they were to get the products from pharmacy, there will be a better understanding about cost. However ethical issues of payment at the pharmacy counter would remain.

3. Insist on payment

Although it seems to be practical, this option seems inhuman as it puts pressure on caregivers when they are already stressed with the patient’s grave condition. Some people elude the payments in these emergency situations. However the same family is able to pay in advance in the city or settle bills in some other hospitals raises questions on the integrity of the such people who might be exploitating the benevolence of the service provider.

 3. Take postdated cheques

It is very practical. There is responsibility on the person signing the cheque to ensure that the account has funds. However if the person has not maintained the required balance then there is an additional cost for the hospital in fighting a case to get the money. Hospitals may also not want to project that image of fighting a case against family of a patient.

4. Use personal means to recover money

It seems fair for one to use known contacts and relationships to recover the money. The vignette had a politician who helped them recover the money. People have successfully used men with muscle as loan recovery agents. Use of such a forceful intervention by healthcare organization can be seen as breaking the principle of non maleficience. There are cost implications in this method as well.

5. Cross subsidize from other areas of 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 counseling etc. One might cross-subsidize emergency services from other areas of hospital. The principle of justice can be used to make a case of such cross subsidy. However it would increase the costs for other patients. Is a patient with chronic disease of any less value than one in a medical emergency? Principle of justice could cut in both ways.

6. Ignore the money aspect and provide service.

If money aspect is ignored fully, in the long run the hospital would not sustain and would close down and in the worst case scenario it might have debts to clear. The loss to community when a rural hospital shuts down is enormous. Benefits for many in community cannot be sacrificed for benefits for a few patients in emergencies. One cannot ignore the monetary aspect, if the principle of justice is to be upheld.

Discussion:

Medicine has become healthcare industry and doctor-patient relationship has become a service provider-client relationship. The expectation of people is increasing even in rural areas.  They not only want good quality services, they want their desired outcomes. They however fail to realize 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 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. Is that not the application of 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 private sector also have 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 realize 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 organizations which practice medicine ethically. If such organizations 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 larger population.

Conclusion:

Do I have easy solutions for Dr Bawaskar? No. However I wish he continues to stay in the same place and continue the yeoman service his team is offering. He should continue to go beyond the legal obligations on him following the principle of beneficence, however he should stop short of providing services at a cost that could bring an existential threat to the hospital.

Dr Dheeraj Kattula

Assistant Professor of Psychiatry

Christian Medical College Vellore

TN 632002

[askdheeraj@gmail.com](mailto:askdheeraj@gmail.com)

Mob: 8220498458