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ABSTRACT **Background** – Health remains as one of the most important parameters indicating progress and prosperity of the nation. The study for analysis of the backdrop was undertaken in 2016 in different areas of urban as well as rural population in Agartala, Tripura state of the north-eastern region of India. The focus had been the expectation and level of satisfaction and benefit offered to health care seekers from the health care institutions, also to find out pitfalls and effectivity.

Aim - The Aim of the study was to find the preventable causes of deficiencies and their rectifications within the existing framework to ultimately curtail cost burden of the general Indian community.

Study Method – A relevant questionnaire was prepared distributed among 300 people comprising of patients and their relatives on issues generally faced to achieve effective health care.

Analysis – Patients and their relatives were generally not satisfied with the health care supports, 91% did not receive over all advice on preventive aspects, 65% opined on diagnostic tests as costly in different sectors, 77% of pregnant woman were briefed on benefits of L.S.C.S. and delivery whether indicated or not causing direct imbalance on family budgets. However 28% were generally satisfied on health care as it was within their means.

Conclusion – Simple changes on health care can transform the existing burden faced by the common man. Effective delivery of available knowledge has been analyzed for care and cure by providing expected input for desired output.

KEYWORDS : Expensiveness, Knowledge, Integration, Prevention, Rectification.

Introduction- It has been regularly noticed that health care activities that include provider and provision for the health seeking population has been facing problems. So the considering preventable factors governing the provider and provision have been the focus of attention. Years of analysis based on observation have resulted valuable suggestion as guidelines, which has also been formulated by the medical council of India keeping eye one General Indian Population.

Study Method- The basis of the study was setting a practical questionnaire based on facts regularly faced by the health seeker group. The target population was distributed the questionnaire that comprised of rural and urban segments. Questions were asked on whether they faced problem in hospitals including the types of problems. Whether preventive aspects of knowledge were imparted by the doctors in OPDS particularly on infectious diseases were probed in.

Questions were related to problems faced by the health care seeker population in regard to attending hospitals, on medicine prescribed its availability in hospital pharmacy, diagnostic tests, any disturbing factor or any foul play etc.

Questions were asked level of satisfaction in general, on whether they wanted to avoid hospital. Pregnant women of certain age group were asked on any past delivery, type of delivery with indication etc.

Analysis : 78% of patients and their relatives expressed negative and mixed reaction on health care supports in general. 65% of patients had to undergo too many as well as costly diagnostic laboratory tests. 91% of Patients did not receive enough related knowledge on preventive aspects, waste safety etc. while being prescribed or thereafter. 63% of Patients wished to visit known pharmacy shop to avoid hospital. 67% of pregnant women received advice for L.S.C.S. delivery whether indicated. 28% of Patients and their family members were generally satisfied on health care. 73% of care seekers of rural areas and 58% of urban care seekers opined on expenses that were difficult to bear. 78% had to purchase medicine etc. from the pharmacy, outside hospital.

Interpretation : The study after detailed analysis and interrogation revealed that economic factor was the main hurdle for most health care seekers. The purchase of daily family essentials had to be curtailed for managing health care of a family member. So, the most needed medicine was purchased avoiding other supporting drug prescribed. Even, half of the essential medicines were purchased to meet the financial situation of the house. For Patient of unorganized sector, even the major time of the day spent in the hospital queue adversely affected days earning for marketing expenses for family food etc. Under such

scenario as normally and continuously existent, prevention from sickness held the key that could achieve health and maintain a family. How to achieve health of the masses was therefore the most important aspect of research so that people would not frequently need to visit hospital and thus consequently reducing the expenditure and time involved. Creation of appropriate platform of knowledge rested mostly on health care providers. Health care of unorganized sectors of the community was a major issue. Most care seekers of such groups / sectors would not get reimbursement either. So seeking health care except in emergencies was usually avoided and the ill health for various reasons of capacitating nature continued for days and months. Many care needy visited pharmacy shops to purchase few tablets and that was all. When health situation was out of grip and no option left, they visited the hospital. This had been the mode of operation of most patients and their relatives.

Discussion : There exists continuous exploration on improvement of clinical competence¹ but the right attitude of provider though possessed probably does not find enough space and time because of day to day work load in most OPDs. Plans, achievements, successes, failures Lacunae and corrective steps are stated by learned editors in the editorial commentaries and editorial written by K. Sujatha Rao¹, B.S.Garg² and Rajeev Gupta³. Unfortunately, often, overlooked by researchers of various fields. These valued comments highlight on needs to ensure care in the right direction. Illness health care and total health care are two aspects and OPDs need to provide the narrower former as well as larger latter. According to the author, the various ways to learning that in listening, observing, reading and delivering (LORD) can be made strong and effective through total health care only.

The MCI in the guidelines has emphasized that undergraduate medical education should be oriented towards health and community⁴. So a little transformation in the knowledge and attitude of delivery can make large difference for the population. Even the course is so designed that community medicine has one of the largest duration but in reality a prescription of drugs mostly take the shape as health care. Shridhar Dwivedi and Preeti Tyagi⁵ stressed the need for regulatory bodies governing education in various health disciplines to mandate the inclusion of integrative health in basic, advanced and post graduate training to deliver more coordinated health care. According to Dr. P.N. Venkat Rathnamma⁶ “Indian Health System the attitude of health Professionals towards integrative health care and complementary and alternative medicine (CAM) needs to undergo a significant change”.

Tracking Universal Health Coverage : 2017, Global Monitoring Report by World Bank and WHO⁷, jointly revealed that at least 10% of

household budget are drawn towards health expenses creating forced poverty. The report says that 100 million people are becoming poor in each year because compelling health expenditure. This is alarming and a stern warning to plan major modification and shift for up-gradation of preventive health care to lessen such enormous curative burden. According to Lucas Chancel⁸, Co-ordinator of the World Inequality Lab (WIL) has documented that the rich and the poor divide has risen in India since 1980's but the gap was much less earlier. The observation invites major changes in economic policies of the Government.

There are many health care providers who make bouncing effort to provide all possible remedy, within and even outside the duty hours in spite of heavy patient load. They are driven by values. They do not need to be reminded of the manifold responsibilities toward patients, the society, the community. Unfortunately, they too have enemies.

The seeker population firstly think of expenses and not health. They immediately visit if there is any health camp in the area which is a ready response for free service. So, the mood of the patient is to maintain health free of cost, though such arrangement is not full proof health but immediate care. Even the health camp should comprise of curative window and a preventive door for knowledge dissemination at the community level. Creation of interest of student groups can be much achieved by microscopic demonstration of Malaria, TB etc. etc. in health camps so that the session casts a permanent impression on the fresh minds. This type of awareness campaign was initiated and undertaken by the author, as president of the NGO named "Hope Multi Services Society", Tripura and the resultant experience was a memorable one. Such practice was rewarding for the organizers and highly stimulating for the student groups particularly attending health camp on holidays in large number. The camp continued from morning to evening. The local groups wanted extension of such useful even in the next day as the interest evoked was very good as narrated. Many students even enquired to pursue laboratory course, how and where to further enquire. So the gain was of not only short term but also long term nature on health cared.

Suggestion and Conclusion : The author feels an urgent need of a preventive OPD in hospitals for preventive advice to appropriate refund patients. The doctor and other staff can apply preventive, promotive, restoratives and rehabilitative aspects of knowledge through such OPD outlet, a rich input for total health with humane touch. Such steps could prevent household and community spread and transmission also knowledge on reservoir, the vector patterns, hosts and waste disposal etc. It teaches to prevent spread of epidemics, to effectively prevent breeding sources, to purify drinking water to fill, level and drain logged water always shines as habitual health if adhesive knowledge is applied and evaluation practiced by the people themselves. The need for hospital health care would thus decline. Likewise, the decline on Patient load of the hospital would be achieved as prevention is easier, wiser and cheaper than cure if health and many other departments act with harmonious strategy.

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