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A worthy dream

I am a bit of a dreamer. And that's one of the reasons I am able to do this show. I dream that one day we will be living in a country where things will be different. I dream that one day, in our country, the rich and the poor will both get the same good quality healthcare. To many it may seem like a totally impractical, and an unachievable dream... but it's a dream worth dreaming... and one that has every reason to come true. Irrespective of whether you are rich or poor, when you lose a loved one, the pain is the same. To watch my child suffer and die while I am unable to do anything because of an incurable disease is truly sad.

But, if there is treatment available which can save my child, but I am unable to save my child because I can't afford it, and can only helplessly sit by and watch my child die... that is unimaginably tragic.

What is stopping us from having a great public healthcare system?

A number of us pay our taxes. Some of us don't. And most of us don't earn enough to be required to pay direct taxes. Then, there are indirect taxes. A host of indirect taxes are also collected by the State. Each time we buy something — salt, sugar, tea, anything — we pay some tax or the other. So, it turns out, that the poor are after all paying for public healthcare too. Only they don't get proper healthcare services in return. Less than 2% of our Gross Domestic Product (GDP) — 1.4% to be precise — is allotted to public healthcare.

Why?

Dr Gulati, one of the guests on our show, and someone who has been working in this area for years, said, that it should be at least 6% for a very basic level of public health facilities. I am neither an economist nor a doctor, but I would prefer to err on the safer side and say 8% to 10% is what it should be.

What is the point of having a great GDP if as a society we are not healthy? Economic strength will come only if we are healthy, and it will be of some use only if we are healthy enough to enjoy it.

Importantly, health is also a state issue and each state collects only indirect taxes. Why isn't more of our money spent on making more public hospitals, and more importantly, on public medical colleges? Why are there not enough public medical colleges with attached public hospitals across each state?

With a vibrant young population, more public medical colleges is the need of the hour. But it seems the government at the Centre, and all the state governments, are concentrating less on opening government medical colleges. Therefore, the great need of young students wanting to become doctors is getting filled by... you guessed right... private medical colleges, many of who I am told charge Rs 50 to Rs 60 lakh as unofficial donation.

In most cases, private medical colleges are springing up as businesses. Many of them don't even have proper running hospitals attached to them, which is mandatory. I sometimes wonder about the competence of the

doctors coming out of many of these private medical colleges.

We need to insist to our state governments, and the central government, that we want more public hospitals with attached public medical colleges. Private hospitals are most welcome, but let's concentrate on our public healthcare system and make it so strong that private hospitals have to work harder to compete, and, therefore, we as a society get better healthcare services.

When a student sits for his/her MBBS exams and is asked to name the drug that is to be prescribed for a patient suffering from diabetes, he might write 'glimeperide'. This is the salt commonly used to treat diabetes. When that same student becomes a doctor and a patient suffering from diabetes comes to him for treatment, he might prescribe the medicine Amaryl. So is that young doctor giving the wrong medication? No. Amaryl happens to be one of the brand names by which the salt 'glimeperide' is sold. So what is the difference between the two, apart from the names? Well, a strip of 10 tablets of Amaryl costs around Rs 125, and a strip of 10 tablets of the salt 'glimeperide' costs Rs 2. Both are essentially the same thing. We pay approximately Rs 123 more for the brand name.

Here are some more examples:

The common cold is one of the most prevalent illnesses. The salt name of the medicine used to tackle the common cold is 'cetirizine'. Now, the manufacturing, packaging, transportation costs of this generic medicine, including a decent margin, is Rs 1.20 for 10 tablets. But the branded version of the same medicine, for example Cetzine, costs over Rs 35 for 10 tablets.

A common injection used to treat blockages that cause heart attacks is 'streptokinase' or 'urokinase'. These injections cost Rs 1,000; in their branded form they cost over Rs 5,000 in the market.

Malaria is a big killer in India especially among children. A critical injection that is used to treat resistant malaria is available at, as little as, R25 for a pack of three injections. However, the branded versions of the same injection costs Rs 300 to Rs 400.

In cases of diarrhoea, another big killer of children in India, the vomiting that causes dehydration can be stopped with a medicine whose salt name is 'domperidone', which is available at Rs 1.25 for a strip of 10 tablets. The same medicine in its branded version Domstal sells at Rs 33.

How can our poor, or for that matter even our middle class, afford medication?

Generic medicines is the answer.

In this regard, we have to applaud the efforts of the Rajasthan government. It has set up shops selling generic medicines across the state in an effort to make good quality medicines available to people at the lowest possible rates.

Roughly 25% of all the ailments go untreated in India because of financial reasons: think of the difference generic medicines can make to every Indian. If the Rajasthan government can do it, why can't other state governments do the same?

One interesting piece of information: the ministry of chemicals and fertilizers offers Rs 50,000 to anyone wanting to open a shop selling generic medicines, and at their discretion they also sometimes offer space to open such a shop. Looks like my dream of good quality public healthcare being available to rich and poor alike may be possible after all.

PS: Can our doctors please write out the generic name of the medication when they write out our prescription, and allow us to choose the brand... or not.

Jai Hind. Satyamev Jayate.

Aamir Khan's column will appear every Monday

The views expressed by the author are personal

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