



Unregulated and Unaccountable

How the private health care sector in India is putting women's lives at risk

Decades of appallingly low investment in the public health sector has left India with a crumbling health system which is unable to meet the needs of its citizens. Despite efforts in recent years to strengthen the public health system – most notably through the National Rural Health Mission - India has one of the lowest levels of government investment in health in the world, with just four countries (Afghanistan, Chad, Guinea, and Myanmar) allocating a smaller share of their overall budget to health. In 2010, government expenditure on health was just one percent of GDP.

The gap left by the public health system combined with a government policy of proactively promoting the private sector has led to the proliferation of private health providers which are unregulated, unaccountable, and out of control.

From initially providing eight percent of India's healthcare facilities in 1949, the private sector now accounts for 93 percent of the hospitals and 85 percent of doctors.¹ Presently, the private sector provides 80 percent of outpatient care and 40 percent of inpatient care. The number of elite private hospitals in India has ballooned in recent years and health tourism has become big business. But such first class service comes with a high price tag and is out of reach for the vast majority of Indians. Instead, poor people become dependent on unqualified drug peddlers, fake doctors (quacks), and unlicensed shops that are largely unregulated and present a serious threat to people's health. As many as a million unregistered, untrained health providers may be practicing in India today.

Private spending on health in India - mostly in the form of out-of-pocket payments - is among the highest in the world. According to the Indian government's National Rural Health Mission Framework, "More than a trillion rupees (equivalent to over \$17bn) is being spent annually as household expenditure on health, which is more than three times the public expenditure on health." Out-of-pocket spending on private health care is a major cause of household debt and pushes millions of Indians into poverty each year.

In the private sector, there is a financial incentive for doctors to carry out procedures regardless of whether or not there is any benefit to the patient. Scandals of corruption, unethical practice and human rights violations frequently break out in national newspapers. When the private sector provides health services on behalf of the state it can make it more difficult for citizens to hold their governments to account and to seek justice.

There are a number of avenues through which the government has promoted private sector growth in health. Large private hospitals have been given incentives to enter the market

¹ S. Khandekar (2011) 'Health Care within the common man's reach', Prayas, 2011; (01):21, http://socialprotectioncommunity.in/wp-content/uploads/test/2011/10/prayas_final_updated-email.pdf

through generous land concessions. In many cases this is on the condition that private hospitals provide a proportion of services free of charge to the poor (usually around 25 percent). However, very few hospitals abide by the rules and most continue to charge exorbitant fees to even the poorest patients. In 2007 the Delhi High Court directed private hospitals in the city to provide free treatment to the poor, but 10 of the biggest private hospitals challenged the ruling. In a landmark case last year the Supreme Court dismissed the challenge and ordered the hospitals to provide 10 percent of outpatients and 25 percent of overnight stays free of charge.

A worryingly large number of private providers are exploiting the lack of transparency and regulation, causing damage to people's health. In 2011 research into standards of care in small, private hospitals (with less than 30 beds) in Maharashtra state highlighted the extent of the problem. Of the 261 hospitals visited, more than 50 percent did not have a single qualified nurse and many hospitals were found to be recruiting unqualified and untrained nurses. 146 hospitals provided maternity services yet 137 did not have a qualified midwife, and though most claimed they provided emergency care, including Caesarean section, only three had a blood bank.²

In spite of these problems, the Indian government has continued to engage with the private health sector, as reflected in the myriad of public private partnerships which exist in India. In view of the present debate in India around Universal Access to health care many public health experts feel that any engagement with the private sector has to be guided by clearly defined principles including: ensuring a cashless service to the poor, no transfer of investment into private sector, and that public private partnerships should exist to complement the public health system not substitute it.

Case study: private clinics exploiting poor women for a profit

Women from poor communities in India are being left with crippling debts after being deliberately misled by private clinics to have unnecessary hysterectomies and caesarean births, procedures that come with huge price tags and high medical risks. In Dausa, a district in the rural interior of Rajasthan, thousands of women have been subjected to unnecessary hysterectomies³ by doctors looking to make a profit at their expense. Women from the most discriminated low castes and poor economic backgrounds are being targeted because access to free government healthcare is very limited and illiteracy rates are high.

Durga Prasad Saini, an advocate for a local NGO in the area, said: "Whatever abdominal stomach problems they are coming to doctors with, the doctors make them scared that they have cancer and are going to die. They mislead them to undergo surgery even though it is not necessary and scare the women in their greed for money."

The NGO filed an RTI (right to information) case to try to get to the bottom of the problem. Only three of the five clinics provided the information but the results were shocking. Nearly 70 percent of the women investigated had had their uterus taken out. The RTI also revealed a large number of the women who had undergone the procedure were under the age of 29, with the youngest being just 18 years old.

Despite the fact that complaints have been made to the police and local government, no action has been taken to investigate. A special committee, which included leading gynaecologists from Jaipur, was set up over a year ago but to date none of the affected women have been visited by committee members or had their testimonies heard.

38 year old Kaushalya, like most of the women in the villages of Dausa district, works as a farm labourer. She was told she must have a hysterectomy when she visited the clinic with stomach pains. She was charged 30,000 rupees for the operation (around \$540).

"I went to get medication and have a check up. Because the government hospitals are far away I went to a private clinic. They didn't check me, they didn't give me any medication. But they gave me an injection and performed an operation. Even though I only had a tummy ache, they took my uterus out. I still have the same stomach pain I had before. I can't work, I can't lift heavy things. Being a poor farmer I don't have any money, so I had to borrow money. So far I have not even been able to pay the interest."

² CEHAT (2011) 'Healthcare in the Private Sector: A Study of Private Hospitals in Maharashtra', <http://www.cehat.org/go/uploads/Publications/PrivateHealthSector.pdf>

³ Akhil Bhartiya Grhak Panchayat, a local NGO in Dausa district, Rajasthan, found evidence of 2000 women who had been subjected to medically unnecessary hysterectomies

Dr Narendra Gupta from Prayas, a partner organisation working with Oxfam India, said: "Subjecting women to unethical, unreasonable and unnecessary hysterectomies or Caesarean sections for financial gain is a violation of human rights and most awful form of gender based violence. The mass hysterectomies by private hospitals in Dausa is a wicked act, but such malpractices are happening in other areas as well."

Other evidence from Dausa District:

'The uterus removal of 226 women in Rajasthan was a bestial act' [17 April 2011]
<http://www.write2kill.in/critiques/justice/814.html>

On Saturday April 16, it came to light that four private hospitals in the state's Dausa district removed the uterus of 226 women last year and earned about Rs 14,000 from each patient. One of the women who underwent the surgery told a news agency: "I had a constant stomach ache and they removed my uterus, but the pain did not go. Then I went to Jaipur for treatment and it was found that I was wrongly operated upon." Another said: "The doctor asked me to get my uterus removed, otherwise I would die. So I underwent the operation for which we spent about Rs 15,000. I am still not cured."

The broader hysterectomy story

The case in Dausa is just the latest of a growing number of horror stories about women being deliberately misled into having hysterectomies by the private sector in India. Across the country thousands of women are undergoing expensive and often unnecessary operations, with serious consequences for their health. Overly high rates of Caesarean sections and hysterectomies in the private sector have been widely reported in the Indian media.⁴

Hysterectomy is the surgical removal of the uterus, a major operation which should only be carried out as a last resort where there is real medical need. After undergoing a hysterectomy women may suffer from a range of side effects including hormone imbalance, loss of interest in sexual activity, and illnesses that result from an overall weakened body. Unnecessary hysterectomies may have long-lasting negative consequences for women's health.

Hysterectomies are expensive and for unscrupulous doctors the potential financial rewards are huge. In most cases women have to pay private providers directly. Poorer women who cannot afford the fees up-front may be forced to turn to money-lenders, plunging their families into debt. A study by a non-profit organisation, AP Mahila Samatha Society, in 2009 found that the introduction of insurance has made things worse. Since the advent of a government health insurance scheme for the poor called Aarogyasri, doctors are being reimbursed directly for hysterectomies and have a financial incentive to carry out more operations. Their study of over 1,000 women in Andhra Pradesh found an increase of 20 percent in hysterectomy cases since July 2008. They also reported that doctors had told 30 percent of the women that they would die if they did not have the operation.⁵ A few months ago the Chhattisgarh state health department initiated action against 22 nursing homes which were carrying out hysterectomies without legitimate medical reasons in order to claim money from the national health insurance scheme, Rashtriya Swasthya Bima Yojana (RSBY).⁶

All too often less expensive non-invasive options are not explored, with private doctors preferring to opt for full hysterectomies instead. In interviews, doctors said they often carried out medically unnecessary hysterectomies due to women's insistence on having the procedure. However, the women interviewed believed that the same doctors were driven by a profit motive: "There are doctors who do it for money only ... Yes. It is there in many places. At many places they do the operation for money. Nobody gives true advice. If we go to the government hospital, then we get good advice. But not in the private hospital."⁷

Increasingly these surgeries are being carried out on younger and younger women. A 2011 study of more than 3,000 women in the Guntur district of Andhra Pradesh found that nearly 15

⁴ August 2010. Womb removal: Andhra's big medical scandal, <http://www.ndtv.com/article/india/womb-removal-andhras-big-medical-scandal-47462>

⁵ Moyna. Menopausal 20-somethings. Down to Earth. 15 June 2010. <http://www.downtoearth.org.in/node/668>

⁶ July 2012. Chhattisgarh doctors remove wombs to claim insurance <http://www.hindustantimes.com/India-news/Chhattisgarh/Chhattisgarh-doctors-remove-wombs-to-claim-insurance/Article1-890216.aspx>

⁷ August 2010. Womb removal: Andhra's big medical scandal <http://www.ndtv.com/article/india/womb-removal-andhras-big-medical-scandal-47462>

percent had already undergone a hysterectomy. The vast majority of the women used private facilities and the average age at which hysterectomy was done just 24 years.⁸ Similarly, research conducted by the non-profit organisation Life-HRG, found that of 171 hysterectomised women 60 percent had hysterectomies before the age of 30. A staggering 85 percent of the women who had undergone hysterectomies were illiterate. The study shows that women were being actively pushed towards unnecessary hysterectomies especially by private medical practitioners as well as village health workers who received an 'honorarium' as payment for their referral services. It also exposed major problems with the standard of care. For the 162 cases that were done in local private hospitals, nearly 46 percent of the women received no briefing prior to the surgery. The discharge summary notes were mostly blank with no information about procedure done or the follow up instructions. Half of the women admitted that they are suffering from complications and 25 percent are still suffering from abdominal pain, the problem that the surgery is supposed to have addressed.

These cases occur against a backdrop of a severely under-funded public sector and a booming private sector which has been largely left to operate in the absence of any kind of regulation or quality control. It is clear that the case in Dausa is not an isolated incident but part of a bigger and more worrying trend of private providers exploiting poor women for profit.

Until the problems of India's vast and largely unregulated private sector are tackled head-on it is inevitable that more women will be forced to pay for hysterectomies which are not only unnecessary but also dangerous to their health. It will be the poor women who are exploited for profit who will ultimately pay the price.

Oxfam's call to action

In line with the recommendations of a recent Planning Commission of India high level expert group report, Oxfam is calling for the government to prioritise strengthening and scaling up of government health care which is universally available to all citizens. The public health care system must be designed to promote community participation in planning and monitoring of health services to improve accountability.

Oxfam wants immediate action to regulate private providers and cease further promotion and funding of Public-Private Partnerships until regulation is enforced and quality and equity performance standards are shown to have improved. Private hospitals, nursing homes and other clinical establishments must be properly standardised to improve rationality of care, regulation of fees, and to uphold patient's rights.

Oxfam calls on international donors to support evidence-based strategies to expand government provision of health care and not promote scaling-up of private-sector health service delivery in low- and middle-income countries. The private sector's role needs to be clearly defined and regulated and donors should work with governments to strengthen their capacity to regulate existing private health-care providers.

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⁸ Y.R. Padma (2010) (professor of demography at the Indian Institute of Health and Family Welfare, Hyderabad) 'Hysterectomy: a neglected issue in reproductive health care a gender perspective', [presentation], <http://www.docstoc.com/docs/36495178/Hysterectomy--A-Neglected-Issue-in-Reproductive-Health>