The democratisation of healthcare is an integral part of Public Health principles – Some examples from a Medical College affiliated hospital, Chandigarh

Amarjeet Singh[1]

[1]*School of Public Health, Post Graduate Institute of Medical Education and Research, Chandigarh*

Email ID: dramarjeet56@gmail.com

Submission: 27.02.2022 Publication: 04.05.2022

https://www.doi.org/10.56136/BVMJ/2022_00025

Globally, the health care delivery system is in the process of transformation. So far, the physicians have been treating patients through physical visit based in-person encounters in hospitals. But, navigating hospital services is quite complex for patients. The health care access process often leaves patients feeling dissatisfied. They expect a better user experience. British Medical Journal reported in 2018 that optimal doctor-patient communication in overcrowded Out Patient Departments (OPD) is often compromised in India, adversely affecting patient care, workload, and stress of doctors[(1)]. Due to this, specialists have to waste the bulk of their time addressing the routine health issues of patients.

Adopting a health-promoting hospital approach can be useful in resolving this issue by enhancing patient satisfaction[(2)]. Empowering the patients as well as their caregivers on self-care through proper counseling and health education facilitates adherence to the advice given to them.

Lately, there have been discussions about the participation of the patients and their families in their own care through the democratization of healthcare in hospital settings[(3)]. Patients and their family caregivers are quite underutilized resources in health care systems. In fact, patient-engagement efforts have not been integrated into the fabric of everyday life. This necessitates the need to create a 'health culture' that seeks to change their behavior. Over the last two decades, globally, new concepts have emerged about doctor-patient interaction, viz., devising strategies to foster patient as well as person-centered health care by emphasizing the creation of supportive social conditions in hospitals, social prescription, information therapy, care coordination, wellness promotion, effort to customize care to patient's needs, preferences. This approach seeks to design and implement an individualized therapy focusing on patients' problems. This way, doctors are required to give respect to patients as persons. The right of patients to self-determination is given due importance. During doctor-patient interaction, consideration is given to two-way communication and eye-to-eye contact with empathy.

The bulk of the routine issues in health care are shifted to the public domain from the erstwhile, rather esoteric medical jargon-ridden paradigm. The paternalistic position of the doctors as prescribing authority is slowly getting metamorphosized to an 'adult-adult' ego state dialogue initiators, as per the transactional analysis conceptual framework[(4-6)].

A pill-fixation mindset prevailing in our society forces people to expect a medicinal prescription for their maladies. The social prescription concept of wellness aims to encourage patients to factor in their needs and interests in the back-drop of their lifestyle besides the pill prescriptions.

It is a matter of coincidence that the above mentioned newer concepts of inpatient care were already being implemented in the Multi-purpose Behavior Therapy (MPBT) room project at a Medical College affiliated hospital, Chandigarh. The studies highlighted that bulk of the women's Gynecological health problems are amenable to easy resolution through non-medicinal therapies. This includes dietary and lifestyle changes, exercises, yoga, and meditation through training and counseling. The research projects created requisite evidence of the human body's self-healing power. It was possible to wean off the majority of the patients from their dependence on a medicinal cure. This protocol also endorsed the concept of salutogenesis. Wastage of the doctors' time in explaining routine queries of patients by stressing upon demedicalized management of many of women's health problems was successfully avoided. This was achieved via multidisciplinary counseling handled by non-specialists.

A unique feature of the MPBT room approach is that family members are actively involved during the counseling of the female patients, e.g., their relatives, mother-in-law, and husbands. Enough time is given to patients to address their queries adequately. Floor- and bed-based exercises are taught to them. They are educated on lifestyle changes. Techniques of meditation/yoga are also explained to the patients of Pelvic Organ Proplapse (POP), Urinary Incontenance (UI) & dysmenorrhoea. Pregnant women are counseled on self–care about minor disorders such as morning sickness, backache, cramps, fainting spells, heartburn, constipation, etc. Videos are shown regarding antenatal and post-natal care. Easy to understand IEC materials like- charts, flip cards, posters are displayed in the room. Laptop-based Information, Education and Communication (IEC) material is also given. Yoga and meditation-related counseling is also given as per the need. Every patient is given booklets on the relevant management

aspect of her problem-free of cost (Hindi/ English/Punjabi). Patients are followed up on the mobile phone to ensure compliance. WhatsApp groups have been used successfully. Essentially, MPBT room concept is an example of the success of teamwork of multidisciplinary nature in OPDs.

The concept of a healthy lifestyle is explained to them. Efforts are made to improve adherence to dietary counseling and weight reduction regime. A special set of floor and bed-based exercises are demonstrated individually in the room with a return demonstration.

The study demonstrated the feasibility of introducing a health promotion orientation in Gynaecology, Orthopedics, and Surgery OPDs. This was achieved by empowering women to manage their gyne health problems on their own. As a by-product, the workload of gynecologists was also reduced. They did not have to waste time to resolve routine issues of patients. Even the burden of care borne by the family members is also reduced.

Patients and their caregivers also boosted their confidence in self-management, taking charge of their own health, i.e., self-efficacy. In fact, the MPBT room enhanced the quality of care and hence the level of satisfaction of patients and their families. Naturally, patients were also happy when they were given a leisurely hearing in a hospital, something they were not accustomed to.

The use of mobile phones/laptops for video-based counseling also eliminated the need to repeat the same set of instructions by doctors/nurses to patients with similar complaints.

Demedicalization philosophy was explicitly demonstrated effectively in the MPBT room through behavior therapy/counseling. This proof can help in the empowerment of women. They were trained to control their reproductive health issues. The adopted protocol provided relief to them without using any medicine. This approach will surely wean-off people from the medicalized life popularized by the market forces.

A similar approach has been introduced in Orthopaedics OPDs of Medical College affiliated hospital, Chandigarh. A Randomized Controlled Trial (RCT) funded by Union Territory – Department of Science and Technology (UT-DST) (Chandigarh) was completed on mild to moderate knee osteoarthritis (KOA) patients. They were counseled on lifestyle intervention (a set of exercises, weight reduction, meditation, dietary modifications, posture correction, etc.).

Against this background, some health education materials on self–care in text form have been uploaded on the Medical College website, in 'Public Forum' under the 'Patient Empowerment' drop-down menu. The main focus was on gynecological disorders. Faculty, students, and staff from various departments of Medical College, and Punjab University, Chandigarh, played an active role in compiling these materials[7-16]. This one of its kind venture in India has the potential to popularize the successfully tested efforts of the faculty of Medical College, Chandigarh globally. Putting the MPBT room approach modalities in the public domain may allow people from across the world to use the uploaded material to apply the same for resolving their health problems. As a disclaimer, the patients are also advised to contact concerned doctors/departments for further guidance.

However, this approach has not been converted into practice in hospitals. There is a need to change the way hospitals function for this to happen. Adequate clinician time should be ensured to patients, who should be an integral part of shared care planning and decision making. An interdisciplinary team may be constituted for effective coordination and communication during clinical visits. Efforts should be made to develop patient education resources which are culturally and linguistically appropriate. This will help them to engage in their health care.

A drastic change in the mindset of health care providers is required. For this, there is need to change medical education and training.

In the 21st century, information technology is helping to make the democratization of health care a reality. Initially, the orthodox mindset forced most doctors to criticize and oppose the interface of Information Technology (IT) with health care provision. The covid-19 pandemic has actually catalyzed the rate and the range of this shift. The pandemic has served as the 'nudge' for this rapid transformation, the 'technology forcing[17].

Technology has disrupted nearly every industry, but healthcare has been slow to shift from its broad market orientation to a more patient-centric approach. The Fourth Industrial Revolution-based Innovations in healthcare [Mobile Health (mH), telehealth, and Artificial Intelligence (AI)] seek to bridge the gaps in the availability of services for all people[18].

ORCiD

Amarjeet Singh 0000-0003-0978-0907

References

1. Sharma M, Singh AJ and Dhillion MS. Spending time with patients significantly influences outcome of non-operative treatment of knee osteoarthritis. JPMER, 2015;49: v-vi.

2. Ahuja P K, Gupta AK, Jain B, Singh A, Bains P. Health Promoting Hospitals. In Health Promotion: Need for Public Health Activism Vol I, Singh AJ, Goel S and Kathiresan J.(Editors) Germany LAP Lambert Academic Publishing, 2013.

3. Anonymous. The Democratization of Health Care. Stanford Medicine Health Trends Report, 2018.

4. Murray, H Transactional Analysis - Eric Berne. Simply Psychology. Available at : www.simplypsychology.org / transactional-analysis-eric-berne.html. Accessed on : 7 September 2021.

5. Kaur T, Dudeja P, Sharma M, Jain V, Singh A. Impact of Running a Behavior Therapy Room for Various Categories of Urinary Incontinence Cases in Different Age Groups in Obstetrics-Gynecology Outpatient Department of a Tertiary Care Hospital. JPMER. 2014;48:159-163.

6. Sharma R, Dhaliwal LK, Suri V, Kaushal P, Singhal N, Rana AK & Singh AJ. Implementing a Life Cycle Approach through Establishment of a Multipurpose Behavior Therapy Room in PGIMER, Chandigarh for Enhancing the Fitness Level of Women. JPMER, 2017; 51:115-122.

7. Sharma R et al. "Bacchedani Bahar Ana-Prolapse Uterus", New Delhi, New Era International Imprints 2013.

8. Sharma R et al "Mahawari da dard- Bachaav atey elaaj" New Delhi, New Era International Imprints 2013.

9. Sharma R et al. "Mahilaon mein peshab leakage"(Hindi) New Delhi, New Era International Imprints 2013.

10. Singhal N, Singh A. Promoting Empowerment of Adolescent girls by Demedicalizing Management of Dysmenorrhea. Ind J Youth Adol Health. 2015; 2(4):1-3

11. Gupta R, et al. Managing common problems at puberty- A guide for adolescent girls, New Delhi, Century Publications, 2017.

12. Kaur I, Suri V, Rana SV Singh, A, Sachdeva N, Sahni N. Impact of Lifestyle Intervention for Management of the Modern Life Scourge of Polycystic Ovarian Syndrome among Girls – A Case Series. Ind J Youth Adol Health 2017; 4(3): 21-24.

13. Singhal N and Singh AJ. Promoting Empowerment of Adolescent Girls by Demedicalizing Management of Dysmenorrhea. Ind. J. Youth Adol. Health 2015; 2(4): 1-3.

14. Sharma M, Singh A, Dhillon MS et al. Conservative Therapy through Adequate Doctor Patient Interaction Improves outcomes in Patients Suffering from Mild and Moderate Knee Osteoarthritis. Int J Health Care Edu & Med Inform 2017;4(3&4): 1-2.

15. Kaur I, Singh A. Empowering Adolescent Girls to Manage the Impending Epidemic of PCOS. Ind J Youth Adol Health 2016; 3(2): 1-3.

16. Neha et al. "Garbhavastha se sambandhit sankaye ve unka samadhan". New Delhi, New Era International Imprints; 2015.

17. Singh A. The Broad Impact of Infectious Disease Epidemics on Human Civilization: A Public Health Perspective. In. Delineating Health and Health System: Mechanistic Insights into Covid 19 Complications (Editors : R. C. Sobti, Naranjan S. Dhalla, Masatoshi Watanabe, Aastha Sobti); 2021.

18. Renjen P et al. How leaders are navigating the Fourth Industrial Revolution, Deloitte Review 24, January 20, 2019.5.