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CHALLENGES TO PUBLIC HEALTHCARE: A MORAL THEOLOGICAL REFLECTION FROM THE INDIAN CONTEXT

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Abstract

Health as a fundamental good is to be preserved, protected and promoted by every human individual. To take care of one's own health and as far as possible that of the other is a moral duty of all humans. However, the health of the community is not solely dependent on individual healthcare. Here comes the importance of an efficient healthcare system in a country. Since public healthcare is a collaborative work, not only the specific healthcare professionals, but all citizens as well as social groups in the society can and have to contribute to the promotion of public healthcare in their own specific capacity and competence. India has a praiseworthy public healthcare system. However, it is not flawless. Disparities in public healthcare access, rising cost of healthcare, shortage of medical professionals, bribery, informal payment, private practice of public healthcare professionals, unethical practices in bio pharmaceutical industry, lack of newer technologies and medical facilities and issues associated with organ transplantation are some of the unethical practices in the present Indian public healthcare scenario. To remedy these, we need an ethics for healthcare based on the value of human life, the rights of the human person and social justice. Besides, understanding the nobility of the healthcare profession will help us to appreciate the service of healthcare workers.

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Introduction

Human life is the most fundamental good which God has entrusted to all human beings. The health of the individual is related to human life. As bodily life and health are goods entrusted by God to human beings, there is an obligation to take care of one's own health and that of others. Normally, the innate instinct for self-preservation makes people attentive to this duty.[1] However, as far as the health of an individual is determined and controlled by many factors, healthcare cannot be the duty of the individual alone. Here comes the importance of an efficient public healthcare system in a country, which can actively take up and coordinate all the healthcare initiatives in the country. The term public healthcare refers to the "art and science of protecting and improving the health of a community through an organized and systematic effort that includes education, provision of health services and protection of the public from exposures that will cause harm."[2] However, in India, it is generally conceived that "public health sector is supported with the public money and protected by a series of privileges regulated by law, while the private health sector should operate on private funding, obtained through fees, donations or other means of financial supports."[3] Since the subject under discussion is the challenges to public healthcare in India, public healthcare in this paper denotes the healthcare delivery system run by the government or the state in contrast to the private healthcare delivered by private parties.

As public healthcare is a collaborative work, not only the specific or appointed healthcare professionals, but all the citizens as well as social groups in the society can and have to contribute to, support and promote the public healthcare system in their own specific capacity and competence. India indeed has a well-established public healthcare delivery system, but it is not flawless. At this juncture, a

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[1] Karl H. Peschke, *Christian Ethics: Moral Theology in the Light of Vatican II*, Bangalore: Theological Publications in India, 2016 (Reprint), 252.

[2] L.S. Chauhan, "Public Health in India: Issues and Challenges," *Indian Journal of Public Health* 55, 2 (2011) 88.

[3] Daniele Giusti, Bart Criel and Xavier de Bethune, "Public Versus Private Health Care Delivery: Beyond the Slogans," http://ucmb.co.ug/files/UCMBdocs/Reports/ARTICLES/Article%20Public%20vs%20Private%20%20Giusti%20Criel%20De%20Bethune.pdf (accessed on 28 August 2018).

pertinent question to my mind is, "What is the role of Catholic moral theologians in India in the field of public healthcare?" Observations, experience and reflection on Indian healthcare reveal that it is important to have an ethical framework which can address various challenges and unethical practices. Thus, this paper is an attempt to understand the public healthcare in India, its achievements and challenges and finally to propose an ethical framework for the same.

1. Public Healthcare in India: A Bird's-eye View

The history of Indian healthcare system can be traced back to ancient Indus-Valley civilization around 3000 BCE. Later *Ayurveda, Unani* and *Siddha* systems of medicine came into existence and continued in India for many centuries.[4] With the arrival of Western Colonial powers,[5] there occurred drastic changes in the healthcare system of India. *Allopathy* system of medicine was introduced in the country in the 16th century and *Homeopathy* in the 19th century.[6] Hospitals, medical schools and colleges were established in different parts of the country.[7] Different commissions were appointed and Acts were established in order to facilitate the development of public healthcare system.[8]

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[4]George Joseph, John Desrochers and Mariamma Kalathil, *Health Care in India*, Bangalore: Centre For Social Action, 1985, 9-12.

[5]The history of the Colonial powers in India began by the arrival of Vasco Da Gama, a Portuguese Sailor, in Calicut in the Malabar Coast (present day Kerala State) on 20 May, 1498. The Portuguese extended their colonial rule in India from 1505 to 1961. Later the British also rapidly extended their power in India from 1612 to 1947.

[6]*Allopathy* System of Medicine was introduced by the Portuguese. *Homeopathy* also gained foothold in India immediately after its foundation in the beginning years of 1800s in Gernany by Samuel Hahnemann. See Joseph, Desrochers and Kalathil, *Health Care in India*, 9-12.

[7]The Portuguese founded the Royal Hospital in Goa between 1510 CE and 1515 CE, and later the Jesuit missionaries introduced basic general medical training programme at the hospital. The British also established their hospital in 1664 in Madras. In the second half of the 18th century, hospitals were established in the major cities of Calcutta (Kolkata), Bombay (Mumbai) and Madras (Chennai), and dispensaries in key centres of the country. A medical school was started in 1824 in Calcutta and was upgraded as college in 1835. See Sayed Amin Tabish, "Historical Development of Health Care in India," *Journal of Cardiology and Current Research* 9, 3 (2017) 1-4; also see Joseph, Desrochers and Kalathil, *Health Care in India*, 9-12.

[8]For example, British Royal Commission (1859), Sanitary Commissioners (1864) and a Public Health Commissioner (1869), Vaccination Act (1880), Plague Commission (1904), Central Malaria Bureau (1910), All-India Institute of Hygiene and Public Health (1930), Maternity and Child Welfare Bureau (1931), Madras Public Health Act (1939), Drug Act (1940), etc. The "Health Survey and Development Committee" (Bhore Committee), appointed in 1946 under the Chairmanship of Sir

Independent India adopted the Five Year Plan[9] as a model for the economic development of the nation and the development of public healthcare was an integral part of it. A number of expert committees were formed in view of adequate changes and expansion of the public healthcare infrastructure.[10] In 1978, India became a signatory of the *Alma-Ata* Declaration. [11] Universal Immunization Programme (1978),[12] National Rural Health Mission (2005) and National Urban Health Mission (2013) were unforgettable milestones in the history of public healthcare in India.[13] Having introduced the first National Health Policy in 1986 and a second one in 2002, India has now the third National Health Policy introduced in the year 2017.[14]

At present, medical care in India is a composite of different systems of medicine such as *Allopathy*, *Ayurveda*, *Homeopathy*, *Siddha*, *Unani*, *Yoga* and Naturopathy and *Sowa-Rig-pa* (*Amchi*) Medicine. Public healthcare in India is governed and regulated by the Central Ministry of Health and Family as well as the Ministry of AYUSH under the auspices of Government of India and their central and state level substituent units.[15] The public healthcare infrastructure of India

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Joseph Bhore was a landmark in the history of modern public healthcare undertakings in India. See Joseph, Desrochers and Kalathil, *Health Care in India*, 12.

[9]It is method of planning the economic growth of the country over a period of five year through various policies and action plans. India has launched 12 Five Year Plans so far.

[10]Some of the Committees of great importance are the Mudaliar Committee (1961), the Mukherjee Committee (1966), the Kartar Singh Committee (1974) and the Srivastava Committee (1975). See Somnath Roy, "Primary Health Care in India," *Health and Population* 8, 3 (1985) 137.

[11]On 6-12 September 1978, an International Conference on Primary Health Care was held in Alma-Ata (Now Almaty, Kazakhstan) attended by virtually all the member nations of WHO and UNICEF. The participants of the conference produced a declaration at the conclusion of the conference which expressed the need for urgent action by all governments, all health departments and development workers and the world community to protect and promote the health of all the people of the world. This declaration is known as *Alma-Ata* Declaration and it was the first international declaration of the kind.

[12] Ministry of Health and Family Welfare, Government of India, "Universal Immunisation Programme," https://www.nhp.gov.in/universal-immunisation-programme_pg (accessed on 25 August 2018).

[13]Department of Health and Family Welfare, MoHFW, *Annual Report 2017-18*, New Delhi: Department of Health and Family Welfare, 2018, 11-17.

[14]Ministry of Health and Family Welfare, Government of India, *National Health Policy, 2017*, New Delhi: Ministry of Health and Family Welfare, 2017.

[15]AYUSH is an acronym of *Ayurveda*, *Yoga* and Naturopathy, *Unani*, *Shiddha* and *Homeopathy*. It also includes *Sowa-Rig-pa* (Tibetan System of Medicine). Cf.

has a three-tier healthcare system which consists of primary, secondary and tertiary healthcare.[16] The infrastructure is envisioned to work based on a referral system.[17] India has got a well-known medical education system governed and regulated by various official bodies.[18]

India, as a developing country, has got remarkable achievements in the field of healthcare in the last few decades. "India has got the largest number of medical colleges in the world. It produces the largest number of medical professionals in the developing countries. India is the fourth largest producer of drugs by volume in the world."[19] Life expectancy which was 30 years at birth at the time of the independence of India (1947) has been raised to 63 years by the turn of the 21st century. Similarly, infant mortality rate declined from 129 in 1971 to 58 in rural areas and 36 in urban areas.[20] Maternal mortality rate also shows considerable reduction in the last few decades. Many communicable diseases such as plague, polio, tetanus, tuberculosis, leprosy, etc. are either eradicated or being controlled. A considerable part of the revenue of the nation is set apart for the development of the public healthcare system. A number of healthcare schemes are announced by the government from time to time in order to provide better healthcare to the society. The healthcare system in principle is accessible to all people, irrespective of the caste, creed, religion, colour, gender or any other discriminating factors. One who observes closely cannot simply neglect the substantial contributions which the healthcare sector in India has provided to the society.

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https://mohfw.gov.in/ (accessed on 13 December 2018). Also cf. http://ayush.gov.in/ (accessed on 13 December 2018).

[16]"Primary, Secondary and Tertiary Health Care," http://www.arthapedia.in/index.php%3Ftitle %3DPrimary,_Secondary_and_ Tertiary_HealthCare (accessed on 25 August 2018). Also see; M. Chokshi, B. Patil, R. Khanna, S.B. Neogi, J. Sharma, V.K. Paul and S. Zodpey, "Health Systems in India," https://www. ncbi.nlm. nih.gov/pmc/articles/PMC5144114/ #__sec2title (accessed on 28 August 2018).

[17]It is a system of transferring medical cases which are beyond the technical competence of one infrastructure to a higher level infrastructure/institution having technical competence and all other resources to provide desired health services.

[18]For example, Medical Council of India, Dental Council of India, Central Council for Indian Medicine, Central Council for Homeopathy, Indian Nursing Council and Pharmacy Council of India.

[19]National Coordination Committee, *Jan Swasthya Abhiyan*, "Health System in India: Crisis and Alternatives," http://www.mumbaidp24seven.in/reference/JSA_Health_system_in_India.pdf (accessed on 15 December 2018).

[20]Mario Vaz, "Ethical Challenges in Healthcare and Medical Research in India," in Shaji George Kochuthara, ed., *Moral Theology in India Today*, Bangalore: Dharmaram Publications, 2013, 533.

2. Challenges and Unethical Practices

Though there are remarkable achievements in the field, public healthcare in India is not faultless. The above given account of achievements does not indicate that India has reached its expected heights in the field of public healthcare. As Mario Vaz observes: "The gains in health are less impressive when they are compared to other countries in Asia. The data shows that, in some indicators, countries which are considerably poorer have made greater progress."[21] In addition, there are various challenges and unwanted elements even in the existing system itself.

It is a paradox that despite of all resources, the majority of citizens have very limited access to quality healthcare. About this paradox Lucose Chamakala says:

> There has been remarkable progress in the health care field and in public health in India during the last few decades. This gradual and steady growth can be seen in the ever increasing number of healthcare professionals, healthcare facilities and specialisation, the increase in the number of hospitals including super-speciality hospitals, the availability of highly advanced medical technologies and treatments, etc. However, many millions of people do not have the basic minimum requirements and determinants of good health. These determinants include an adequate and steady income, healthy nutrition, quality education, sanitation, safe drinking water and healthcare.[22]

2.1. Disparities in Access to Public Healthcare

According to World Health Organization, "health equity implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential."[23] But practically, public healthcare sector in India fails to ensure equity in healthcare. There remain considerable disparities in availability, accessibility and affordability of healthcare services in India.

There is a huge difference between public healthcare sector and private healthcare sector in terms of the quality of the healthcare provided. Often private healthcare providers offer superior care than public health professionals, though there are exceptions. It is evident in the accessibility and availability of medical professionals, drugs and facilities, service provided, disease diagnosis and treatment.

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[21] Vaz, "Ethical Challenges in Healthcare and Medical Research in India," 534.

[22] Lucose Chamakala, "Bio-Medical Ethics in India: Challenges Ahead," *Asian Horizons* 4, 1 (2010) 81.

[23] World Health Organization, "Health Equity," https://www.who.int/topics/health_equity/en/ (accessed on 19 December 2018).

Private healthcare is more advanced in terms of technology and infrastructures. But "the treatment and the care given in many government and public hospitals are very poor, unhygienic and often dehumanizing."[24]

There are also socio-cultural and geographical differences in healthcare access. As Alex Vadakumthala observes, in general, "the extent of access and utilization of healthcare services varies substantially among states, districts and different socioeconomic sections of the society."[25] Furthermore, there is a big difference between urban and rural India in the availability of healthcare services. According to the statistics, 68.84 per cent of the total population of India are living in villages. However, about 80 per cent of the health infrastructure, medical manpower and other health resources are concentrated in urban areas where only 31 per cent of the population live.[26] Most of the rural health centres face the unavailability of medicine including life-saving vaccines and physical infrastructures such as buildings, medical equipment, electricity, water, etc.

Gender discrimination is another disparity which is evident in the healthcare sector in India. Discrimination against women can be evident from the higher mortality rate of girl children. A high percentage of women do not receive health facilities during pregnancy.[27] It is found that the rate of admissions to hospitals vary dramatically with men visiting hospitals more frequently than women. Women have a lower share of bed-days in the hospital and hospital costs.[28] Older women and Dalit women are more prone to discrimination in healthcare and studies show that

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[24]Chamakala, "Public Health and Redeeming Human Dignity: Indian Christian Ethical Reflections," *Journal of Dharma* 35, 4 (2010) 397.

[25]Alex Vadakumthala, "Healthcare in the Face of Commercialization," in Baiju Julian and Hormis Mynatty, ed., *Catholic Contributions to Bioethics: Reflections on Evangelium Vitae*, Bangalore: Asian Trading Corporation, 2007, 52.

[26] Srinivas Goli, "Rural-Urban Divides in Health Status," https://www.researchgate.net/profile/Srinivas_Goli/Publication/233919730_Rural-Urban_Divide_in_Health_Status/links/0912f50cf1400c2bae00000/Rural-Urban-Divide-in-Health-Status.pdf (accessed on 10 December 2018).

[27] Manisha A. Mehrotra and Saumya Chand, "An Evaluation of Major Determinants of Health Care Facilities for Women in India," *IOSR Journal of Humanities and Social Science* 2, 5 (2012) 2.

[28]"Improving Women's Well-being Needs More than Access to Free Healthcare: Study," https://www.downtoearth.org.in/news/health/improving-women-s-well-being-needs-more-than-access-to-free-healthcare-study-61025 (accessed on 15 December 2018).

70.4 per cent of the Dalit women had problems in accessing healthcare.[29]

Another group of people who face discrimination is old age people. According to studies, 71 per cent of elderly persons are living in rural areas. Among them, majority are still working.[30] Elderly people have their own specific healthcare needs. Lack of transport facilities and the need of someone to accompany impede poor elderly to have access to healthcare centres. Moreover, geriatric healthcare is a relatively new branch in India and there are only a handful of medical personnel professionally trained in this field. Also, only very few hospitals have facilities for geriatric healthcare.[31]

2.2. Rising Coast of Healthcare

Indian families spend a large portion of their income on medical care. According to the report of National Health Account Expenditure 2017, the Total Health Expenditure (THE) per capita is Rs. 3826 in which 62.6 per cent is Out-of-Pocket Expenditure.[32] Though the medical expenses in India are low compared to many developed countries, for the poor in India, many treatments are still unaffordable and inaccessible. Out-of-pocket expenditure is very high in the case of cancers, injuries, cardiovascular diseases, genitourinary conditions and mental disorders.[33] India is one among the largest producers of medicines, however a large portion of the Indian population is denied of these medicines due to the high cost of medicines produced in India itself. Based on some recent research

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[29]Shazia Nigar, "India's Dalit Women Lack Access to Healthcare and Die Young," http://www.atimes.com/article/indias-dalit-women-lack-access-to-healthcare-and-die-young/ (accessed on 12 December 2018).

[30]66 per cent of elderly men and 28 per cent of elderly women were working, while in urban areas 46 per cent of elderly men and about 11 per cent of elderly women were working, clearly showing that they are under poverty line. See Saba Khan and Malik Itrat, "Current Issues in Geriatric Health Care in India—A Review," *Journal of Community Medicine and Health Care* 1, 1 (2016) 1-2.

[31]Lucose Chamakala, "Health Care in India: A Few Contemporary Challenges," in Shaji George Kochuthara, ed., *Moral Theology in India Today,* Bangalore: Dharmaram Publications, 2013, 565. Also see Gopal K. Ingle and Anita Nath, "Geriatric Health in India: Concerns and Solutions," *Indian Journal of Community Medicine* 33, 4 (2008) 214-215.

[32] National Health Accounts Technical Secretariat, *National Health Accounts Estimates for India, 2017*, New Delhi: National Health Systems Resource Centre, Ministry of Health and Family Welfare, Government of India, 2017, 11.

[33]Maitri Porecha, "Rising Healthcare Costs Push 5.5 Crore Indians Below Poverty Line," https://www.thehindubusinessline.com/economy/rising-healthcare-costs-push-55-cr-indians-below-poverty-line/article24116816.ece (accessed on 10 December 2018).

findings published Chamakala says that the medicine purchased by patients from local pharmacies can be between two to forty times more expensive than the bulk prices offered to retailers, private hospitals and government agencies.[34] Medical insurance is also not adequately developed in India.

2.3. Shortage of Medical Professionals

Though India is one among the largest producers of healthcare professionals, there is an acute domestic shortage of health professionals.[35] According to some statistics, "there is only one government allopathic doctor for every 10,159 people, one government hospital bed for every 2046 people and one state-run hospital for every 90343 people."[36] Shortage of doctors is worse when we consider the specialist doctors such as surgeons, obstetricians and gynaecologists, paediatricians, orthopaediatricians, etc. Geographical distribution of medical professionals is also a challenge, as many doctors and health professionals who are trained in India prefer to work either in developed countries or in urban areas. Absenteeism of employees is another major issue among public servants in Indian in general. Once, the health professionals are appointed in the public sector, especially in rural areas, they enjoy unauthorised absence or they go for long-leaves. Various studies done in different states of India showed that doctors' absence ranged from 30 to 67 per cent,[37] and nurses from 27 to 50 per cent.[38] Even the pharmacists and lab technicians had the absence rate of 30 per cent.[39]

2.4. Bribery, Informal Payments and Private Practice of Public Servants

Bribery and informal payments are terribly immersed in the system of public healthcare in India. Formerly, bribes were given to obtain,

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[34]Chamakala, "Health Care in India: A Few Contemporary Challenges," 557.

[35]Pretesh Rohan Kiran, "Challenges in Medical Education and Healthcare in India," *Health Action* 28, 7 (2015) 6-7.

[36]Sanchita Sharma, "India's Public Healthcare System in Crisis: Too Many Patients, not Enough Doctors," https://www.hindustantimes.com/india-news/public-health-system-in-crisis-too-many-patients-not-enough-doctors/story-39XAtFSWGfO0e4qRKcd8fO.html (accessed on 12 December 2018).

[37]Karthik Muralidharan, Nazmul Chaudhury and Jeffrey Hammer, "Is There a Doctor in the House? Medical Worker Absence in India," https://econweb.ucsd.edu/~kamurali/papers/Working%20Papers/Is%20There%20a%Doctor%20in%20the%20House%20-%2012%20April.%202011.pdf (accessed on 12 December 2018).

[38]Neelmani Jayaswal, "Rural Health Systems in India: A Review," *International Journal of Social Work and Human Services Practices* 3, 1 (2015) 31.

[39]Muralidharan, Chaudhury and Hammer, "Is There a Doctor in the House? Medical Worker Absence in India."

manipulate and falsify certain medical records or medical certificates. But now-a-days patients are compelled to give bribes and informal payments to ensure even the normal and legal medical care 'in an efficient manner' at the public healthcare centres. Often complaints are heard that a section of doctors at government hospitals is more interested in their private practice at the private clinics.[40] In such situations, doctors neglect their patients in the public hospitals and refer them to their private consultation where the patients are supposed to give consultation fee and spend more money for treatment and medicines.

2.5. Unethical Practices in Bio Pharmaceutical Industry

A healthier relationship among the patient, medical professional and drug manufacturer is essential in the proper functioning of the healthcare sector. But in India, many times, medical professionals and manufactures join together in an unethical collaboration, forgetting the patient. Doctors are offered incentives, gifts and even a share of their profit by the drug and medical equipment manufacturers. Doctors, in return, prescribe the brand names of medicines instead of "generic names" to their patients so that the products of the particular company may be sold. Patients are directed to new drug trials without obtaining their informed consent. According to the data available with the Drugs Controller General (India), in 2015, there were 302 deaths during clinical trials and the families received no compensation.[41] Similarly, many doctors support medical labs and private diagnostic centres to flourish their business. Many lab tests and even surgeries including Caesareans are prescribed based on profit than clinical necessity.

2.6. Lack of New Technologies and Medical Facilities

The advancement in the medical technology is unimaginable these days. Disease diagnosis and treatments are very easy and more effective with the advancement of technologies. However, many government hospitals lack even the basic laboratory facilities. Operation theatres, intensive and critical care units and neo-natal care units are far behind the expected quality. Medical equipments

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[40] "No Mechanism to Check Private Practice by Govt Hospital Doctors," https://timesofindia.indiatimes.com/City/nashik/No-mechanism-to-check-private-by-govt-hospital-doctors/articleshow/52804863.cms (accessed on 15 December 2018).

[41] Neetu Chandra Sharma, "Clinical Trial Trap: No Payment for Deaths of Human Guinea Pigs," https://www. indiatoday.in/mail-today/story/clinical-trial-trap-no-payment-for-deaths-of-human-guinea-pigs-277573-2015-12-17 (accessed on 12 December 2018).

are left unused because of the absence of trained technicians. X-rays, ECG, CT scan, Ultrasound scan, MRI, etc. are not adequately available in the government hospitals. Blood banks, emergency ambulance services, in many instances, are not functioning well in rural areas.

Adaption of newer technologies is very much necessary in the modern world to ensure the expected public healthcare of the people. For example, in India, the fatality rate of women who are diagnosed with breast cancer is alarmingly high when compared to many other countries including China.[42] However, the facility for even a mammogram is very rare in public healthcare centres, if a woman has a doubt about the emergence of cancer in her body. Similarly, treatments for cancer like chemotherapy, for kidney patients haemodialysis, for heart patients angioplasty, etc. are also not adequately available in the public healthcare sector.

2.7. Misuse of Organ Transplantation

"Organ donation is a form of self-sacrifice in the sense that it is self-giving of a person to another person from his or her own body."[43] However, organ trade is a major malpractice associated with transplantation. In spite of various laws and regulations, several kinds of exploitations, cheatings and issues of injustice are part of this illegal trade. A field study done among the 300 kidney donors in India revealed that 96 per cent of the participants sold their kidney to pay off their debts.[44] In the case of cadaveric organ donation, the relatives of the diseased persons are lured by the financial gains in the name of compensation offered by the traders. Premature declaration of death and organ harvesting are said to be occurring in many accident cases. After the post-mortem, many of the vital organs are removed even without the knowledge of relatives.[45]

Transplantation as a public healthcare concern also requires some reflections. Transplantation treatments still remain very expensive

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[42]"Re-imagining the Possible in the Indian Healthcare Ecosystem with Emerging Technologies," https://www. pwc.in/assets/pdfs/publications/2018/reimagining-the-possible-in-the-indian-healthcare-ecosystem-with-emerging-technologies.pdf (accessed on 12 December 2018).

[43]Scaria Kanniyakonil, *Living Organ Donation and Transplantation: A Medical, Legal and Moral Theological Appraisal*, Vadavathoor: Department of Publications of Paurastya Vidyapitham, 2005, 1.

[44]J. Charles Davis, "Medical Ethics in India," in Mathew Illathuparambil, ed., *Indian Moral Theology: Historical Studies and Future Prospects*, Bangalore: Dharmaram Publications, 2017, 151.

[45]Davis, "Medical Ethics in India," 156.

and they are affordable for only the privileged group of people in the society. Only a few transplantations have taken place in government hospitals in India. Many times there is no reliable data regarding the persons who have consented to donate their organs after their death. Or, if at all there is data, there is no proper follow up, so that the consent of the person can be used properly for the benefit of the needy.

3. An Ethic for Public Healthcare in India

After discussing some of its achievements as well as challenges and unethical practices in public healthcare, we shall now try to make an ethics proper for public healthcare in India. Any discussion on healthcare cannot negate the value of human life. Thus, the first principle of any healthcare ethics must be the value of human life. Later, we come to the point that every human being is a person and the person has got rights. In the third place we consider healthcare as an issue of social justice. Finally, we come to the discussion of the importance of public healthcare in India and the specific role of healthcare professionals.

3.1. Every Human Being is Endowed with Human Life

Human life is not an abstract term, but it is an experiential reality which is lived by each human being every moment. An ethical healthcare cannot negate the value of human life because healthcare is nothing but life-care itself. Life is the basic foundational good in human being. When a human being ceases to be in existence, all other good also come to an end for him or her.[46] Moreover, "life is the fountain, force and focus of Christian ethics, which is for its protection, preservation and promotion. Life is the fundamental good and hence recognition of life, respect for life and response to life is inevitable. This demands reverence for life in all its forms, spheres and stages."[47] Similarly, human life is an intrinsic good, a good in itself, the value of which cannot be denied in any context. As Germain Grisez argues that since a person is an organism whose life is his or her concrete reality, bodily life is an intrinsic good of the person.[48] According to the natural law theory, every good should be protected, respected and promoted and every evil should be

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[46]Richard A. McCormick, *Health and Medicine in the Catholic Tradition*, New York: Crossroad, 1987, 131.

[47]Paulachan Kochappilly, *Life in Christ: Eastern Perspectives on Christian Ethics*, Bangalore: Dharmaram Publications, 2010, 13.

[48]Germain Grisez, *The Way of the Lord Jesus, Volume Two: Living a Christian Life*, Illinois: Franciscan Press, 1993, 465.

avoided.[49] Thus, every human life should be protected, respected and promoted as it is an intrinsic good.

According to the biblical understanding, every human life is sacred because God is the author of every human life. Human being is created in the image and likeness of God (cf. Gen 1:27). Human life is endowed with a special dignity since it is created by a definite act of God. God formed the human being out of the dust from the ground and breathed into human's nostrils the breath of life (cf. Gen 2:7). The sacredness and dignity of life is equal in all human beings as long as the same image and likeness of God remains in every person. This sacredness demands utmost respect and care for human life. "Life is given to us as a sacred trust and bodily or earthly life is extremely precious." [50] Good health ensures the preservation of life. According to Charles E. Curran, health is not a human good separate from life itself. Consequently, health shares in the sanctity of life and wrong choices that destroy, damage, or impede health violate life.[51] Thus, it can be rightly concluded that the primary principle for the ethics of healthcare is nothing but the principle of protection of human life.

3.2. Every Human Being is a Person with Certain Rights

Every individual human being who really exists is a human person.[52] Human person is not a thing or an object, but he or she is a subject. The concept of personhood has got great impact in the ethics of healthcare. The individual who seeks healthcare is a person with personal dignity and value. "The patient is not 'a case' of 'a bed number' but a person with a unique character, a unique destiny and a unique problem."[53] Each patient deserves special care and concern in healthcare. Any kind of discrimination is injustice to the dignity of the human as a person. Thus, the concept of personhood is a very powerful tool in the ethics of healthcare that "no one has a right to declare another human life meaningless, worthless, and therefore

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[49]Thomas Aquinas, *Summa Theologiae,* I-2, q.94, a, 2, c.

[50]George Lobo, *Current Problems in Medical Ethics*, Delhi: St Paul Publications, 1980, 37.

[51]Grisez, *The Way of the Lord Jesus, Volume Two: Living a Christian Life*, 520.

[52]Ramón Lucas Lucas, "The Anthropological Status of the Human Embryo," in Juan de Dios Vial Correa and Elio Sgreccia, ed., *The Identity and Statute of Human Embryo: Proceedings of Third Assembly of the Pontifical Academy for Life*, Vatican: Libreria Editrice Vaticana, 1998, 193. However, there can be difference of opinion. For example, people like Peter Singer, Anthony Shaw, Helga Kuhse, etc. do not give personhood to all human individuals.

[53]Lobo, *Current Problems in Medical Ethics*, 20.

condemned to death, since human's dignity does not depend on his or her efficiency or capacity."[54]

Every person possesses certain rights. "A right is a power reserved to the person that he or she can morally demand of others that it be not interfered with or taken away."[55] An ethic of healthcare rightly acknowledges the right of every person to adequate healthcare. That is, as person, health is considered as a fundamental right of every human being. The Constitution of World Health Organization states: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic and social condition."[56] The right to health and healthcare as a fundamental right is asserted in the Article 21 of the Indian Constitution.[57] Similarly, Article 47 also speaks of the improvement of public health as one of the primary duties of the states.[58] Adequate physical infrastructure at various levels, adequate skilled human power in all healthcare facilities, availability of all the basic medicines and appropriate medical services for all people, etc. are part of the basic right of every person.[59] Right to healthcare demands availability, accessibility, affordability, acceptability and quality of healthcare services, basic medicines and other medical facilities without any discrimination.

However, as the content of health is relative and varying in time and space, health and healthcare does not ensure the right to have absolute health always. Even WHO envisions only "the highest attainable standard of the health." Thus, as Bernard Häring observes,

> Therefore the Christian should not be taken up immoderately with bodily well-being nor be morbidly anxious about his health. But since health is an exalted good, an urgent element value, the Christian should have a care for it, for his own health and that of others. A reasonable loving and correct care of health is a moral duty.[60]

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[54]Bernard Häring, *Medical Ethics*, Slough: St. Paul Publications, 1973, 74.

[55]James B. Nelson and Joanne Smith Rohrict, *Human Medicine: Ethical Perspectives on Today's Medical Issues*, Minneapolis: Augsburg Publishing House, 1984, 211.

[56] World Health Organization, "Constitution of World Health Organization," http://www.who.int/governance/ eb/who_constitution_en.pdf (accessed on 20 August 2018).

[57]Constitution Assembly of India, *Constitution of India*, New Delhi: Constitution Assembly of India, 1946, #21.

[58]Constitution Assembly of India, *Constitution of India*, #47.

[59]E. Premdas, "Right to Health and Healthcare," *Integral Liberation* 12, 1 (2008) 7-8.

[60]Bernard Häring, *The Law of Christ Vol 3: Special Moral Theology*, Cork: The Mercier Press, 1966, 226.

3.3. Healthcare as a Social Justice Issue

Any ethical reflection on healthcare would be incomplete without considering the aspect of justice in healthcare. Justice is commonly defined as rendering to each person and human community their own due by right.[61] Justice concerns the person in relation to other individuals or the society. Social justice principles can be very well adapted in an ethic of healthcare. Social justice involves different aspects.

The concept of common good in social justice holds that society as a whole should strive for a level of goodness that goes beyond the individual good.[62] "If the legitimate healthcare needs of all persons are not met, the whole fabric of the society suffers."[63] It is evident that without a just healthcare system, a country cannot progress to its desired heights. Thus, the concept of common good very well demands the existence of an efficient healthcare system in a country.

Distributive justice refers to the obligation of the society to provide all of its citizens with the means to ensure that all can have access to a sufficient level of basic common good. [64] Thus, the concept of distributive justice demands that all individuals of the society have equal share in basic healthcare. It demands the universal access to healthcare. Equity is the first principle in distributive justice. Equity in social justice means a fair distribution of the resources to all members of the society. In healthcare, it demands that all the available resources should be distributed fairly according to the needs of the patients.

Closely associated with distributive justice and common good is the concept of the 'preferential option for the poor'[65] in the society. The poor represents, not only the economically poor but also all those people who cannot stand or speak for themselves. In healthcare scenario, poor represents all those who have significant difficulty in finding suitable access to healthcare.[66] Social justice in healthcare

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[61]Karl H. Peschke, *Christian Ethics: Moral Theology in the Light of Vatican II, Vol. II*, 238.

[62]John Karuvelil, "Justice and the Common Good in Public Health: A Contextual Reflection for India," in Scaria Kanniyakonil, ed., *New Horizons in Christian Ethics: Reflections from India*, Bangalore: Asian Trading Corporation, 2014, 438.

[63] Philip S. Keane, *Catholicism and Health-Care Justice: Problems, Potential and Solutions*, New York: Paulist Press, 2002, 12.

[64]Keane, *Catholicism and Health-Care Justice: Problems, Potential and Solutions*, 7.

[65]'Preferential option for the poor' was first used in 1968 by the Superior General of the Jesuits, Father Pedro Arrupe, in a letter to his Order. Later Pope John Paul II elaborated on it and used this term in his encyclical *Centessimus Annus*.

[66]Keane, *Catholicism and Health-Care Justice: Problems, Potential and Solutions*, 14.

demands that the needs of the poor, the marginalised, unprivileged and neglected sections of the society are to be specially taken care of. Here, preferential option for the poor can be considered as an attempt to ensure equity in healthcare to those people who are otherwise neglected and rejected for varied reasons.

India is predominately rural in terms of its population. As already mentioned in 2.1., there are disparities in the availability, accessibility and affordability of healthcare facilities in India in terms of geographical distribution of the population, gender, age, etc. There are extreme disparities in socio-economic and cultural status of Indian population. For example, a larger portion of Indian urban population lives in slums. Living in slums is associated with substandard living conditions, which can increase vulnerability to various kinds of diseases, especially contagious and pandemic diseases. Similar is the case of the thousands of migrants in various urban cities of India and the people living in the remotest tribal villages of India. Without a proper consideration for social justice and preferential option for the poor, we cannot ensure public health of all citizens of India.

3.4. The Importance of Pubic Healthcare in India

Though there is a well-established private healthcare sector, public healthcare in India has got a great importance in the present scenario. Public healthcare not only includes curing sickness and fighting against illness but also providing a healthy living environment. Good health of the citizens depends on the availability of clean water, air, sufficient food, adequate housing, sanitation facilities, etc. These needs in India can be met only by a Government effort. Moreover, human beings are always prone to various epidemiological challenges such as contagious, micropathological, pandemic and chronic diseases. Such challenges can be addressed only by national or international collaborative efforts. Promotion of community health, prevention and removal of external causes of ill health, elimination of health inequalities, improvement of standard of healthy environment, improvement of herd immunity, vaccination and immunization, etc. can be achieved only through a concerted community effort.

Remarkable is the contributions made by private healthcare in curative and preventive aspect of medicine. However, they are available and accessible to a privileged group of the society. They cannot adequately address the needs of the larger population who remains in the interior villages of the nation. Moreover, in the private

sector, in majority of the instances, the expense of the healthcare service is out-of-pocket of the patient. As Chouri says, "majority of the people are forced to turn to private health systems that are often beyond their reach. For the poor, the choice is sometimes between treatment or death. That is a choice no citizen should be forced to make."[67] Thus, Dr Manmohan Singh, former Prime Minister of India, observed:

> The expansion of private health care, which is a happy phenomenon, will address the needs of the affluent and those covered by organized medical care programmes. However, millions of people living below the poverty line and in our rural areas will continue to depend on government as the primary health care provider. Private care cannot be the immediate answer to the needs of those who do not have basic purchasing power.[68]

Moreover, the general health of the population has boundless repercussions in social, political and economic welfare of the nation. In order to improve general health of the people, the public healthcare system is to be strengthened further.

5.5. Role of Healthcare Professionals

The nobility of a healthcare worker has been beautifully narrated in Sirach chapter 38. "Honour physicians for their services, for the Lord created them; for their gift of healing comes from the Most High, and they are rewarded by the King. The skill of physicians makes them distinguished and in the presence of the great they are admired" (Sir 38:1-3). To be a healthcare professional is a noble vocation following the footsteps of Jesus the healer. Doctors are considered next to God, and nurses are addressed often as "angels" by common people.

People revere the medical professionals as they deal with the most fundamental and precious good of human beings, that is, human life itself. The patient expects and trusts the doctor that his or her life will be treated with utmost reverence and care. Respect towards the sacredness and dignity of one's own life and that of the other, especially which is entrusted to his or her care, is the fundamental ethical quality that the society expects from every healthcare professional.

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[67] Dnyaneshwar P. Chouri, *Right to Health and Legal Protection*, New Delhi: Regal Publications, 2013, 5.

[68] "Explore the Ways to Improve the Health Status of the Country: PM," http://pib.nic.in/newsite/erelcontent. aspx?relid=12227 (accessed on 10 January 2019).

The relationship between a doctor and a patient is very personal and characterised by love, fidelity, reverence, sincerity and mutual trust.[69] The doctor should treat the patient respecting the patient as a person with dignity. According to Bernard Häring, though the physician does not assume directly the pastoral or priestly vocation, his or her rightly exercised medical practice is a tremendous help for the patient even from a spiritual point of view. Where there might seem little hope he/she may often find a way to point to God's will to the patient and incite him/her to conversion and penance.[70]

Medical profession is an invitation to become a better human being. John P. Kenny says,

> There is no place in the medical profession for a selfish person, for a physician is the servant of his patients, and is subject to call twenty-four hours a day. A selfish doctor or nurse will be a misfit in the profession. The physician and the nurse should have a very definite notion of the true nature of man.[71]

Eileen P. Flynn observes that though healthcare as a profession (job) is the source of livelihood for the healthcare professionals, the monetary advantages are to be secondary to the commitment to be a good healthcare professional.[72] The principal objective of the medical profession is to render service to humanity with full respect for the dignity of profession and of human being. A health professional is duty-bound to hold certain characteristics. For instance, Ramesh Kumar Sangwan speaks about what is expected of a physician:

> Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion. Physicians should try continuously to improve medical knowledge and skills and should make available to their patients and colleagues the benefits of their professional attainments. The physician should practice methods of healing founded on scientific basis and should not associate professionally with anyone who violates this principle. The honoured ideals of the medical profession imply that the responsibilities of the physician extend not only to individuals but also to society.[73]

Conclusion

Health as a fundamental good is to be preserved, protected and promoted by every individual. So, the care for one's own health and

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[69]Häring, *Medical Ethics*, 199.

[70]Häring, *The Law of Christ Vol. 3: Special Moral Theology*, 234.

[71]John P. Kenny, *Medical Ethics,* Cork: Mercier Press, 1952, 34.

[72]Eileen P. Flynn, *Issues in Medical Ethics*, Kansas City: Sheed and Ward, 1997, 312.

[73] Ramesh Kumar Sangwan, *Health, Human Rights and Ethics*, Jaipur: Rawat Publications, 2017, 6-7.

as far as possible that of the other is an intrinsic obligation of every human being. However, the health of an individual and of a community cannot be attained by an individual alone. There comes the need of an efficient healthcare delivery system in a country. India indeed has a well-established public healthcare delivery system, governed and regulated by the government of India. One who observes and studies the growth and development of the public healthcare system in India cannot negate the remarkable and praiseworthy achievements during the past decades. At the same time, it is to be acknowledged that public healthcare system in India is not flawless. There are challenges and unhealthy tendencies in the system. Disparities based on financial, geographical, gender and age differences in healthcare access, increasing expense of healthcare, shortage of medical professionals, unhealthy practices like bribery, informal payments and private practices of public health servants, unethical practices in the bio pharmaceutical industry, lack of new technologies, misuse of organ transplantation, etc. overshadow the praiseworthy achievements of the public healthcare system in India. Reflections on the public healthcare in India reveal that each individual and every group of the society have certain roles to play according to their own capacity and competence in order to facilitate and promote the public healthcare of the country. At this juncture, the primary role of the moral theologians in India in the field of public healthcare is to provide an ethical framework with which various challenges and unethical practices can be effectively addressed. An ethic of healthcare developed in this paper based on the reflections on the value of life, personhood and right of every individual, health as a social justice issue and the need of public healthcare and importance of healthcare professionals help us to understand and evaluate better and adequately respond to the various challenges faced by the system.

Disparities existing in healthcare availability, accessibility and affordability based on the economic standard, geographical location, gender and functional ability of the persons are in fact against the value and sacredness of human and the dignity of personhood. Here, what is denied is the fundamental right of the person to preserve his or her human life and health. Increasing cost of healthcare, shortage of adequate medical professionals in the public service sector, lack of new technologies and medical facilities, etc. do not respect the right of the person to have essential healthcare whenever his health or life itself is in danger. Unethical practices like bribery, informal payments and private practices neglecting one's own responsibility as a public

servant, unethical collaboration of pharmaceutical industry and medical professionals, unhealthy practices associated with organ donation and transplantation, etc. involve great injustice where the good of the individual as well as the good of the society are at danger. Such tendencies are against social justice, for they do not guarantee equity and common good in healthcare services. A reflection on the importance of public healthcare will help us to understand better the need of strengthening public healthcare system in our country. Moreover, understanding the nobility of the healthcare profession will help us to appreciate the service of the healthcare workers and extend to them due respect which they deserve.