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The Privatization and Deregulation of Healthcare in India with an Emphasis on Oversight, COVID-19, and Liberal Policy

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The quasi-notion of the centralized and privatized nature of healthcare anent the familiar juxtaposition of the latter in India upon the post-liberal and welfare-esque socio-economic context of the aforementioned institution in the West provides an inherently conclusive but convoluting interpretation and dissertation into the documented and instituted proto-struggles of those latterly employed. The menial and oppositionary treatment and subjugation of doctors and other healthcare staff is a reference id est apropos in the positional setting of the perspective of the neo-polity situated in the post-industrial Indian context. The government, both locally and federally, has an implicitly embedded responsibility toward the political essence of its representation in the view of its constituents and also the latterly employed.

This paper creates an extraversion scale and similarly an extraversion test entitled, the 'L/R Extraversion Scale'. The L/R Extraversion Scale judges the perspectives of its respondents in a defined pair of grading/scoring scales, id es namely, the 'Left Extraversion Scale' (LES), and the 'Right Extraversion Scale' (RES); scored out of 8 and represented on the X-Y axes alongside the accompanying intensity and frequency of the received variable responses on the test. When represented as the latter, and upon the presentation of the median at four, the delineation of the results in the second and fourth quadrants allows for an analysis of the scores on the LE and RE Scales.

Further, in the contemporary era, healthcare resides at the crossroads of both the capitalists' and socialists' gross generalizations of political opinion.

Introduction

Healthcare plays an important role in India from a political standpoint as well as a broader socioeconomic worldview of the Indian polity, often used as a major talking point in electoral politics and election campaigning. The lack of healthcare services' provision by a ruling government or the promises of another party to provide for the same are surely detailed and the criticisms too are featured in their entirety. However, a contrasting reality is created upon the shrouding of the problems and struggles of those closely linked with healthcare, or those who are essentially concerned apropos of the working and functioning of healthcare services and similarly, healthcare institutions in the country. In a bout to explore the overlooked and ignored struggles of healthcare providers in this country, this research aims to firstly understand the status quo of healthcare in today's India, and secondly present an avenue that delves into the depths of the issues raised by those employed in healthcare. In an age when violence against doctors is at its peak, why does the world

of Indian journalism and media continue to ignore the political disposition of healthcare workers? A stark paradox can be seen in the state's address of doctors: from governmental and public appreciation of doctors and healthcare staff during the COVID-19 pandemic to state- sponsored violence against the doctors during their protests in the latter stages of and after the COVID-19 pandemic. In a more civil aspect of the public dysmorphia of issues of healthcare, is the increased regulation and surveillance of private healthcare institutions. Now, more than ever, private hospitals and doctors engaged in private practices are more regulated and face more restrictions by the state and the state-appointed governing medical and regulatory body, the National Medical Commission. Instead of supporting and aiding private healthcare institutions in the country which ab ovo have acted as the locus of employment generation for doctors, nurses, paramedical staff, medical management staff et cetera, the modern Indian state has made it increasingly difficult for a doctor to run their own nursing home or for a consortium to start a private hospital in an underserved region, exempli gratia. Akin to the characteristics of George Orwell's 'Big Brother' in his 1949 novel, Nineteen Eighty-Four, the NMC has imposed stricter rules than ever before, making it increasingly difficult for private healthcare in this country to exist. Additionally, as added on by Anthony Burgess in 1985, a system of unionization and strikes is proposed for the workers of any sector in order to ensure fair and ideal treatment, directing us toward the proposition of doctor's organizations and unions. However, reiterating the nation of 'Big Brother' as from H.G. Wells' Star Begotten, which talks about the manipulation of the common man and the diversion from the facts of a matter by a state in opposition to dissent; prompting a 'reimagination' and reconsideration of the actuality of the same contextual arguments in the course of the Indian state and its control over healthcare. The state's claim over the supposed dissent of doctors is nothing more than the state's hypocrisy in dealing with the socio-ethics of healthcare; as can be said about the regime that enforces such claims. Doctors all over India feel a change in the atmosphere in which healthcare has been dealt (for the negative), they feel a lack of policies in favour of doctors or addressing the issues of healthcare in India. Subsequently, again with the reference to doctors organizing: the Indian Medical Association, is the NMC's counterpart, that is instead run by doctors, elected by

doctors and made up only of doctors, has long contested the regulations and restrictions that doctors encounter in India alongside doctor-centric violence. The IMA and doctors across India have asked for a uniform law to be instituted that protects doctors from violence; met by opposition at the Centre that also contradicts their political act of showering doctors with flowers during the pandemic and calling them 'Corona Warriors', hence governmental hypocrisy and the manipulation of the common man. A landmark case of violence against doctors is that of the 2019 Indian Doctors' Strike wherein two junior doctors were critically injured by a mob of over 200 people after the death of a patient at the Nil Ratan Sircar Medical College and Hospital in Kolkata (Calcutta), West Bengal. This event was met with the closure of all medical facilities in the country in the form of a nationwide strike, closure of emergency departments across all state-run hospitals in West Bengal, and the resignation of almost 250 doctors in West Bengal, including the Principal and Medical Superintendent of NRSMCH. Further, on the third day of the strike, the West Bengal Government issued a statement quoting, "They (doctors) are outsiders. The government will not support them in any way. I (the Chief Minister) condemn the doctors who have gone on strike." This declaration and subsequent ultimatum was the final factor that led to the IMA calling for a nationwide strike. Further, about the issue of oversight, private hospitals and healthcare institutions now have to file more paperwork, reports and forms to attend to patients and provide medical care vis-à-vis the doctors describing the new status quo of having to mainly do clerical work as being suffocating. Between the dissolution of the Medical

Council of India (the predecessor to the NMC) and the formation of the NMC, present-day hospitals and institutions in the private sector have to deal with a historic high in the amount of reporting, clerical work, paperwork and day-to-day data entry: obstacles that restrict a free system of private healthcare to exist in the country.

Sociological Significance

Healthcare, in a modern setting, sets a benchmark for industries and sectors as an industry that is directly related to the birth and death of society and its members. The manner in which society looks at the field of healthcare is wholly significant to understand the manner in which society (specifically id est in India) aims to look at doctors and to treat them. Additionally, privatization of healthcare can lead to increased economic disparities in access to healthcare services. Those with higher economic status may be able to afford better quality healthcare, while marginalized groups may face barriers to access. The sociological aspect involves analyzing how these inequalities affect different social groups, contributing to disparities in health outcomes. Although, the lack of a privatized healthcare system too can bring in the issue of lacking healthcare services and the absence of welfare based quality healthcare. The sociological relevance of the pandemic, too, points toward the sociological setting of an institution like healthcare. Healthcare was at the centre of the social conflict created upon the advent of the COVID-19 pandemic alongside governmental mismanagements, supply strategies, economic challenges, et cetera. Additionally, the societal implications of having an over regulated and restricted healthcare system are also quite explicit: the possibility of conjuring an unmotivated workforce with decreased morale and efficiency (vis-à-vis linking increased negligence and errors in the field). As is the relevance of the discrimination and segregated struggle of a socioeconomic group.

Research Questions

Firstly, if the general populace believes that doctors are disadvantaged/restricted in the modern context; how the world feels about a genre of conversation and discussion is inherently relevant for its consideration in society and polity.

Secondly, whether the proposition of private healthcare is positive for the general public (alongside its deregulation). In a capitalistic setting, the effects of private sectors and industries on the people who institute them are essential to understanding the very basis of their existence and solution in the first place.

Lastly, and most importantly, how the doctors, themselves, view the privatization of healthcare, its deregulation, the oversight on it and its state during the pandemic. Understanding the vantage point of those directly involved in the conflict/issue is implicitly integral to viewing an issue neutrally.

Methodology

First Modus Operandi

Interview

Interviews were conducted with experts in the fields of law, government, and healthcare to ensure an enhanced understanding of the topic at hand.

The interviews were conducted with:

Narendra M. Sharma

Founder of NMS & Company, Advocate (LLM), Lawyer at the Supreme Court of India, International Courts

Lawyer, Panel Arbitrator of the Indian Council of Arbitration, Member of the International Council of Jurists in London.

Amit Chadha

Director of Chadha Law Associates, Advocate (LLM), Lawyer at the Supreme Court of India, the Additional Public Prosecutor of Delhi, Former Counsel of the Government of India, Elected Executive Member of the Delhi High Court Bar Association, Founder of the LRC, Life Member and Advisor of the Indian Adult Education Association, Arbitrator at the Delhi International Arbitration Centre, Counsel for the South Delhi Municipal Corporation.

S. Jarnail Singh

Member of the Delhi Legislative Assembly (MLA), Chairman of the District Development Committee.

Dr. Rajeev K. Goel

Senior Otorhinolaryngology Surgeon, Founder of Goel Nursing Homes, MBBS (LLRM, Meerut) and DLO (SNMC, Agra), Former Senior Resident at the Deen Dayal Upadhyay Hospital, Former Senior Resident at the Tihar Jail, Former Resident at the Kalawati Saran Children's Hospital at the Lady Hardinge Medical College, Former Senior Resident at the Ram Manohar Lohia Hospital, President of the Association of Otolaryngologists of India - West Delhi.

Second Modus Operandi Survey

Median

The universe size was of 1000 patients and healthy people, from which 650 were randomly sampled and used for the study. The initial sampling was of the convenience sampling type. The sample area was the Tilak Vihar Polyclinic alongside Goel Nursing Home in New Delhi.1 For the survey, an extraversion scale has been created in which on the basis of questions 3 through 10, respondents are graded out of 8, divided amongst the Left Extraversion Scale (LES) and Right Extraversion Scale (RES).2

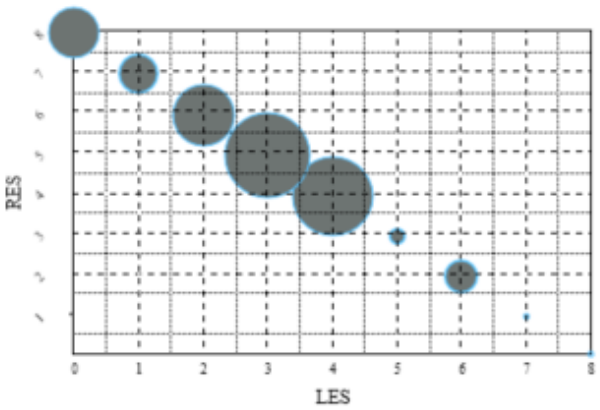

Fig. 1.

Presentation and Interpretation of Primary Data

Through the usage of the scoring key given in Appendix 1, a Left and Right Extraversion Scales have been created to judge the respondents to the questionnaire. The frequency distribution can be found in the Appendix.

Fig. 1. is a cluster diagram that shows the mass of responses ranging in LES at 2-4 and RES at 4-6.

1A bilingual questionnaire was given out, the master copies of which can be found in the Appendix.

2 The raw grading scale can be found in the Appendix.

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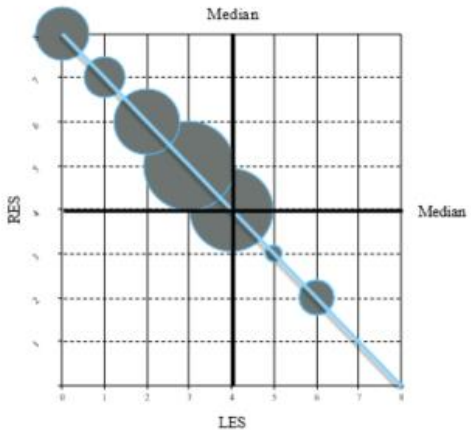

Fig. 2.

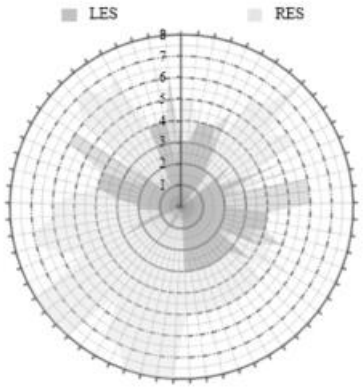

Fig. 3.

Fig. 2. shows the median of the diagrams alongside the trend- line for Fig. 1.; only the second and fourth quadrants, as from a Cartesian plane, can host viable and plausible results. We can see that the spectrum of answers is densely situated in the second quadrant, referencing higher RES scores when compared to LES. The L/R Extraversion Scale renders a value equalling 8, made up of the LES and RES scores. Thus, scores in the first and third quadrants can't exist as they wouldn't add up to 8.

In Fig. 3., which is a radar diagram, we can see that the RES tends n times at 8 which means that those scores were made up of only RES and no LES. Further, the LES is concentrated in the centre of the diagram which references its low frequency. Also, there are only some points where the LES trumps the RES, marked by the mixed plots. Fig. 1.-3. reference the public's agreement toward the hypothesis that is discussed in the paper id est of the agreement toward private healthcare, doctors; free-working, prevention of violence against doctors, and the deregulation of healthcare.

The population of the study was largely employed and a majority were employed in healthcare. Almost all respondents believed that private hospitals' existence is favorable; while a slight majority believed that government hospitals lacked adequate facilities for healthcare provision. A similarly slight majority responded in their agreement with the unprotected state of doctors from violence. However, an outlier occurs in the context of governmental work in healthcare, wherein a majority spoke in favour of the government's work in healthcare. In alliance with the results for the preceding question, the public felt that the government took adequate steps during the COVID-19 pandemic, with a decent majority. Most respondents agreed with the proposition of doctors being too restricted nowadays; while an overwhelming majority felt that ever since the pandemic, doctors and hospitals have been facing increased restrictions. Almost nobody disagreed to the proposal of a new law in favour of doctors in India. These answers help relay the trend of healthcare perception in contemporary India, id est in favour of doctors' struggles and satisfaction with governmental work in the field.

Interview with Mr. Narendra M. Sharma

He spoke of his disagreement with increased governmental regulations and instead felt that they were, now, more strictly enforced and overseen. He felt that the public at large demands for regulations to protect their rights. He claimed that due to the lack of governmental interests in public healthcare, the private sector flourished: pointing the lack of staff and infrastructure. He then mentioned the financial impacts of maintaining private healthcare; the household incomes haven't gone up as fast as the prices of healthcare

have. He talked of breach of rights and the exploitation of patients as a responsibility for lawyers in India, the importance of PIL3s, and the problems with insurance and pharma. He elaborated upon the increased pressure on doctors and the digitization of healthcare and the need for physical examination, id est the proposition of telemedicine.

Interview with Mr. Amit Chadha

On the topic of regulatory framework, Mr. Chadha felt that the government should have equal regulations for both private and governmental healthcare, due to the difference in their technology and facilities. Further, he spoke positively about the government taking an interest in healthcare on the basis of equal rights and provision. He also talked about the patients' newfound fear of going to government hospitals. In support of the premise, he proposed for liberal laws to be instituted in favour of private healthcare to promote accessibility. He also talked with reference to PIL3s in the Delhi High Court to provide the collapsed healthcare system in India with oxygen, highlighting the role of lawyers. Additionally, a worsening of the state of doctors post- pandemic was brought up: humiliation, violence, mismanagement directed toward healthcare.

He lastly spoke of his experience in medico-legal cases, having represented numerous litigants in the healthcare sector during the pandemic.

Interview with S. Jarnail Singh, MLA

He spoke of keeping a check on private healthcare institutions to ensure provisions as in under the Delhi Health Bill, ensuring the maintenance of standards and periodic reporting. He detailed the implications of the pandemic on healthcare systems being overwhelmed and overworked alongside a strain on healthcare workers. He talked of the Delhi Government's extensive work under the Aam Aadmi Party regime in the field of healthcare:

A three level healthcare system:

Mohalla Clinics at the primary level,

Polyclinics at the secondary level,

Hospitals at the top level;

Work at the constituency/ward level, with universal healthcare for all citizens of Delhi.

Interview with Dr. Rajeev K. Goel

He spoke disdainfully of the sidelining of the IMA in the Indian context, the unjust regulations of the latterly formed NMC, and the need for a universal law for the protection of healthcare workers. He, in his private practices, reported a huge load of paperwork, reporting, clerical work, data entry, et cetera which have been one of the major reasons for his feeling of restriction in his own workplace. He gave the example of the Delhi Medical Association protest and march from the Maulana Azad Medical College to Rajghat which was stopped midway by the Delhi Police, restricting them from exercising their dissent. Further, he spoke of the Residents' Strike which resulted in violence against doctors at the behest of the Delhi Police.

Presentation and Interpretation of Secondary Data

The Indian Medical Association reported that the main source of stress for doctors was the fear of violence, followed by the fear of being sued. 40% of doctors at a Delhi hospital reported being exposed to violence, of which only 44% were reported as incidents to the authorities. The IMA also reports that 75% of Indian doctors face verbal or physical abuse in hospital premises. In a paper by Lee et al. in Canada's Healthcare Policy/Politiques de Sante, a conclusion was reached that related medicare and private financing with a

decrease in universality, accessibility, equity and quality of healthcare for institutional intervention that provided for nationwide medicare. A paper by Fatima et al. in the International Journal of Quality & Reliability Management showed that private healthcare service providers are inclined and attempt to deliver well improved healthcare services to their patients which in turn acts as an inclination to build satisfaction and loyalty among patients; taken from a study of 611 patients in Islamabad. Muhammad Butt et Cyril de Run, 2010 through a study of 340 randomly sampled participants in the International Journal of Healthcare Quality Assurance saw that a quality gap exists on all dimensions in Malaysian private healthcare compared to public healthcare. Kumari et al. 2020 in the Journal of Postgraduate Medicine definitively concluded with the majority of violence being faced by junior doctors and residents. Reasons for violence prompted toward the differences in services between private and public hospitals, and the negative media portrayal of doctors. Nevo et al. 2019, too, concluded with the majority of doctors having faced violence. Singh 2017, as well, talked about public intolerance due to poor governance and vote bank politics to a number of social issues in lieu of healthcare.

Conclusion

Answering the first research question, the general populace overwhelmingly believes that doctors are disadvantaged and restricted in the modern context. Second, through the analysis of numerous researches on the privatization of healthcare, this study finds that the existence of private healthcare and the existence of healthcare options positively benefit patients and the general populace. Third, the study finds that the doctors themselves were explicitly and intensely in favour of privatization, spoke of deregulation as a necessity, showed disdain for oversight, and felt that better policies and tactics could've been adapted for the COVID-19 pandemic and India's treatment of it as in the case of shortages and blockages of supply lines of healthcare. This study definitively and clearly proves the positivity and requirement for private healthcare services in India; the institution of a universal law in healthcare that protects doctors and awards assistance to the families of doctors affected by violence and ill-mannered treatment by patients and attendants alongside stricter penalties and sentences for violent stakeholders. Further, there is a need for the reduction of clerical work and exhaustive paperwork in India expressed by both private and public doctors. Public healthcare has been seen as lacking infrastructure, with a lack of staff, extreme mismanagement of staffing resources, security, and medical organization and a lapse in communication between the doctors and their authorities. A want for a more autonomous healthcare governing body has also been expressed by the medical fraternity. Furthermore, the COVID-19 has presented an interesting avenue for the workings of healthcare in India, featuring modernization, opportunism, et cetera.

Suggestions for Further Enhancement

The sample size of the study should be increased. A larger sample area should be taken. Initial convenience sampling should be swapped for random sampling. A larger panel of interviewers should be taken, alongside a deeper study into the topic.

Limitations of the Study

Due to a small and restricted sample size, the study's scope was constricted. Due to an unregulated survey, peer-influenced answers have been noted.

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Appendix

Frequency of Variations of Raw Scores on the Extraversion Scale

LES	RES	Frequency
8	0	0
7	1	0
6	2	60
5	3	30
4	4	140
3	5	150
2	6	110
1	7	70
0	8	90
Total		650

Table 1.

English Questionnaire Hindi Questionnaire

The Privatization and Deregulation of Healthcare in India with an Emphasis on Oversight, COVID-19, and Liberal Policy

Questionnaire

1. Are you employed? Yes [ ] No [ ]
2. Are you employed in healthcare? Yes [ ] No [ ]
3. Do you think private hospitals should exist? Yes [ ] No [ ]
4. Do you think government hospitals have adequate facilities? Yes [ ] No [ ]
5. Do you think doctors are protected from violence? Yes [ ] No [ ]
6. Do you think the government is doing enough for healthcare? Yes [ ] No [ ]
7. After the pandemic, do you think that doctors and hospitals face more restrictions than before? Yes [ ] No [ ]
8. In today's time, do you feel that doctors face too many restrictions? Yes [ ] No [ ]
9. Do you think the government took adequate steps during the COVID-19 pandemic? Yes [ ] No [ ]
10. Do you think there should be new laws in favour of doctors working in both private and government hospitals? Yes [ ] No [ ]

निगरानी, कोविड-19 और उदार नीति पर जोर के साथ भारत में स्वास्थ्य सेवा का निजीकरण और विनियमन

प्रश्नावली

1. क्या आपके पास रोजगार है? हाँ [ ] नहीं [ ]
2. क्या आप स्वास्थ्य सेवा में कार्यरत हैं? हाँ [ ] नहीं [ ]
3. क्या आपको लगता है कि निजी अस्पतालों का अस्तित्व होना चाहिए? हाँ [ ] नहीं [ ]
4. क्या आपको लगता है कि सरकारी अस्पतालों में पर्याप्त सुविधाएँ हैं? हाँ [ ] नहीं [ ]
5. क्या आपको लगता है कि डॉक्टर हिंसा से सुरक्षित हैं? हाँ [ ] नहीं [ ]
6. क्या आपको लगता है कि सरकार स्वास्थ्य सेवा के लिए पर्याप्त प्रयास कर रही है? हाँ [ ] नहीं [ ]
7. क्या आपको लगता है कि महामारी के बाद डॉक्टरों और अस्पतालों को पहले की तुलना में अधिक प्रतिबंधों का सामना करना पड़ता है? हाँ [ ] नहीं [ ]
8. क्या आज के समय में आपको लगता है कि डॉक्टरों को बहुत अधिक प्रतिबंधों का सामना करना पड़ता है? हाँ [ ] नहीं [ ]
9. क्या आपको लगता है कि सरकार ने कोविड-19 महामारी के दौरान पर्याप्त कदम उठाए? हाँ [ ] नहीं [ ]
10. क्या आपको लगता है कि निजी और सरकारी अस्पतालों में काम करने वाले डॉक्टरों के पक्ष में नए कानून होने चाहिए? हाँ [ ] नहीं [ ]

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Raw Scoring Key for the Left Extraversion Scale

Question	Yes	No
3	0	1
4	1	0
5	1	0
6	1	0
7	0	1
8	0	1
9	1	0
10	0	1

Table 2.

Raw Scoring Key for the Right Extraversion Scale

Question	Yes	No
3	1	0
4	0	1
5	0	1
6	0	1
7	1	0
8	1	0
9	0	1
10	1	0

Table 3.