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# Medical Situations Clearly Indicating Possibilities of Reformation

**COMPARING INDIA AND** USA for their medical services reasons is completely beyond reach. Both the countries have their own legislature, constitutions, law enactment, mode of government operation and even the lifestyle of both countries are different.

India is a democratic country and its health concerns are administered by several ministries and this is why the standard of medical aid in the country is below the parameters of the global health index. Hospitals, the main arm of health care of the country are operated in public and private mode. Where public governments have no sufficient facilities to treat a general illness, private hospitals' higher fees make it impossible for commoners to avoid them on certain grounds. Although there is the provision of medical insurance, the exclusion of doctor's visit and medication costs makes it unaffordable for a wide section of medical consumers.

In USA, there is a federal government system where most of the states have their individual mode of operation. Although, the situation is most likely similar to India where the poor section of the society is not even financially strong to pay the fees of dentists or their prescribed medications. This is why Barack Obama government took an initiative to provide basic medical aid to the poor section of the society. The achievements were really appreciable but it was way too heavyon the government financial reserves.

India faces hardships in achieving quality measures, to enhance availability to basic and fundamental restorative administrations, net shortage of health specialists, and to give reasonableness in therapeutic administrations. Keeping an eye on this is significantly composite and answers for it can't be met successfully. 70% is out of pocket spending on medical by the people . However, among these, it impacts the lower strata and centers around salaried families the most. Our open clinics are run-down, cockroach engaged, soggy and foul ranges. Attempts ought to be streamlined for more productive outcomes through acknowledged systems.

Prohibitively high cost is the fundamental reason Americans give for issues getting to restorative administrations. Americans with less than normal salaries are considerably more probable than their partners in various countries to report not: setting off to a specialist when sick; getting a prescribed test, treatment, or follow-up; filling a solution; and seeing a specialist.

Fifty-nine percent of doctors in the U.S. perceive their patients encounter issues paying for therapeutic administrations. In 2013, 31 percent of uninsured grown-ups uncovered not getting or conceding restorative care because of cost, contrasted with five percent of secretly protected grown-ups and 27 percent of those on open protection, including Medicaid/CHIP and Medicare.

While there is no agreement with respect to the single purpose of rising medicinal care costs, experts have perceived the value of new advances and professionally endorsed pharmaceuticals being the reason for such expenses. A couple of experts have battled that the openness of all these expensive, cutting-edge medical services and pharmaceuticals invigorates medicinal quality.



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problems for issues as little as a fever to confounded surgery.

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The government should pass a direction that all associated health doctors ought to acquire least of Rs 25000 per month in public and private hospitals.



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As per a 1989 National Nutrition Monitoring Bureau report, less than 15 percent of the populace was adequately fed, despite the fact that 96 percent got a satisfactory number of calories every day.

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All patients must sign an informed consent form recognizing that they know about risks and complications, that they know they will get anesthesia.

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Medical students have an availability of options when searching for the correct organization to join, and the correct teaching faculty to gain from.

THE PRESCRIPTION



54 | SCOPE OF CUSTOMIZED MEDICINES IN TREATMENT OF DISEASES IN INDIA & USA As indicated by Francis Collins, the chief of the National Institutes of Health, "Any reasonable person would agree that the Human Genome Project has not yet specifically influenced the medicinal services of most individuals."



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# Medical Courses in India & USA

India has one government doctor for every 11,528 people and one nurse for every 483 people.

**TURNING INTO A** doctor is a dream of a large number of students in India. There isn't any calling as conscious as a doctor. In any case, numerous students aren't mindful of the entire procedure of turning into a doctor or an authority. For same, the student needs diligent work and devotion. It requires an endeavor to serve all types of illness with the utilization of one's knowledge, sympathy, and graciousness. No other profession is as fulfilling as medical where you cure individuals experiencing ailment, injury, mishaps, and malady. Only securing a degree isn't sufficient as it is required to pick a branch of medicine and surgery to be a successful doctor. A few of the fields are - Pediatrics, Gynecology, Ophthalmology, Surgery, Neurosurgery, and Cardiology. DATA BRIEFING

Every year, 55,000 doctors complete their MBBS and 25,000 post graduation. At this rate of growth, India should have a doctor (allopathic) for every 12500 people by 2020.

# roundup \\ medical courses in india & usa

# Specializations in Different Streams of Medical Courses

Different courses are offered for specialization in lifesciences. A couple of them are given here for you to have a thought:

- Cardiology manages ailments of the heart. It includes specific work like angioplasty, angiography, and bypass surgery
- Neurosurgery a surgical branch which manages to treat peripheral and central nervous system and spine issue. It concentrates on basically cerebrum, spinal line, and nerves. Medicinal authorities are called neurosurgeons
- Orthopedics these doctors manage ailments in the skeletal structure. Further, fractures and hairline cracks, disorders of the skeletal framework are cured. He performs treatments and proposes practice for patients which are directed by Physiotherapists
- Ophthalmologists they manage human eye and its issue. They are prepared with surgeries of eyes, operation of waterfall, glaucoma and different diseases
- **Psychiatry** he manages psychiatry and different issues identified with mind, for example, mental, behavioral and emotional disorders
- Medicine MBBS doctor who picks up works in prescription and secures M.D. (Doctor of Medicine) degree is known as a doctor. His activity is to fathom patient's issues, clinical test outcomes, diagnosing the ailment and after that recommending the treatment
- **Pediatrics** pediatrician manages the children's wellbeing from phases of an infant to youths. He analyzes and performs treatment of the sicknesses of children
- **Obstetrics and Gynecology** Obstetricians and Gynecologists analyze and treat the female regenerative issue. They likewise perform operations like caesarian, laparoscopies, and hysterectomies. They manage ovarian tumor and different ailments identified with reproductive systems ▶





here are essentially three courses accessible for the intrigued candidates. One can seek after specialization course subsequent to the placement test.

- Undergraduate Courses
- Postgraduate Courses
- Super Specialty Courses

The test capability is a pre-imperative to look for affirmation in any of the medical schools both, private and government in consistence with Medical Council of India. Students start preparing years before by concentrating hard before showing up in the placement test to qualify. They need to invest their additional energy in the test arrangement even as they proceed with their scholarly learning. Qualifying in the test and confirmation is a genuine accomplishment for them.

# **Outline of courses**

# Undergraduate

• B. D. S. (Bachelor of Dental Sciences)

The term of this program is 4 years. 1 year is implied for necessary pivoting entry level position. Courses educated are - organic chemistry, physiology, pharmacology, fundamental life systems, and microbiology. Candidates are presented to dentistry and practical expertise is offered in the last two semesters.

• M. B. B. S. (Bachelor of Medicine and Bachelor of Surgery)

This projects traverse over a length of 5 ½ years and separated into three experts of three semesters. Every semester keeps going a year and a half or 1 ½ year. A year ago is devoted to mandatory turning temporary job. Subjects like life structures, physiology, natural chemistry, measurable drug, microbiology, pathology, pharmacology, general medicine, surgery, ophthalmology, ENT (ear, nose, and throat), gynecology, orthopedics and preventive and social medication are educated.

 B. A. M. S. (Bachelor of Ayurvedic Medicine and Surgery)
The span of this course is 5 ½ years. Ayurvedic Education in India is under checking by the Central Council of Indian



Medicine (CCIM), which once more, is a statutory government body.

### • B. U. M. S. (Bachelor of Unani Medicine and Surgery)

This course manages college degree in Unani Medicine and Surgery. Central Council of Indian Medicine (CCIM), a statutory government body deals with the Unani study in India.

• B. H. M. S. (Bachelor of Homeopathic Medicine and Surgery)

This program is of 5 ½ years term. It incorporates one-year obligatory temporary position. National Institute of Homeopathy, a statutory central government body represents the Homeopathic education in India.

• B. V. Sc. and A. H. (Bachelor of Veterinary Sciences and Animal Husbandry)

The term of this program is 5 ½ years. College class is offered in Veterinary Science and Animal Husbandry. Veterinary Council of India deals with the Veterinary education in India.

• B. Sc. - Nursing (Bachelor of Science in Nursing)

Length of this college class is 3 to 4 years. Specialization is done in Operation Theater, heart care, and surgery. Nursing Council of India administers the training in nursing in India.

• B. Pharm. (Bachelor of Pharmacy)

This is a 4-year degree program in a drug store. Experts are set up for the pharmaceutical industry, which is a multimilliondollar industry. Checking work of pharmaceutical training is finished by the Pharmacy Council of India.

• B. P. T. (Bachelor of Physiotherapy)

Distinctive medicinal schools of the nation offer college class in physiotherapy. The course offers to learn of logical systems and biomechanics used to treat a patient with incapacity or ailment or damage. The program additionally manages avoidance of glitch or distortion.

• B. O. T. (Bachelor of Occupational Therapy)

This is a graduate degree course in word related treatment which is offered by different medicinal organizations. Through this roundup Medical courses in India & USA //

# Medical Courses Stages

program, proficient advisors are readied whose zone of operation is to manage individuals experiencing physical or mental incapacities. They are accomplished greatest working and autonomy identified with day by day exercises of the body.

# B. M. L. T. (Bachelor of Medical Laboratory Technology)

Different medicinal organizations in the nation offer B.Sc. program in medical research facility innovation. Effective candidates are met with B.Sc.- M.L.T. degree. They are the experts who manage practical and specialized work to help in diagnosis and perform Biochemical tests to find out the reason behind the ailment.

# **Postgraduate Courses**

• M.D. (Doctor of Medicine)

This is a three-year course which offers the postgraduate degree in medicine. Those doctors who have M.B.B.S. degree are qualified for this course. It is a particular program when all is said in done pharmaceutical. Candidates who finish the degree effectively are qualified to pick doctor as a profession.

• M.S. (Master of Surgery)

It is a 3 years course which offers a postgraduate degree in surgery. Those doctors who are M.B.B.S. are qualified to for this course. Prolific doctors can act as surgeon, either independently or under an organization.

# • Postgraduate Diploma

Different medical universities or establishments offer a postgraduate certificate program in medicine. MBBS degree holders are qualified for the program. The term of the course is 2 to 3 years.

# Super Specialty Courses

# • DM/MCh

It is a super claim to fame course with a term of 2 to 3 years. Candidate should be an MD (Doctor of Medicine). While M.Ch is a 2 years program in surgery which expects possibility to have MS (Master of Surgery).

# roundup \\ medical courses in india & usa

## **Admission Stages**

**Training Qualification** - Candidate must be passed in class XII or equivalent with subjects physics, biology and chemistry and from any perceived Indian board (CBSE, ICSE and so on.).

**Placement test** - Candidate needs to show up in a written exam for affirmation in medical schools. A competitor might be made a request to experience a personality or interview test too. The aggregate score of the exam and interview will be actualized for ultimate conclusion.

**Exam Pattern** - Candidates can check the exam example, syllabus, and personality test (assuming any) in the official data pamphlet. Candidates can either download it from the official site or get it from other centers offering it.

**Result** - Merit list of effective applicants who are pronounced qualified for confirmation will be issued by the examination board.

**Last Selection** - Candidates will be called for counseling and form filling by the concerned expert for their choice of options. After all, has been done, a candidate needs to go to submit authentications, course expense, and physical tests.

With regards to medical schools in the USA, these may be categorized under two classes. There are those schools which focus on the examination side and those schools which concentrate all their consideration on instructing their students about essential care matters. However with regards to picking which is the best medical school can be extremely hard to accomplish as some have a considerably higher popularity than others. For instance, you could state that Harvard is the best, yet this is likely for some medicine courses, maybe for other courses, another university is topping the list.

Regardless of the possibility that we were to assemble an authoritative list of what are the best and most noticeably not so good medical schools in the USA,today, sadly if medical school position varies then their prerequisite benchmarks will be substantially higher. Regularly such schools will anticipate that those applying will have a superior Grade Point Average (GPA) and in addition, they will need their potential enrollees to sit for a significantly more troublesome MCAT (Medical School Admissions Test). Be that as it may, there are additionally different components; a student should take into when applying to such a decent medicinal school as the school being referred to will take a gander at where the student really dwells and how well their exposition that they have to finish as a feature of their application was composed.

Absolutely there are various points to be picked up while going to other medical schools in the USA. Surely the degree you get from this sort of school will help in acquiring a superior position and frequently those students who rank profoundly at such an organization will end up being remunerated a greatly improved residency position at the best medical foundations in the nation today.

With regards to searching for the best medical school in connection to exploring studies and preparing there are various distinctive ones that a student can consider. These are to be specifically Harvard University, Duke University, John Hopkins University alongside the University of California San Francisco, while Oregon Health and Science University and the Michigan State University College of Osteopathic Medicine are thought to be a portion of the best schools that furnish students with amazing training, identifying with essential care matters.

# Transformation of Medical Systems in the two nations



**THE ACT OF** medicine existed even in the most ancient times of recorded mankind's history. The fifth century BC was the brilliant time of Greek medicine and it was amid this period that Asclepid Hippocrates (conceived around 460 BC), presented logical arrangement of regulating medicine which was till then ruled by religious and spiritualist practices.

Hippocrates exemplified the perfect ideals of a doctor, for example, learning, preparation to help, immaculateness of life, sympathy, ability, and patriotism. Hippocratic drug depended on training and additionally hypothesis, with little accentuation on life systems. The historical backdrop of Indian medicine goes back to 3000 BC and the unearthing of Mohanjodaro and Harappa toss light on medical practices that thrived at that age which comprised primarily of religious, supernatural and experimental methodology.

"Ayurveda" (the science of life) is viewed as an offshoot of the Rig Veda. It laid accentuation on mending, as well as on the prolongation of life, conservation of sickness. The antiquated sages perceived wellbeing as the very premise of excellencies, riches, satisfaction, and salvation. From early circumstances, Ayurveda was created free of religious statutes. Agni Vesa has been credited with an initiation of Ayurveda. Charaka altered this all-encompassing content and created "Charaka Samhita". Susruta, who was a medicinal educator of Varanasi amid the Buddhist time frame, practiced surgery.



# "Ayurveda" (the science of life) is viewed as an off-shoot of the Rig Veda. It laid accentuation on mending, as well as on the prolongation of life, conservation of sickness.

Vagbhata, another Buddhist doctor living in the Indus province (Second century AD) composed two works of art in "Ayurveda Ashanga Sangraha" and "Ashtanga Hridaya". Vagbhata underlined the standards of medication, Susruta managed fundamentally with surgery and life structures, while Charaka underscored medicals. The Yoga idea of physical and mental culture to save the wellbeing of the body and the mind was created in India. Notwithstanding when the Aryan inundation into India acquired Ayurveda, different frameworks of medicine, for example, Siddha and Chintamoni existed in this sub-mainland, particularly in the South from pre-Aryan circumstances. The Buddha (Sixth Century BC) and his pupils perfected pharmaceutical and thus healing of the sick were given an incredible significance.

Arabic and middle-east nations share the custom of Arabic society medicine and the Unani or received Greek medication. It was basically taken from Galenic lessons amid the early Islamic period. A few names emerge noticeably among the individuals who built up this framework Ibn Sina of Andolasia in Spain, Al Mansur of Baghdad, Avicenna, Razi, Rhzes, and others. The foundation of the hypothetical direction was the Alexandrian ordinances which outlined a couple of books ordered by Galen. The real works in Unani were "Al qnanum Fi-Tibb" by Ibn Sina, proceeded by Rhazes, "Kitab-Al-shifa" by Avicenna, "Al-Tarsiff" by AhuQuasim-Az-Zuhra-Wi" and a few others. Doctor's facilities were set up from the tenth century AD in a few towns. Surgery and Ophthalmology were worked on amid this period and crafted by Unani Surgeons prepared for improvement of Surgery in Europe. In India, the Muslim rulers advanced Unani framework next to each other with Ayurveda.

From these old times, pharmaceutical dynamically rose as a logical discipline, undergoing intermittent changes in its substance and approach. The sixteenth and the seventeenth hundreds of years saw the development of the cutting edge physical sciences and its logical strategies for study and investigation. Vesalius, conceived in 1514 in Brussel, mentioned broad objective facts in life structures and created his traditional work on life systems "De humanis corporis fabrica" in 1543. William Harvey, a British Physician, distributed his established work on dissemination of blood, "De mortu Cordis" in 1628. It was Harvey who set up the logical premise of pharmaceutical.

Beginning in the late eighteenth century and creating with an extraordinary speed in the 1st century, the modern medicinal hypothesis and practice gained awesome ground. Disclosure of the magnifying instrument by Leeuwenhoek, three hundred years back prompted the distinguishing proof of the cell as the premise of natural presence. Koch's proposes laid a firm reason for setting up the etiology of microbial ailments. Gregor Mendel distributed his perceptions in 1865 and established the frameworks of present-day hereditary genetics science. Molecular basis for diseases likewise was recognized in the early piece of the nineteenth century.

In today's timetechnology and innovation have educationally progressedand the improvements around us are visible by a wide margin. While Communication Technology has achieved its pinnacle of execution and proficiency and has contracted this tremendous world into the small stage; Science has jumped some light-years and has begun to discover opportunities in the Universal Space.

The best Think-tanks of the globe have achieved their Peter's Plateau and on these cross-roads, they are astounded to take note that their alleged inventions and developments are simply rerevelations of what our incredible ancestors have recorded in their Vedic Scripts. Additional amazing thing is the way that while this quickness and advancements have brought Global Warming, Incurable-impossible illnesses, ecological disintegration, Space Pollution and even risk of extinction as the side-effects and symptoms; the developments and procedures of Indian Vedic Scholars have been without negative impacts.









"Let's think about making our product which has 'Zero Defect'; so that it does not come back (get rejected) from the world market and 'Zero Effect' so that the manufacturing does not have an adverse effect on our environment"

SHRI NARENDRA MODI Hon'ble Prime Minister



THE AWARE CONSUMER

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NOVEMBER 2017





# **Certification Scheme**

# A roadmap to World-class manufacturing



# HIGHLIGHTS

- 🔅 A scheme by Ministry of MSME, Govt. of India
- Example 2 Certification on the systems and processes of MSMEs
- 🔅 Handholding MSMEs towards world class manufacturing
- Special emphasis on MSMEs supplying to Defence Sector
- Direct subsidy to participating MSMEs
- Creating a credible database of MSMEs for OEMS/CPSUs/Foreign Investors under "Make in India initiative"
- Quality Council of India (QCI) to function as the NMIU (National Monitoring and Implementing Unit) of the scheme

# Free Registration at www.zed.org.in

# **CONSUMERS, BEWARE !!** Tips for Patients



**MEDICAL SERVICES ARE** imperative to everybody and acclaim its role in everyday life. Today, we have numerous public and private centers in India and USA for the treatment of different diseases. In India, medical stature is under surveillance in both public and private sectors. Every day we hear cases of malpractices in hospitals and medical centers. Patients are illtreated; additional charges are added in the name of service and so on. USA on the other side has strong medical laws and these are implemented and followed with sincere efforts.

# Here are some ways which will alert you from some unethical doctors -

#### 1) 30-50% kickbacks for lab tests

At the point when a doctor (family doctor/general physician, surgeon or consultant) prescribes medical tests -

X-rays, MRIs, pathology, radiology, and so on - the lab performing those tests gives commissions. In South and Central Mumbai - 40% is the commission of doctors offered by pathology labs. In suburbs north of Bandra - an astounding 50 for each penny! He presumably earns too much in this way than consultation.

# 2) 30-40% for referring to consultants & surgeons

At the point when your family GP refers you to a surgeon or specialist, the doctor gets 30-40%.

#### 3) 30-40% of whole hospital charges

In the event that the GP or consultant prescribes hospitalization, he will get a kickback from the private nursing home as a level of all charges including ICU, bed, nursing care, surgery.

#### 4) Sink Tests

A few tests recommended by doctors are not required. They are there to expand bills and commissions.

The pathology lab comprehends what is superfluous. These are called "sink tests"; blood, urine, stool tests gathered will be tossed.

# 5) Admitting the patient to "keep him under observation"

Individuals go to cardiologists feeling unwell and restless. Most of the individuals aren't affected by a heart attack, and cardiologists and family doctors are very much aware of this. They concede such safe patients, put them on a saline drip with gentle sedation, and send them home following 3-4 days subsequent to charging them a fat sum for ICU, bed charges and specialists expenses.

### 6) ICU minus intensive care

Nursing homes everywhere throughout suburbia are administered by doctor couples. In such places, medical attendants and ward boys are tenth class drop-outs in ill-fitting uniforms and uncovered feet. These "medical attendants" sit at the reception counter, give injections and saline dribbles, perform ECGs, apply dressings and change bandages, and aid the operation theater. During the evening, they even sit outside the Intensive Care Units; there is no resident doctor. In case of emergency, the specialist - who normally lives in a similar building will turn up following 20 minutes, after this attendant calls him. Such ICUs concede safe patients to top off beds. Honest to goodness patients who require crisis mind are sent somewhere else to hospitals having a Resident Medical Officer (RMO) round-the-clock.

# 7) Unnecessary cesarean surgeries and hysterectomies

Numerous surgical systems are done to keep the cash register ringing. Cesarean deliveries and hysterectomy (removal of the uterus) are high on the rundown. While the woman with labor-pain is shouting and freezing, the obstetrician who tenderly proposes that cesarean is best, appears like an angel sent by God! Menopausal women encounter bodily changes that make them anxious and simple. They can be scared by words like "fibroids" that are in practically every typical woman's radiology reports. At the point when a gynecologist tenderly proposes womb removal "as a safeguard", most women and their partners agree without a second's thought.

### 8) Cosmetic surgery-Fake Advertisement

Liposuction and plastic surgery are not minor methods. Some are lifethreateningly methods. In any case, ads influence them to show up as simple as facials and waxing. The Indian medical council has strict guidelines against such as



Cesarean deliveries and hysterectomy (removal of the uterus) are high on the rundown. While the woman with labor-pain is shouting and freezing, the obstetrician who tenderly proposes that cesarean is best, appears like an angel sent by God!

misrepresentation. Be that as it may, no one is keen on making an action.

# 9) Indirect kickbacks from doctors to renowned hospitals

To be on the board of renowned hospitals there is give-and-take included. The hospital anticipates that the doctor will refer numerous patients for admission in the hospital. In the event that he neglects to send a specific number of patients, he is unobtrusively dumped. Thus he gets a kick out of the chance to concede patients notwithstanding when there is no need.

# 10) "Emergency surgery" on dead body

In the event that a specialist swiftly wheels your patient from the ICU to the operation theater, declines to release you inside and see him, and needs the signature on the consent form for "an emergency operation to save his life", it is likely that your patient is already dead. The "urgent operation" is for swelling the bill; in the event that you concur with it, the surgeon will turn out 15 minutes after the fact and report that your patient passed on the operation table. And after that, when you take delivery of the dead body, you will pay OT charges, anesthesiologists' charges, and other additional charges. You can't believe them aimlessly.

# Young Surgeons and Old Ones

The youngsters who are setting up the nursing home and so forth have heavy loans to settle. To pay back the advance, they need to execute however many operations as could be expected under the circumstances. Likewise, to build a reputation, they need to play out an expansive number of operations and build up their abilities. In this way, to start with, each case appears to be fit for cutting. Be that as it may, with age, understanding and thriving, numerous specialists lose their preference for cutting and stop recommending operations.

# **Physicians and Surgeons**

To a man with a mallet, each issue resembles a nail. Specialists get a kick out of the chance to take care of medicinal issues by cutting, similarly as doctors initially look for arrangements with drugs. In this way, if you take your medicinal issue to a specialist, to begin with, the odds are that you will pointlessly wind up on the operation table.

# RESEARCHFEATURE

# All About Indian & American HEALTH CARE SYSTEM

Health care system in India and America are totally different and have lots of diversities. Here are some evidences-

# Healthcare System in India

India has an extremely open medical services system, yet there stay numerous distinctions in quality amongst rural and urban areas and between private and public health care. In spite of this, India is a prominent destination for medicinal tourists, given the generally low expenses and high quality of its private hospitals.



# India offers various health

care challenges for Indian and foreign patients, so it is essential to know how the health care system in India operates in the event you need it. Medical services in India is a huge system and can be much similar to rest of the world : full of complexity and paradoxes.

### **History and Today**

Ministry of Health in India was established after getting independence in 1947. The government has made health a primacy in its five-year plan series, each of which decides state spending primacies for the coming five years. The National Health Policy was supported by Parliament in 1983. The policy went for an all-inclusive medical services insurance by 2000, and the policy was updated in 2002.

The Indian health care system is basically managed by the states. India's Constitution handles each state with giving health care to its people. Keeping in mind the end goal to address the absence of medical insurance in rural areas, the national government propelled the National Rural Health Mission in 2005. This mission focuses resources on rural areas and poor states which have feeble health services with the expectation of enhancing health care in India's poorest regions.

### **Private and Public**

The medical care system in India is all-inclusive. That being stated, there is an extraordinary disparity in the quality and scope of medicinal treatment in India. Medicinal services amongst states and rural and urban regions can be immensely extraordinary. Rural areas frequently experience the ill effects of doctor deficiencies, and inconsistencies between states imply that occupants of the poorest states, similar to Bihar, regularly have less access to satisfactory human services than inhabitants of generally more prosperous states. State governments give medicinal services administrations and wellbeing instructions, while the focal government offers authoritative and specialized administrations.

The absence of satisfactory scope by the health care system in India implies that numerous Indians swing to private medicinal services suppliers, in spite of the fact that there is a choice for most but partly difficult to reach to the poor. To help pay for human services costs, protection is accessible, regularly given by managers, however, most Indians need medical insurance, and out-of-take costs make up an extensive bit of the spending on therapeutic treatment in India.

On the other hand, Indian private hospitals offer extraordinary quality health care at a fraction of the costs of hospitals in developed countries. This feature of Indian health care makes it a prevalent destination for medical tourists. India also is known as a top destination for all medical tourists looking for alternative treatments, for instance, Ayurvedic medicine.

International patients most likely rely on private hospitals for their advanced medical treatment in India. Local pharmacists provide a valuable resource for most minor health concerns.

Knowing the health care system in India and taking affordable health and safety measures should help ensure that your medical tourism in India is a sound and pleasant one!

# USA

The U.S. social insurance system is one of a kind among advanced industrialized nations. The U.S. does not have a uniform health care system, has no universal health care insurance, and only currently has approved legislation mandating health care insurance for everybody. Instead of operating a national health service, a solitary payer national medical insurance system, or a multi-payer universal medical insurance fund, the U.S. health care system can best be depicted as a hybrid system. In 2014, 48 percent of U.S. medical services spending originated from private funds, with 28 percent originating from households and 20 percent originating from private organizations. The federal government accounted for 28



percent of spending while state and nearby governments accounted for 17 percent.

In 2014, 283.2 million individuals in the U.S., 89.6 percent of the U.S. populace had some sort of medical insurance, with 66 percent of specialists secured by a private health care insurance design. Among the insured, 115.4 million individuals, 36.5 percent of the population, got coverage through the U.S. government in 2014 through Medicare (50.5 million), Medicaid (61.65 million), or Veterans Administration or other military care (14.14 million) (individuals might be secured by more than one government plan). In 2014, almost 32.9 million individuals in the U.S. had no medical insurance.

This reality sheet will look at the U.S. medical care system related to other countries, with an emphasis on the issues of high medicinal services expenses and variations in insurance in the U.S. It will then layout some basic strategies utilized by a part of different nations to bring down health care costs, look at the Indian medicinal services system as a model for noncentralized universal care, and put the quality of U.S. human services in an international context.

#### Drivers of Health Care Spending in the U.S.

Restrictively high cost is the essential reason Americans give for issues getting to medicinal services. Americans with belowaverage incomes are substantially more likely than their counterparts in different nations to report not: going to a doctor when ill; getting a recommended test, treatment, or follow-up care; filling a prescription; and seeing a doctor. Fifty-nine percent of doctors in the U.S. recognize their patients experience issues paying for medical services. In 2013, 31 percent of uninsured adults revealed not getting or deferring medicinal care as a result of cost, compared to five percent of privately insured adults and 27 percent of those on public insurance, including Medicaid/CHIP and Medicare.

While there is no contract with regards to the single reason for rising U.S. medical care costs, specialists have recognized three contributing factors. The first is the cost of new technologies and professionally prescribed medications. A few analysts have contended "that the accessibility of more costly, state-of-the-art medical technologies and medications energizes medical care spending for development costs and this is why they generate demand for more serious, expensive services regardless of the possibility that they are not really cost-effective." In 2013, the U.S. spent \$1,026 per capita on pharmaceuticals and other nondurable medicinal care, more than Indian investment.

Another clarification for improved expenses is the ascent of chronic diseases, including obesity. Broadly, costs of medical services for chronic diseases contribute proportions to health care prices, especially amid the end of life care. "Patients with unending disease in their most recent two years of life account for about 32% of aggregate Medicare costs, quite a bit of it going towards the doctor and hospital charges related to recurrent hospitalizations." The National Academy of Sciences found that among other high-income countries the U.S. has a higher rate of chronic sickness and a lower overall life expectancy. Their findings recommend that this remains constant notwithstanding while controlling



for the socio-economic disparity. Specialists are concentrating more on preventive care with an end goal to enhance health and lessen the financial burdens associated with chronic disease. One provision of the Patient Protection and Affordable Care Act, usually alluded to as basically the Affordable Care Act (ACA), executed in 2013, gives extra Medical aid funding to states giving minimal low-cost access to preventive care.

Lastly, high administrative costs are a contributing component to the inflated costs of U.S. medical services. The U.S. drives all other nations including India in the run to national health care expenditures committed to insurance administration. It is hard to decide the exact differences amongst public and private administrative expenses, in part because the definition of "administrative" varies broadly. Further, the government outsources some of its administrative needs to private firms. What is clear is that bigger firms spend a smaller percentage their aggregate uses on the organization, and national estimates suggest that as much as half of the \$361 billion spent yearly administrative costs is wasteful. In January 2013, a national pilot program executed under the ACA started. The point is to enhance regulatory effectiveness by enabling specialists and healing facilities to package charging for an episode of care instead of the present impromptu strategy.

# The Affordable Care Act: Achievements and Remaining Challenges

In March 2010, ex-President Obama signed the ACA into law that rolled out many huge improvements to the U.S. healthcare system in the period of 2011 and 2014. Provisions incorporated into the ACA are expected to grow access to medicinal insurance, improve customer insurances, accentuates wellness and prevention, and promotes evidence-based treatment and administrative effectiveness trying to check rising medical services costs.

Started in January 2014, all Americans are required to have some type of medical coverage from either their employer, an individual plan, or through a public program, for example, Medicaid or Medicare. Since the alleged "individual mandate" produced results, the aggregate number of non elderly uninsured adults dropped from 41 million of every 2013 to 32.3 million out of 2014. The biggest insurance advantages were concentrated among low-salary individuals, non-white individuals, and young adults, every one of whom had high uninsured rates preceding 2014.

A significant provision of the ACA was the production of medical insurance marketplace exchanges where people not already insured by the employer gave plan or a program, for example, Medicaid or Medicare can look for medical coverage. People with earnings between 100 percent and 400 percent of the federal poverty line would be qualified for advance able premium tax credits to sponsor the cost of insurance. States have the choice to make and manage their own trades or enable the federal government to do as such. At present, just 14 states operate their individual exchanges.

India and the US vary broadly with regards to medical care system. With the viewpoint of results, in India, the life expectancy is 63 years for men and 66 years for women, while that for the US is 76 years for men and 81 years for women. Children up to the age of five are additionally significantly more prone to die in India than in the US.

"India faces a mounting need to settle its essential health concerns in the field of HIV, tuberculosis, malaria, and diarrhea. Moreover, children under five are born underweight and about 7% (contrasted with 0.8% in the US) of them die before their fifth birthday.

The current year's budget has faced severe criticism for not tending to fundamental issues sufficiently, emphasizing rather health insurance schemes and public-private partnerships.

Contrasting the medicinal care systems of two of the world's greatest democratic countries - the United States and Indiafeatures transformations we can make to enhance the access and results in our own nation while likewise conveying to the fore some of our potential qualities.

# Differences

We should take a gander at the key differences between the two nations.

#### 1. Public health scenario

India falls waybehind the USA in the public health field, with clean drinking water, sufficient nutrition, sanitation and access to medicinal services being long-standing difficulties. The current year's budget, as well, has gone under severe criticism for not tending to fundamental issues satisfactorily, accentuating rather medical coverage plans and public-private partnerships.

The scenario is far rosier in the US, where per-individual medical services consumption is the most astounding on the earth. Successive governments have reliably organized healthcare reforms.

#### 2. Nature of healthcare

The health care system in India can be portrayed as 'mixed'. While the government gives health care insurance at primary, secondary and tertiary levels, there is a prospering number of private hospitals with better therapeutic facilities. Sadly, most are excessively costly for the average earning citizen. Medical services are considered much more important in the US, as per the stats and reports.

Outstandingly, the Patient Protection and Affordable Care Act (PPACA), also called 'Obamacare', came into existence as a law in 2010 with a mission to change the medical insurance sector and to give more Americans accessible, affordable and excellent healthcare services. Consumer protections, subsidies, taxes, regulations, protection trades and other such changes go into In India, children under five are born underweight and about 7% (contrasted with 0.8% in the US) of them die before their fifth birthday.

Started in January 2014, all Americans are required to have some type of medical coverage from either their employer, an individual plan, or through a public program, for example, Medicaid or Medicare. influencing the system to work. Thus, in India, a central initiative by the government will help make medical services open to the huge population.

## 3. Vast difference % of GDP Expenditure in USA & India

In India, the aggregate use of medical care as a percentage of GDP is just 4%, whereas in the US it is 17%. As indicated by World Health Organization (WHO) data for nations performing best in the medicinal services segment, the US positions 37, while India remains at 112. While the US can at present enhance and gain more from the best performers, India still has far to go.

### 4. Out of the pocket expenses

An astounding 70% of the Indian population pays out of their own pocket for medicinal uses. This ordinarily fortifies the budgetary mechanism of the insurance sector. In the US, the out

of the pocket consumption is much lower at 10-12%.

## 5. Health insurance is mandatory in the US, unlike India

In the US, it's obligatory to get medical coverage and you need to pay a penalty if for reasons you don't take it. Employers in the US, according to government rules, should give medical insurance to their employees. Nothing as such is operational in India, where the provision or purchase of



medical insurance is up to the prudence of employers or people.

In the US, it's compulsory to get medical coverage and you need to pay a consequence if for reasons unknown you pick not to get it.

#### 6. Scope of insurance

In the US, medical insurance cover is usually complete and incorporates everything from consultations for, say, a fever to hospitalization. However, in India, visits to doctors are not secured under insurance. Just 30 days pre-/60 days posthospitalization are secured, contingent upon terms of the policy. Alternate costs are to be borne by the individual.

### 7. Premium charges

Since a bigger number of individuals are secured under medical insurance cover, with bigger scope and a significantly higher standard of living, the top-notch rates are usually higher in the US. In India, since the medical coverage approaches are taken to a lesser level of the population and owing to cut-throat competition among different insurance agencies, the premiums are much lower. For example, a 30-year-old Indian male needs to pay around Rs 500/month to get Rs. 5 lakh medical coverage protection. The numbers contrast with various medicinal services protection suppliers, yet you can get better than average protection for about Rs. 10,000 every year. Regardless of this, medical insurance has a moderately poor reach.

#### 8. Differentiation in states

The US is a federation comprising several states, each of which has diverse rules and regulations. This likewise affects the medical insurance standards and provisions, which vary from state to state. India, then again, is a republic and similar guidelines apply to all states. Along these lines, a medical insurance approach will have similar standards and directions the nation over.

The main contrast is that of insurance or absence of health care insurance in India. Most medical insurance is given on a

payout of pocket basis or based on free government subsidized healthcare. There are two sorts of hospitals and centers: private and government. In the event that a patient is going to a private center, they are required to pay 100% out of pocket in advance and every facility charges diversely relying upon the claim to fame, and so forth. Then again, if a patient is being seen at an administration doctor's facility, installment broadly differs.

India is seeing an expansion in the number of insured patients but doctors favor uninsured patients since they can profit off them. Insurance agencies are as yet paying the costs of five years back for procedures and office visits even though the cost has gone up.

Another incredible contrast amongst India and the US is the number of patients a specialist finds in an hour or day. Here in India, it wasn't remarkable for a specialist to see sixty patients in three hours and afterward shut their doors for whatever remains of the day. If you figure it out upto what extent they go through with every patient it is extremely negligible compared with that of the US. Here and there, a specialist here won't do a physical exam and endorse medications or methodology constructed exclusively with respect to the history!

It has been said that we depend excessively on symptomatic testing in the US, however, there is a cheerful medium that neither one of the countries has come to. India could utilize more testing to affirm or even make their judgments and America could utilize somewhat not so much testing but rather more doctors' instinct and history to settle on their choice.

# MYMARKET

# India Emerging As a Global Healthcare Destination

ellbeing is a key for moral, aesthetic, material and profound advancement of man. It is exceptionally sure that of the considerable number of advancement in all ways, the wellbeing of health is the most desired and the best. Traveling abroad for treatment has been an old practice. With the progression of time and the simplicity of travel, individuals have begun voyaging abroad looking for speedier, less expensive and more secure surgical methods.

Generally new to the world, medicinal tourism has been a normal practice in the West and has been upheld by exceedingly created indigenous social insurance frameworks and consistent enhancements in innovation. By refurbishing the innovation, increasing more noteworthy nature with the most recent medical inventions and thus enhancing the picture as far as quality and cost, the health services industry in nations like India and Thailand are drawing on a worldwide stage to develop as best therapeutic tourism goals.

In a nation as differing as India, the social insurance industry has profited by its rich social asset and grand past. A current market considers assumption of a development from US\$ 18.7 billion to around US\$ 45 billion - comparable to 8.5 for every penny of GDP by 2012. India has developed as the main nation advancing medical tourism.

The Government of India gives Tourist Visa of a brief term and an infrequent Medical Tourism Visa (M) of longer span (up to 1 year) for people. Patients are likewise given Visa (MX) for their going with companion coming to India for Medical Treatment. New terms, for example, health tourism, human services outsourcing and medical back office support have increased great reputation of the country.

What has been named as "Worldwide Patient Care" is now picking up pace in the country. Private social insurance units are continually ad-libbing their wellbeing framework and pulling in a consistent stream of global patients by attaching charming advantages to their bundle. This appears to be very sensible given the increasing expenses of treatment in western nations alongside expanding requests of a maturing populace. Expenses of cutting-edge surgeries in India are 10-15 times lower than anyplace on the planet that pulls in patients from abroad to profit a large group of courses of action at an effortlessly moderate rate. A run of the mill bundle incorporates air travel, neighborhood transportation, interpretation administrations, aerated

and cooled five-star settlement for the patient and furthermore to accompany life partner or relative much of the time.

India is very much gaining to be at the top of the worldwide health insurance industry in view of the offices and administrations it offers and by utilizing the brand value of Indian health services experts over the globe. "A worldwide human services goal" is the thing that even the legislature is intending to mark the country and is making financial strategies towards that path.

#### Financial differences in treatment

Restorative treatment has turned out to be very costly nowadays. If, you live in the USA, at that point you ought to be very much aware of the sort of medicinal charges that you need to endure for general and everyday social insurance. For a serious illness then the costs will be considerably higher. So, one could wind up in a circumstance, when one needs to pay a bundle-some amount for complete treatment. This is clearly not something that you might want to do when all that you need is rest and significant serenity. Gratefully, there are some awesome choices that are accessible that would have the capacity to protect people in this testing time. A standout amongst other answers for medicinal treatment that is accessible for

USA citizens is medical tourism in a country like India, where cost is moderate for the cure.

There are some rumored medicinal insurance agencies, which give the genuinely necessary monetary help with this issue. If you are from the US, at that point you can just complete your medicinal treatment in India and the costs for the same are conceived by the insurance agency. You would then be able to pay off your costs to that insurance agency in simple portions. Along these lines, you don't need to stress over masterminding money for your medicinal treatment and you will at present get quality therapeutic treatment for yourself. Best of all, you will get an opportunity to visit and go to a standout amongst the most socially rich nations of the world, where you will likewise get a chance to visit one of the Seven Wonders of the World, Taj Mahal.

Indian metro cities exceed expectations in giving quality and moderate medical treatment. It has rumored and surely understood healing centers like Peerless Hospital, Apollo Gleneagles Hospital, Fortis Hospital and so on which offers amazing medicinal administrations and an incredible mood. Prominent medicines that are routinely executed in these clinics incorporate an entire scope of major and minor surgeries going from corrective surgery to neurosurgery. Stylish medicines are likewise performed with measure up to flawlessness and care.

#### Insurance schemes in the USA

In the United States, health care coverage is a program that helps pay for therapeutic costs, regardless of whether through privately bought protection, social protection or a social welfare program subsidized by the government. In a more specialized sense, the term is utilized to portray any type of protection that gives insurance against the expenses of medicinal administrations. This utilization incorporates private protection and social protection projects, for example, Medicare, which pools assets and spreads the money with real medicinal costs over the whole populace to ensure everybody, and also social welfare projects, for example, Medicaid and the Children's Health Insurance Program, which give help to individuals who can't manage the cost of medical care.

Apart from medical cost protection, "medical coverage" may likewise allude to protection covering disability or long dragging nursing or custodial care needs. Diverse medical coverage gives distinctive levels of monetary assurance and the extent of scope can change broadly. The offer of Americans without medical coverage has been sliced down the middle since 2013.

# FAMILY FLOATER OR INDIVIDUAL PLAN

Younger families will find floater policies cheaper but older people should take individual plans

# **COST OF HEALTH**

1.5

	Recommended plan	How much it costs	Why it works better	ILLNESS AND DURATION OF TREATMENT	COST
NEWLY MARRIED Husbard 27 yrs, wife 25 yrs	FAMILY FLOATER	Insured amount <b>₹5 lakh</b> Annual premium <b>₹9,456</b>	Low chance of medical emer- gency in young people. Floater plan gives higher cover at lower cost.	Food poisoning 1-2 DAYS	₹40,000- 60,000
YOUNG FAMILY Husband 32, wife 30, kids 4 yrs and 2 yrs	FAMILY FLOATER	Insured amount <b>₹7 lakh</b> Annual premium <b>₹15,994</b>	Low chance of all members requiring medical treatment at the same time. Floater plan is cheap and effective.	Dengue 3-4 DAYS	₹ <b>50,000-</b> : lakh
ALDER FAMILY Husband 40, wife 38, kids 12 yrs and 10 yrs	FAMILY FLOATER	Insured amount <b>₹10 lakh</b> Annual premium <b>₹19,839</b>	Though oldest member is 40, floater plan still works out cheaper because all members share the ₹10 lakh cover.	Pneumonia 6-7 DAYS	₹80,000-: lakh
				Heart surgery	₹2-3.5 lak
GROWN UP FAMILY Husband 50, wife 42, kids 22 yes and 20 yes	FAMILY FLOATER for the couple and INDIVIDUAL PLANS for the children	Floater <b>₹15 lakh</b> Annual premium <b>₹26,127</b> Individual plans <b>₹3 lakh each</b> Annual premium <b>₹6,725</b>	Premium is linked to age of the oldest member. Separate plans for children will work out cheaper.	Fractured bones 4-5 DAYS	₹4-5 lakh

INDIA EMERGING AS A GLOBAL HEALTHCARE DESTINATION

Medical tourism is a booming sector in India, growing at an annual rate of 30%. Every year, hundreds of thousands of foreign nationals are flogging to India for high-end medical treatments. Better healthcare facilities, availability of skilled doctors, and improved quality of care has made India a preferred destination for medical tourism.

# Individually bought

As indicated by the US Census Bureau, around 9% of Americans are secured under medical coverage bought directly. The scope of items accessible is like those given through an employer. In any case, spending is higher in the individual market, with higher deductibles, coinstallments, and other cost-sharing provisions. Medical is the most ordinarily bought type of individual health care coverage.

In the individual market, the purchaser pays the whole premium without the advantage of an employer contribution. While independently employed people get a tax relaxation for their medical coverage and can purchase health care coverage with extra tax breaks, most buyers in the individual market don't get any tax break.

### Insurance schemes in India

In India, the medical coverage could be obtained from private to government organizations. The government has introduced several plans which are accessible to even low earning families. Apart from the government introduced plans, private organizations offer you a diverse range of options to choose from taking care of your need. The best part is an availability of so many options that it has given a relief to the users as everyone kind of fits into their choice of scheme.

A medical coverage floater approach of Rs 5 lakh is adequate in many parts of the nation. It may not be satisfactory that you live in a metro city, where the cost of therapeutic treatment is essentially higher. A 2-3 day hospitalization for basic ailments can cause you a bill of Rs 60,000-70,000 in private medical centers of metro urban cities. The bill for greater illnesses can keep running into a few lakhs of rupees.

In any case, a general reimbursement approach of Rs 3-5 lakh won't be of much utility if the policyholder is determined to have a serious sickness. For such cases, a basic ailment design is more valuable. Basic disease approaches come at higher expenses and cover just particular infirmities. Still, they are superior to some sickness specific cover plans.

Try not to depend excessively on the group cover from your company. Group covers have bunches of omissions and may not take care of the considerable number of expenses acquired amid the hospitalization. There are sub-constraints on room lease and different charges and co-pay provisos under which the policyholder is required to foot a specific level of the bill.

Take a cover plan of Rs 7-10 lakh at least in the event that you need to be erring to be safer and carefree. The premium does not increase in an indistinguishable extent as like the cover. Rs 5 lakh family floater cover is for Rs 12,000 a year, a Rs 10 lakh wont take care of Rs 24,000. It will be for about Rs 18,000 a year.

The kind of cover plans to purchase is to be decided as per your family's needs. The number of relatives and their age is significant to distinguishing a strategy. For example, a youthful family can do with a fundamental front of Rs 5 lakh, while a family with more established individuals must settle on a bigger floater cover. Family floater premiums are connected to the age of the most seasoned part. In the event that the elder members are more than 50, it is sensible to get an individual cover for them and exclude them from the floater design.

# 5 million preventable deaths occur every year



# Helpline 1800-11-0456 Reach out to us before you are one of them

# HORIZONS Is the Indian medical system upgraded?



**INDIA IS NOTABLE** for its inalienable cultures and pioneers in each field. Indian medical framework embraces Ayurveda, naturopathy yoga asana, and homeopathy. With the innovative progression, allopathy drugs and different methods for surgeries have been presented in India amid past decades, adding to top outcomes. The way of life is changing as indicated by modernization so are work systems. Indians exceed expectations in each circle, increasing world class notoriety in logical treatment strategies and methods coordinating the benchmarks by everdeveloping strategy.

Today, the scenario of Indian medicinal field everywhere throughout the world is honorable and furthermore attractive to finish medical problems for issues as little as a fever to confounded surgery. Indian clinical and paramedical ability is all inclusive acknowledged for its elevated expectation, because of an unmistakable level of information and practice. The essential investigation is attempted by each specialist yet specialization gives flawlessness. Indian specialists are particularly holding degrees like MS, MD or DM. They are additionally talented in preparing and in the treatment of cutting-edge innovative machines and treatment equipment and devices. Indian specialists lead in each medicinal stream say Cardiology, Neurology, Cardioa Nephrology, NeuroRadiology, Critical Care, Gastroenterology, automated surgeries and so on.

A substantial number of patients are appealed to India for their best medical centers furnished with exceptional care and supervision. Indian medications cover each part of the solution at a sensible cost. This draws consideration of remote patients to visit India for treatment. Patients are given all the data keeping up the transparency in treatment methodology. Medical experts in India are to a great degree accommodating to the patients making their treatment agreeable. Medicinal tourism in India is likewise rising to most elevated quality healthcare alongside most recent and redesigned framework, state of art infrastructure with universal and national authorized doctor's facilities.

It is exceptionally befuddling and hard to discover specialists in a nation which isn't your local or you don't know about the places. So, for that one can contact the consultants who can guide you about the processes involved. Universal patients are encouraged for travel or an arrangement of telephone consultation with doctors in India, saving money and time.

## Demand for Basic Primary Healthcare and Infrastructure

India faces a developing need to settle its fundamental wellbeing worries in the regions of HIV, malaria, tuberculosis, and hygienic ailments as diarrhea. Furthermore, kids under five are conceived underweight and approximately 7% (contrasted with 0.8% in the US) of them die before their fifth birthday celebration. Tragically, just a little level of the population approaches quality sanitation, which additionally compounds some key worries above.

For essential human services, the Indian government spends just around 30% of the nation's aggregate medicinal services spending plan. This is only a small amount of what the US and the UK spend each year. One approach to take care of this issue is to address the framework issue by institutionalizing indicative methods, building rustic centers, and creating streamlined wellbeing IT frameworks, and enhancing effectiveness. The requirement for gifted medical graduates keeps on developing, particularly in rustic ranges which neglect to pull in new graduates in view of budgetary reasons. A large number of the graduates likewise travel to another country to seek higher examinations and work.

### **Developing Pharmaceutical Sector:**

According to the Indian Brand Equity Foundation (IBEF), India is the thirdbiggest exporter of pharmaceutical items as far as volume. Around 80% of the market is made out of bland ease drugs which appear to be the significant driver of this industry.

The expansion in the maturing population, rising livelihoods of the working class, and the advancement of essential care offices are required to shape the pharmaceutical business in future. The legislature has officially taken some liberal measures by permitting outside direct interest here which has been a key main thrust behind the development of Indian pharma.

#### **Immature Medical Devices Sector:**

The medical technology and equipment area is the smallest bit of India's medicinal services portion. In any case, it is one of the quickest developing divisions in the nation like the medical coverage commercial center. Till date, the industry has confronted various administrative difficulties which have kept its development and improvement.

As of late, the administration has been sure on clearing administrative obstacles identified with the import-fare of medical gadgets and has set a couple of gauges around clinical trials. As indicated by The Economic Times, the medical equipment division is viewed as the most encouraging territory for future improvement by outside and territorial financial specialists; they are exceptionally productive and dependably sought after in different nations.

# Are medical services in India on the right track?

From the ancient time, specialists in India are knowledgeable in medical science. The differing treatments like yoga asana Ayurveda, Naturopathy were prevalent in giving mending process. The advancement of medical science in India has never ceased and individuals, specialists changed the way they honed and saw prescriptions. Regardless of the transformations, India went ahead with its bygone strategies for recuperating methods, which have been broadly acknowledged and appreciate a substantial fan base the world over. The medical relationship of the world found that an ever-increasing number of individuals ponder the Indian strategies recuperates in nature's touch.

In the present situation, doctors in India are all around prepared and exceedingly qualified in treating the smallest to convoluted disorders. To become an expert and improve abilities in the specific field of medicine, specialists seek particular courses and get higher degrees. For example say MBBS, MD, Doctor of medicine, represent specializing in oncology, cardiology, orthopedic, pediatrics, orthodontics, neurology, critical care, Gastroenterology, Hematology.

The patient when comes to choose the counsel, needs an assurance of recuperation with spending effectiveness. The specialist in the first meeting itself works to gain the trust of the patient by focusing on an issue of the patient and maintaining transparency in medical systems and then follows-up with the treatment. The patients are not left with any inquiry or uncertainty about their condition. Doctors in India address it in an extremely steady manner to patients and influence them to see each part of the treatment.

The social insurance framework in India has created advanced and present-day medical centers and has all-around qualified and experienced specialists, staff which makes culminate atmosphere for the global patients looking for medical medications in India. Medical tourism in India is becoming the primary decision for patients around the globe. It is winding up a new hotspot for patients from the USA and the United Kingdom for treatment as it offers least expensive conceivable cost alongside famous specialists in India. Nature of care with trust is accessible in doctors of India to light up the expectation of patients for a more beneficial future.

India is developing as a superpower nation. Numerous things in our nation must be changed, and the main thing is the disposition of individuals towards society. Aside from the state of mind, the training and medicinal services must be moved forward. It is appropriately said that in a sound body lies a sound personality.

Indian Government is additionally thinking in similar lines. As indicated by the arranging commission, extension in the human services division is the best need. In the five-year design, (2012-2017) the Indian government plans to build the spending on the health sector from the current 1% of the GDP to 2.5% of the GDP.

In India, there is a huge distinction between the quality and cost of treatment given by private medical centers and independent doctor's facilities. The private medical centers that give better facilities and treatment, however, only a modest bunch of Indian population can manage the cost of it. The state-run, clinics are of poor standard. Moreover, the greater part of the medical offices are in urban India. After 65 years of freedom medicinal offices are inadequate in provincial India.

### **Cost of Medical Services**

Medical treatment abroad is very costly in developed nations like the UK, USA, and Canada. Developing nations like India, Costa Rica, etc., offer a reasonable medicinal cost. To get the best facilities, you may need to locate the perfect organization that offers energizing services, schedule, and connect with great doctor's facilities and client driven



administrations. Regardless of whether you are searching for a medical treatment like plastic surgery or simply looking for homegrown treatment, you will get everything in these nations.

The U.S. spends more on medications and solutions. Survey records demonstrate that on medicinal treatment the United States spends more than two billion dollars. This is a noteworthy percent of the total national output.

In India, medical protection has not yet developed completely. Different medical medications and basic meds are broadly accessible and are at an accessible value contrasted with the United States. The medical system utilized as a part of the United States isn't material in India. Many individuals don't counsel specialists and purchase drugs known to prescription stores. Many individuals in India keep on believing in the medical treatment framework with homegrown pharmaceuticals, yoga, contemplation and numerous others that are more affordable.

There is no issue for medical tendencies to numerous seniors since they are bolstered by the joint family framework. Medical practice isn't an extraordinary calling in India. Individuals who look for cash in the medical calling and the pharmaceutical business keep on migrating to developed nations, including the United States.

The action of medicinal and pharmaceutical industry specifically influences family units, States and income from citizens. A great number of people from U.S get their medical coverage from their manager. Most Americans have health care coverage to their level or stay without medicinal protection.

The principle explanation behind the high cost of medical and pharmaceutical industry in the United States is that the medical administrations, foundation, innovation, and prescription are more costly than in India. The unwieldy methods for medical treatment, for example, scanners, MRI for normal illnesses give more pick up for the pharmaceutical business.

Some say that U.S industry spends more on medical treatment and meds for its representatives and on the advertising of its items that are used on the generation of its item. The level of media activity in the medical business keeps on affecting the psyches of ordinary citizens and covering the truth of net revenues swelled by the press, media and promotions on TV.

Here is the fundamental reason why the general population of the United States wishes to visit India for medicinal treatment, especially cosmic and plastic surgery as a similar quality is accessible in India at a considerably less expensive cost.

 A similar medical treatment, pharmaceuticals, and administrations that are accessible in India for similar surgeries and medical medications for different sicknesses are higher in the United States.

- The foundation expenses of medical protection frameworks of the United States, adds to the cost of medical treatment, meds, and administrations.
- Predominant technology of high innovation and techniques for basic sicknesses adds to the cost of medicinal treatment, prescription and surgery accessible in India;
- In India, medical treatment, meds, and medical industry are viewed as basic and social administrations that are relied upon to take the different controls and the ethical favorable position. In the United States., The medicinal and pharmaceutical industry is viewed as an organization and its net revenues are unchecked.
- In India, many meds are normally utilized which is ten times less expensive than similar medications sold in the expensive pharmaceutical and medical center.

Individuals of the United States are casualties of expanded edges of its own products and engorged medical protection industry with no opposition in India. The pharmaceutical industry in India faces review expenses and expenses of a master control room, which is why it cannot be connected to the pharmaceutical business in the U.S. United States are presently working on the agreements of human rights which manage rights identified with healthcare sector. This incorporates the privilege to health and different rights concerning the conditions important for health.



# SPEAK UP ABOUT FAKE MEDICINES

**VISIT FIGHTTHEFAKES.ORG** 

# FAKE MEDICINES HARM - NOT HEAL

There are a lot of shady ingredients found in fake medicines that are directly responsible for serious disability and even death. This includes poisons such as mercury, rat poison, paint and antifreeze.











alone are estimated to KILL 700,000 PEOPLE A YEAR\*.

\*International Policy Network

# GOVERNMENTPERSPECTIVE

# Quality & Standard of Medical Institutions in both countries



To carry on with a more advantageous and longer life which is free from any sort of body issue is a fantasy of each individual. The normal age of a man is diminishing step by step, which is an after-effect of unhygienic conditions, terrible nature of eating regimen, daily routine, less water intake, opiates and so forth. This causes the difficulties in the process of healthy wellbeing In this circumstance, the extent of bleeding edge medical advances and medicines is urgent for leaving medical issues and thus, numerous administration and non-government wellbeing associations over the world are putting extraordinary endeavors to raise the standard of human social insurance. They endeavor to spare human lives by giving them new-edge technology and all the conceivable methods of medications. The medical support around the globe is working hard to create a substantial amount of life sparing medications, types of gear, surgical products, all the conceivable therapeutic supplies, and help patients to recover with the assistance of social insurance firms. **OVER THE YEARS,** India has seen an awesome change in the wellbeing industry, which is developing with pace. Most metro urban areas like Delhi, Mumbai, Bangalore, Chennai, Kolkata, etc., are considered as a center of India's choice therapeutic places for a few unending sicknesses like a tumor, AIDS, heart maladies, organ transplants and likewise. The therapeutic experts and specialists in the medicinal organizations and clinics are very experienced and meet all requirements to deal with basic cases that appear to be difficult to cure. The Indian social insurance industry is touching new statures and are at standard with the worldwide principles.

The social insurance items fabricating industry in India is likewise blasting. It has engaged the medical field to proficiently conveying their little to substantial level procedures by giving incomparable quality medicinal services, items, apparatuses, hardware, machines and other therapeutic embellishments in mass amounts according to the necessity. In such manner, the part of makers, providers, and other human services items wholesalers working crosswise over India is exceptionally critical. They are working consistently to meet the prerequisites of significant clinics, government or non-government organizations to benefit fundamental medicinal gear and rest of provisions for treatment of patients, learning techniques, and functional practices of understudies. Luckily, the arrangement is emerging exceptionally well and patients from different corners of the nation and abroad are getting best medical services in the healthcare industry.

In India, to get sufficient therapeutic administrations, specialists, pharmaceuticals, doctor's facilities, and rest of the medicinal supplies, it's a tough task. To get the arrangement of this issue, the Indian government has arranged numerous social insurance approaches and software engineers to give better medicinal service offices at organizations which focuses in these territories. Ideally, the arrangement might emerge and everyone will get world class facilities in India.

After the completion of the standard training in colleges, one searches for best schools where they could proceed onward and steer with an effective advanced training. New York is one of the essential and always happening cities of USA. Numerous undergraduates relocate from various nations or state to get selected in the New York medical schools. The genuine New York College List is very protracted in which, one will discover great, guaranteed schools and colleges. To get selected in the best college of New York one has to qualify the respective test examinations.

# Do individuals lean toward the USA over India for therapeutic medicines?

Medicinal services in the USA are a hostile issue. For the individuals who have private therapeutic coverage and thorough scope, medical assistance in the USA is a portion of the best on the planet. For those without insurance coverage, social insurance in the USA is unremarkable and now and then nonexistent. Real injuries can without much of a stretch cost a huge number of dollars and treatment is restricted to the individuals who can't bear the cost of it.Crisis administrations are given by law to everybody, except patients can hope to pay strong expenses a short time later.

## Social insurance offices in the USA

The dominant part of doctor's facilities in the USA is exclusive. There is no such arrangement across the country as government-claimed hospitals open to people in general. The standard of hospitals in the USA is magnificent. Patients who can bear the cost of it will approach a portion of the best options. Specialists are exceptionally prepared and a significant number of them can be expected be found in the USA.

# Government benefits and medical offers to citizens of both countries

### Medical stores in the USA

Medical stores can without much of a stretch be found in US urban communities. They are situated inside markets and expansive retail chains, and in addition joined to healing facilities and medicinal centers. The individual will get every single professionally prescribed pharmaceutical at a drug store in the USA. In case, drugs are costly or evenavailable at modest rates, it is best to keep all receipts with a specific guarantee to get it recovered from the medical coverage supplier. There are strict laws about the measure of professionally prescribed medicines that can be brought into the USA. A person must have a remedy from a specialist to demonstrate that any such prescribed medicines being brought into the USA are entirely for individual utilization.

### Medical stores in India

In India, the access and availability of stores are very frequent in urban, suburban and city side areas, but in the countryside the availability gets limited. With the prescription from the authorized medical officers, hospitals or other related institutes would bring one an easy access to the medicines.

### Medical coverage in the USA

The USA does not request that individuals have medical coverage. In any case, it would be insightful for moving to the USA to put resources into the best medical coverage strategy they can manage the cost of. Any individual who does not have fitting medical coverage in the USA risks paying huge bills. One ought to guarantee that they have an extensive medical coverage arrangement set up before setting out to the USA.

### Medical Coverage in India

There are several privately owned as well as government, public sector insurance agencies working to offer insurance coverage plan. Moreover Government itself is offering so many plans and promoting several packages, including several facets to give good medical coverage. This helps people in getting out the burden from the high ending bills.

# Any individual who does not have fitting medical coverage in the USA risks paying huge bills. One ought to guarantee that they have an extensive medical coverage arrangement set up before setting out to the USA.

# Pre-travel requisites and other requirements to get medical tourism to India

- A person needs to have proper coverage, vaccinations, documentations all in place and the customs clearance for all the drugs they are carrying with them.
- The Indian Posts/Mission can analyze the medicinal papers in a watchful way to feel fulfilled to search for the explanations behind which the medical treatment visa is being connected.
- The Mission may likewise be fulfilled that the candidate (tolerant) has looked for beginning medicinal help with the nation of his habitation or nation of origin and has been made a request to look for exceptional medical treatment. In case if any tourist needs treatment through Indian Medicinal system, that is also permissible.

This sort of visa must be allowed for getting medicinal help just at presumed/specific/perceived medical centers in India. This can be considered for the illnesses, for example, ophthalmic clutters, renal scatters, neurosurgery, joint substitution, plastic surgery, organ transplant etcetera. The fundamental thought is that the mission must be satisfied that the foreign person is in a genuine need of medical treatment in India.

### Pre-travel limitations and vaccinations for the USA

Expats anticipating settling down in the USA for drawn-out stretches of time must experience a therapeutic exam and will be made a request to demonstrate verification that their immunizations are proper. In case that prerequisites aren't met, the person should get the immunizations amid the therapeutic exam. The Centers for Disease Control and Prevention (CDC) has a system of required vaccinations for migration.

# Crisis benefits in the USA

Crisis therapeutic administrations in the USA are managed by individual state governments and must be given to anybody who is in need by law. On account of a medicinal crisis, an emergency vehicle can be asked for by dialing 911. The administrator will then dispatch a rescue vehicle to the area of the crisis. Paramedics in the USA are very prepared and can give a great level of care at the scene of a mishap. On the other hand, one can make their own particular manner to the closest clinic with a crisis space for prompt treatment.

### Diagram of the Current Healthcare System in America

The present American medicinal services framework is comprised of both private and open safety net providers. What is one of a kind about the US framework is that the private component commands the public too?

### **General Health Insurance Companies**

These insurance agencies are claimed by the government. Generally, they cover seniors, the debilitated, youngsters from low salary family units, extremely poor guardians, pregnant ladies, and veterans. As per government law, the states are required to cover these groups. Frequently, individuals safeguarded with open human services need to buy supplemental protection in light of the fact of the following:



# Including the cost of travel and hotel, treatment can cost as low as onefifth to 33% of what it would cost in the United States. Also, great care utilizing cutting-edge medicinal innovation is accentuated.

- Incomplete scope
- No dental care
- No hearing consideration
- No vision care
- Difficult to discover suppliers that acknowledge protection with low repayment rates

### Medical Tourism as a Feasible Solution

Since such a large number of patients are required to pay outof-take costs notwithstanding medical coverage costs, it is ending up progressively well known for U.S. patients to travel abroad for surgery and other medicinal treatments. Treatment focused abroad normally offer low valued bundles which incorporate the accompanying:

- Cost of the full treatment.
- Physician, healing center and organization charges.
- High nature of care.
- · Facilities and doctors that meet American guidelines.
- The utilization of electronic restorative records and other propelled advances in understanding security and wellbeing.
- · Lodging and airfare are frequently included.

Including the cost of travel and hotel, treatment can cost as low as one-fifth to 33% of what it would cost in the United States. Also, great care utilizing cutting-edge medicinal innovation is accentuated. The greater part of the American patients voyaging abroad for surgery is uninsured or underinsured. Since these expenses are leaving their pocket and to abstain from paying high expenses for low-quality treatment, an ever-increasing number of patients are swinging to this reasonable option with regards to medicinal treatment.

- Advantages of medical tourism are not quite recently restricted to patients.
- Many insurance agencies have begun covering medicinal tourism as a piece of their social insurance package.
- Several Fortune 500 employees are utilizing medical tour to help stem the increasing expense of company medicinal coverage.
- A report by the International Foundation of Employee Benefit Plans found that 11% of manager wellbeing designs reviewed now cover medicinal travel.

The current medical framework requires patients and bosses to pay high costs for divided and low-quality treatment. The two patients and workers are swinging to therapeutic tourism as an attainable choice to get quality care at a moderate cost.

It is a troublesome time for patients with cancer who live in nations where they don't have proper approach for treatment, and it is additionally very troublesome for them to go to the USA where medicines exist but access is expensive. It is an issue that won't be immediately settled, so it is critical that families be given data that will enable them to create reasonable care of their friends and family. Medical offices and tumor associations in the USA can help work towards arrangements by partaking in endeavors to expand cooperation and contribution between nations of the Two-Thirds world.



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# **INTERVIEW**

# Views of Indian & American Doctors on their Field of Specialization

In India and USA, there is a long list of renowned and reputed doctors. Here are some excerpts from the interview of one of India's best cardiovascular surgeon, **Dr. Naresh Kumar Trehan** and it was done by Rajni Pandey.



# **Dr Naresh Trehan** Chairman and Managing Director Medanta - The Medicity

**Dr. Naresh Kumar Trehan**, Chairman and MD of Medanta- The Medicity, Gururgam is India's topmost and reputed cardiovascular and cardiothoracic surgeon. Before the establishment of Medanta, he was a senior cardiovascular surgeon at Apollo Hospitals, New Delhi from 2007 to 2009. Prior to Apollo Hospital, he was executive director and chief cardiothoracic and vascular surgeon of Escorts Heart Institute and Research Centre (EHIRC) for 20 years.

He graduated from King George's Medical College (KGMC), Lucknow and pursued his internship at Safdarjung Hospital, New Delhi. He also obtained diplomats from American Board of Surgery and American Board of Cardiothoracic Surgery. After pursuing his degrees, he was practicing at New York University Medical Centre from 1979 to 1988, when he returned to India to establish EHIRC and where he stayed till its takeover by the Fortis Group

He has received several awards like Padma Shree, the Padma Bhushan, Dr B C Roy National Award, and Lal Bahadur Shastri National Award. He has also been personal surgeon to the President of India since June 1991.

His hospital Medanta – The Medicity is a 1500-bed multi super-specialty hospital situated in Gurgaon, one of Delhi's NCR region and focuses to match the standards of clinical care, research and education proffered by the likes of Mayo/Harvard and Cleveland Clinics, while making treatments affordable.

In an exclusive interview with AalaTimes, Dr Trehan shares his vision to see India as a leading healthcare destination of the world.



• Padma Shree • Padma Bhushan • Dr B C Roy National Award • Lal Bahadur Shastri National Award ...



#### What it takes for a doctor to become an entrepreneur?

There are three components of running a successful institution. First, we constructed Medanta, hired staff and doctors and then started running it. Now, to make it run, you need money and that you get from patients. So, these all are done together. Nowadays, people have started treating healthcare like a business but I don't think like that. If you look at healthcare as a business then it doesn't work, because then you are looking at how to squeeze as much money as you can from people.

But as a doctor, we are thinking how to serve our patients best and money will come on its own and we can pay our expenditure on running the hospital. For me, it is a natural phenomenon, to say let us create a facility which would be the finest in the world where we would not only give the highest treatment but also create new treatments which are good for India and Indian people and are less costly. So, this is my compulsion of building this nation and then I have to manage money as a part of it.

# • How your entrepreneurial journey has transformed you as a surgeon?

How I became an entrepreneur is the case of obsession or Junoon. I believe that India must be the best place for medical care. For this I have got into trouble many times but I have good friends who support me all the time. I was a surgeon in US at New York University. When I came to India there was no facility, so by force I had to create the facility. It is forced because there was no hospital existing in India, which could do that. And then I just continued on this journey. Nothing like Medanta ever existed in this part of the world; only five-six institutions in the world are like this. That's why we created Medanta and now the idea is to create a whole new standard of medicine for India.

#### What's your vision for Medanta?

My vision for Medanta is to create a medical institution, which would be good and less costly for Indians and which would apply to all five billion people around us; there are people in Africa, Southeast Asia and Asia who cannot afford American medicines. Today, only 10 per cent of Indians are able to afford the kind of medicine that we practice. It is our duty to come up with new medicine and that's the vision for Medanta.

# • What made you specialize in cardiology? Who inspired you?

It was a need. I was at King George's Medical College; we used to see patients with valve disease and cornea heart disease. We could only give them medicines and 50 per cent of them would die and we couldn't do anything. So, it was a frustration; we knew that there was treatment available but it was not available in India. So, that's when I went to US and trained myself. My obsession or compulsion was that I must get trained to give the treatment to people who would otherwise die. So, that's how I became a heart surgeon. I was very much inspired by Dr Frank Spencer who had taught me at the New York University Medical Centre.

## • How has the field of cardiology developed in India and what have been the innovations in this field since you joined the profession?

I think in the last 20 years, the quality of cardiac care in India has become quite good even in smaller towns. One, it is very simple; treatment for common heart disease is not very complicated. It is simple because the principles are well defined. We know when somebody comes with a heart attack, ECG changes. You can tell a doctor in a small town what is the medicine for it and he can do it. It is when we know the case is complicated that it becomes difficult. But now everybody is putting test-lab; people are doing angioplasty, some necessary, some unnecessary. Some people are prescribing bad medicines also. As far as knowledge is concerned, it is there but some people, because of their greed, are abusing it. **•**
### USA

**Dr. Bill Novick** is world's famous pediatric heart surgeon and here are some excerpts from his interview which was done by Brian Forsberg, MPH, CCP.

### • What prompted you to engage in international pediatric mission work, as a pediatric heart surgeon? Was it an epiphany of sorts after years in private practice, or just a long time goal / calling?

No the idea started in Cardiac Residency at University of Alabama, we did kids from all over the world and one girl from Nigeria had a huge affect on me

### • Is your motivation for this type of service based on a particular religious belief / foundation, or a selfless effort to improve the lives of others?

We should help those less fortunate than ourselves, we live in the greatest country on earth to date, why should we only bomb people, we need to help educate them, to help provide nonexistent health care so they can help themselves in the future.

### • With so many to help, and such few resources, what factors influence your decision to establish a mission foundation in one country / region versus another?

We look at several things, but first and foremost we look at where we can have the greatest impact, now and in the future through our training and education programs. Second , where can we find funding to carry out the program, and third what is the local infrastructure both human resources and building/equipment.

### • Following up on the previous question- what areas would you like to extend your efforts to? What represents the greatest barriers to opening a new market so to speak- and what geographical areas are they in?

Funding is the greatest barrier followed closely by personnel limitations, not enough volunteers in all specialties.





### • Getting more specific towards the perfusion audience, where do you get your volunteer perfusionists from? Are they based on personal recommendations (how are they vetted) and is a pediatric background absolutely necessary?

They come from all over, Europe, Canada, US and South America. Pediatric perfusion is a plus and a preference for us as we do all cases from ASD's to Stage 1 Norwoods. There are circumstances when we would take a non-peds perfusionist, but they are rare.

### • Describe the process- once you have identified and secured a new perfusionist to work with your group. While the work is clearly volunteer based, what does your organization do to help the process?

We have a perfusionist who is the volunteer coordinator and he speaks with them or emails them about the site, needs, expectations and cases if we have a patient list. Also, they are contacted by our Program assistant who gets passport information, organizes flight and hotel accommodations, and finally they are contacted by our OR Director, she has worked with us for 13 years and any questions they may have left at this point are answered by her.

### • What are the biggest barriers to securing new perfusion volunteers?

The sheer number we need. This year we have the equivalent of 67 two week trips, so we need 67 volunteers!

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# AFTERWORD



**Pyush Misra** Director Consumer Online Foundation

## Do people prefer USA over India for medical treatments?

FOR THE VAST majority requiring medical care, traveling to receive such care is a major concern yet a growing number of American medical tourists are setting out for India for everything from dental work to breast implants to major heart surgery. Rising costs of medical service in the US are pushing individuals to look for medical treatments elsewhere. Whereas medical facilities in developing nations have come up to western standards and according to some even surpassed them. These tourists are normally surprised to discover fresh and out of the box facilities and equipment as hospitals and medical tourism hubs across the world participate in the fierce competition for this rapidly developing business sector.

This series of articles investigates the explanations behind going abroad and for those remaining home, and additionally, an examination of major medical tourism hubs with an inside and out take of two hospitals that treat international patients. While cost is the main factor that initially drives patients to search abroad for medical services, there are various different advantages that regularly escape notice; however, the cost difference remains the prime factor for most people. Medical tourism has its risks, nonetheless, the yearning tourist ought to be comfortable with all conceivable issues and have a smart thought about which center is appropriate for them well before arranging the logistical elements of such an outing.

The US has its own space of medical services and is known for its effectual



health care system all over the world. Medical tourists from India frequently visit the nation in order to undergo major surgery for leukemia, cancer etc. The ranking of US medical services has always been considered notches higher to India. Undoubtedly, the United States of America has state of the art medical facilities where they also use highly advanced medical equipment. The choice of medical tourism is favored towards US to India, but when it comes to seeing low-cost medical services, India is preferred over US.

India in comparison shows low standards of medical services, but looking upon the cost-effectiveness of the treatment, it is much better than US and other countries. Apart from America, India is a trusted medical center for other nations, especially in Asia. People from different Asian countries who are unable to bear the cost of medical charges prefer India to get their respective treatment of disease.

India or US, both countries have a similar ratio of medical tourists, the only aspect that determines the venue of treatment is the kind of disease or ailment. Indians do trust medical services of their nation, but when the conditions become uncontrolled, they prefer to visit US to find dedicated and definite treatment. For instance, cancerlike conditions is better treated in US rather than India, whereas tuberculosis has classical treatment in India than US.

Indians first consider the doctors of India and when referred, only then visit USA for further medical services. **)** 

# OUTOFTHEBOX

# Scenario of Health Care in India & USA



**HEALTH IS A** composite subject in a nation like India where glaring logical inconsistencies exist. In any case, extraordinary endeavors have been made to improvise and accomplish levels of health which can be viewed as essential and conventional by people. India has risen through the disarray of World War II and famous Governments from Post-Independence India have made genuine endeavors to comprehend this structure through making infrastructure. Bhore committee displayed a few changes to accomplish health coverage.

In any case, India as a country has been unsuccessful to meet the iron triangle of medicinal services which envelops affordability, accessibility, and availability. The nation faces challenges in seeking after all the three and a significant part of the issue ought to be ascribed to diminish spending on GDP of Health. The current Indian Government has additionally diminished health care spending in its financial plan.

### **Basic leadership**

Sound judgment will reveal to us that Service of Health ought to be headed by a Doctor and not attorneys and advocates who have little knowledge of health and who rely upon their circle for advice. The tumult of India's health system is an endowment of India's governmental issues to its people. Sadly, regardless of which Government comes to power, the leadership meet halfway in the Ministry of Health. This should change with a specific end goal to perceive any negligible change in India's health infrastructure. It needs political parties to influence health a part of their election manifesto. All said and done, sitting in South Block and Nirman Bhavan, with zero grass-root level involvement in medical care, can't help restore an already failing health infrastructure.

### Difficulties

India faces difficulties to accomplish quality standards, to improve accessibility to fundamental and essential medicinal services, gross scarcity of health workers, and to give affordability in medical services. Tending to this is profoundly composite and solutions for it can't be met effectively. To the extent cost is concerned, over 70% is out of pocket spending by individuals generally. Yet, among these, it influences lower and middle-income families the most. Our public hospitals are collapsing, cockroach pervaded, moist and filthy areas with next to zero facilities. While India is required to climb in the Millennium Preston curve as the Gross domestic product develops, endeavors should be streamlined for fruitful results through accepted procedures.

### The way forward

Enhancing health care system in India requires a multipronged way to deal with the various issues we face as a country. One size fits all states will be a fizzled model which has been polished since many years of Independence. Different states have diverse mortality and morbidity indicators and this is obvious from NFHS-III and summary of NFHS IV information.

It is significant that a separate Ministry of Public Health should be made with independent budgetary allocation like that of Railways. This would mean an expansion in Gross domestic product spending by Government departments.

The attitude of the present Indian Government towards NGO's working in the development area ought to enhance and the Government should shed away its haughtiness and distribute intends to baffle associations. The NGO Sector has endeavored to enhance health indicators from various perspectives and there are numerous best practices which are very much documented.

India is facing a triple load of illness as transmittable, nontransmittable and re-emerging ailments and this can't be tended to by various ministries. The inclusion of line ministries for health ought to be a relic of days gone by. For instance, we have Integrated Child Development Scheme going under Ministry of Women and Child Development, yet Immunization coming under Ministry of Health and Family Welfare. Narcotics-related issue goes under Ministry of Home Affairs. These disparities won't resist constructing the general health structure.

Workforce includes an essential part of enhancing medical services in India. Expanding the number of Post Graduates Seats for MD/MS in public and private medical colleges will help enhance the gross lack of doctor deficiency faced in the nation. Then again, enhancing the pay scale for doctors, attendants and para-medical workers stay important. The government should pass a direction that all associated health doctors ought to acquire least of Rs 25000 per month in public and private hospitals. Unless the workforce is paid well, there will be no resolution to devote quality to the reason they are engaged with.

### USA

Attitude transformation to Disaster Management, Road Traffic Injuries, Urban Traffic should be acquired and affect-ability towards each of these must be improved. Tapping technology, however, video consultation in peripheries, robotic surgeries, and mobile applications ought to be utilized to the most extreme to reach more up to newer heights in the healthcare field and enhance essential medical services too. Only making commerce for profits isn't the best duty to embrace.

Finally, as a country, policymakers should now concentrate on intending to accomplish Gross National Happiness and get roused by Bhutan which drifted this huge thought in 1972 when it was as yet a moderately little country state. The mainstays of Gross National Happiness stay reasonable advancement, preservation, and promotion of cultural values, preservation of natural environment and foundation of good governance. Dealing with these normally pushes health upwards. For all general health laborers, taking lessons from the Cuban model of medicinal services will go far also.

They came in their thousands, lining during that time to secure one of the coveted wristbands offering entry into a strange parallel universe where medicinal care is a free and fundamental right and not a costly luxury. Some of these Americans had strolled miles basically to have their blood pressure checked, some had rested in their cars in the expectation of getting an eye-test or a mammogram, others had brought their kids for immunizations that could wind up sparing their life.

In the week that England's National Health Service was held overhead by Republicans as an "evil and Orwellian" case of everything that isn't right with free medicinal services, these phenomenal scenes in Inglewood, California gave a calming indication of precisely why President Barack Obama tried to change the US system.

The LA Forum, the field that once facilitated sell-out Madonna concerts, has been changed – for eight days just – into a vast field hospital. In America, the offer of free medical service is rare to the point, that news of the magical medical kingdom spread quickly and long lines of imminent patients wound around the setting for the chance of getting everyday treatments that numerous English individuals underestimate.

In the initial two days, more than 1,500 men, women, and youngsters got free medicines worth \$503,000 ( $\pounds$ 304,000). Thirty dental practitioners pulled 471 teeth; 320 individuals were given standard issue spectacles; 80 had mammograms;

### out of the box

\\ SCENARIO OF HEALTH CARE IN INDIA & USA

handfuls more had acupuncture, or saw kidney doctors. When the provisional medicinal center left town, staff hope to have apportioned \$2m worth of medications to 10,000 patients.

The district of Inglewood lies only a couple of miles from the palm-lined lanes of Beverly Hills and the brilliant lights of Hollywood, yet is a world away. What's more, the occupants who had run for the free medical care, courtesy of mobile charity Remote Area Medical, bore evidence of the human cost of the medical care mess that President Obama endeavored to fix.

Christine Smith arrived at 3 am in the expectation of seeing a dental specialist when she turned 18. That was right around eight years back. Her need was clear and squeezing: 17 of her teeth were decayed; some have big visible holes in them. She was living in steady agony and has been not able to eat solid food for quite a while.

"I had a gastric bypass in 2002, however it turned out badly, and stomach acid started decaying my teeth. I've had a few jobs

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since, yet none with medical insurance, so I was not able to see a dental practitioner get it doctor care settled," she revealed to The Free. "I've not possessed the healthy sick in children bill capacity to bite nourishment illness safe patient for whatever length of time that I can remember. I've ividual money pay been living on soup, and cost noodles, and mixing suppers in a sustenance blender. I'm in policy in injury steady agony. Ordinarily, it would cost \$5,000 to settle it. So if I need to hold up seven days to get treated for nothing, I'll do it. This will change my life."

Along the lobby, Liz Cruise was one of the scores of individuals sitting tight for a free eye exam. care She works for a noteworthy grocery store chain, however, can't bear the cost of the \$200 a month that would be deducted from her compensation for protection. "It's a straightforward decision: pay my rent, or pay my medical services. What am I expected to do?" she inquired. "I'm one of the working poor: individuals who do work, however, can't bear the cost of social insurance and are ineligible for any free medicinal services or help. I can't remember the last time I saw a doctor."

However the Americans spend more on medicine than any country on earth, there are an expected 50 million with no medical coverage at all. A considerable lot of the individuals who have jobs can't bear the cost of medical insurance, and even those with standard strategies frequently discover it doesn't cover commonplace procedures. California's jobless - who depend on Medicaid - had their dental care axed out a month ago.

Julie Shay was one of the many, holding up to slide into a dentist's chair where teeth were being penetrated in full perspective of passers-by. For quite a long time, she had a feeling of traversing the Mexican border for her teeth done for as little as possible in Tijuana. In any case, as of late, the US began

requiring natives returning home from Mexico to create an international ID (already all you required was a driving license), thus that course is presently shut. Today she has two abscesses and is in so much agony she can scarcely rest. "I don't have an international ID, and I can't manage the cost of one. So my better half and I rested in the auto to ensure we got seen by a dental practitioner. It sounds lamentable, yet I truly am that edgy.'

"You'd think, with the cash in this nation, that we'd have the ability to take care of individuals' health appropriately," she said. "In any case, but the fact is that the rich, and the insurance firms, simply don't understand what we are experiencing, or essentially couldn't care less. Check out this room and tell me that America's medicinal services needn't any fixing."

Ex-President Obama's health care plans had been a focal board of his first-term program, however, his reform package had taken a battering on account of Republican adversaries as

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of late. As the Democrats were unsuccessful to combine around a single, clear proposition, their opponents have seized on open reluctance over "socialized medicine" and now the possibility of broad change is in doubt.

> Most harmful of all has been the tide of voluble conservative adversaries throwing whipping up

policy skepticism at town hall meeting that should mitigate questions. In Pennsylvania, Senator Arlen Specter was

welcomed by a crowd of 1,000 at a place cine intended to oblige just 250, and of the 30 chosen speakers at the occasion, all were antagonistic.

The packed seats in the LA Forum recount an alternate story. The portable center has been sorted out by the astounding Remote Area Medical. The charity, for the most part, concentrates on the rural poor, despite the fact that they worked in New Orleans after Hurricane Katrina. Presently they are moving into more urban places, the current week's event in Los Angeles is accepted to be the biggest free healthcare operation in the nation.

Doctors, dentists, and therapists volunteer their chance, and resources to the organization. To numerous US medical experts, it offers an uncommon chance to connect to the public services ethos on which their trade was as far as anyone knows established. "Individuals come here who haven't seen a doctor for years. What's more, we're ready to state 'Hello, you have this, you have this, you have this'," said Dr. Vincent Anthony, a kidney specialist volunteering five days of his team's time. "It's diligent work, however incredibly rewarding. Medical services need change, clearly. There are such huge numbers of individuals falling through the cracks, who don't get care. That is the reason such a significant number of doctors are here."

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# THELASTMILE

## Healthcare Prominence in USA & India in 1900s



The normal Indian male born in the 1990s is expected to live 58.5 years; ladies can hope to live just somewhat more (59.6 years), as indicated by 1995 records. Life Expectancy has risen drastically during the time from a meager twenty years in the 1911-20 period. In spite of the fact that men get a slightly longer life expectancy all through the first half of twentieth century, by 1990 women had marginally surpassed men. The mortality rate declined from 48.6 for every 1,000 in the 1910-20 period to fifteen for each 1,000 in the 1970s, and increased thereafter, reaching ten for every 1,000 by 1990, a rate that held unfaltering through the mid-1990s. India's high infant mortality rate was evaluated to surpass 76 for each 1,000 live births in 1995. 30% of



As per a 1989 National Nutrition Monitoring Bureau report, less than 15 percent of the populace was adequately fed, despite the fact that 96 percent got a satisfactory number of calories every day. infants had low birth weights, and the mortality rate for kids aged one to four years was around ten for every 1,000 of the populace.

As per a 1989 National Nutrition Monitoring Bureau report, less than 15 percent of the populace was adequately fed, despite the fact that 96 percent got a satisfactory number of calories every day. In 1986 average intake was 2,238 calories as compared with 2,630 calories in USA. As indicated by UN reports, every day caloric intake in India had fallen marginally to 2,229 out of 1989, loaning belief to the worries of a few experts who claimed that annual nutritional standards statistics can't be depended on to demonstrate whether poverty is really being lessened. Rather, such studies may really get picked up for short-term



amelioration of poverty as the consequence of a time of good crops instead of a long haul trend.

Official Indian assessments of the poverty level depend on an individual's income and relating access to minimum nutritional. There were 332 million individuals at or below the poverty level in FY 1991, the greater part of whom lived in rural areas.

### Diseases

Various endemic transmittable diseases display a serious public health hazard in India. Throughout the years, the government has set up an assortment of national projects which went for controlling or annihilating these diseases, including the National Malaria Eradication Programme and the National Filaria Control Program. Different activities try to confine the frequency of respiratory contaminations, cholera, diarrheal diseases, trachoma, goiter, and sexually transmitted ailments.

Smallpox, in the past, a huge source of mortality, was eliminated as a part of the global effort to kill that disease. India was proclaimed without smallpox in 1975. Intestinal disease remains a genuine health hazard; despite the fact that the rate of the infection declined sharply in the post independence period, India stays a standout amongst the most vigorously malarial nations in the world. Only the Himalaya region over 1,500 meters is saved. In 1965 government sources enrolled just 150,000 cases, a remarkable drop from the 75 million cases in the early post independence years. This achievement was fleeting, be that as it may, as the malarial parasites turned out to be progressively impervious to the insecticides and drugs used to combat the ailment. By the mid-1970s, there were almost 6.5 million cases on record. The situation again increased due to conscientious efforts; by 1982 the quantity of cases had fallen by about 66%. This descending pattern proceeded, and in 1987 marginally less than 1.7 million instances of intestinal disease were accounted for.

In the mid 1990s, around 389 million individuals were at risk of infection from filaria parasites; 19 million showed symptoms of filariasis, and 25 million were considered to be hosts to the parasites. Endeavors at control, under the National Filaria Control Program, which was built up in 1955, have concentrated on disposing off the filaria larvae in urban regions, and by the mid 1990s there were more than 200 filaria control units in operation.

Leprosy, a noteworthy public health and social issue, is endemic, with all the states and union territories reporting cases. Nonetheless, the occurrence of the infection changes with the time. Around 3 million disease cases are estimated to exist broadly, of which 15 to 20 percent are irresistible. The National Leprosy Control Program was begun in 1955, yet it just got high need after 1980. In FY 1982, it was redesigned as the National Leprosy Eradication Program. Its objective was to accomplish annihilation of the disease by 2000. With that in mind, 758 leprosy control units, 900 urban leprosy centers, 291 impermanent hospitalization wards, 285 district leprosy units, and somewhere in the range of 6,000 lower-level centers had been set up by March 1990. By March 1992, almost 1.7 million patients were getting normal multi-drug treatment, which is more viable than the standard single drug therapy (Dapsone monotherapy).

India is subject to flare-ups of different infections. Among them is pneumonic plague, the disease spread rapidly all through India in 1994 killing hundreds later being brought under control. Trachoma, tuberculosis, and goiter are endemic. In the early 1980s, there were an expected 10 million instances of tuberculosis, of which around 25 percent were infectious. Amid 1991 about 1.6 million new tuberculosis cases were identified. The functions of the Trachoma Control Program, which began in 1968, have been subsumed by the National Program for Control of Blindness. Around 45 million Indians are vision-impaired; about 12 million are visually impaired. The occurrence of goiter is prevailing all through the sub-Himalayan states from Jammu and Kashmir to the northeast. There are some 170 million individuals who are victimized to iodine deficiency issue. Beginning in the late 1980s, the central

### HIV & Youth

Did you know not all youth (aged 13-24) with HIV are getting the care they need? Of youth diagnosed with HIV:

government started a salt iodizationprogram for all consumable salt, and by 1991 record generation - 2.5 million tons- - of iodized salt had been accomplished. There are too anemias identified with poor nutrition, a variety of diseases caused by vitamin and mineral deficiency - beriberi, scurvy, osteomalacia, and rickets- - and a high occurrence of parasitic disease.

Diarrheal diseases, the primary source of early youth mortality, are connected to deficient sewage disposal and absence of safe drinking water. Around 50 percent of all disease is credited to poor sanitation; in rural areas, around 80 percent of all kids are contaminated by parasitic worms. Estimates in the early 1980s recommended that however more than 80 percent of the urban populace approached reasonably safe water, less than 5 percent of rural dwellers did. Waterborne sewage frameworks were dolefully encumbered; just around 30 percent of urban population had sufficient sewage disposal, however hardly any populations outside urban areas did. In 1990, as indicated by United States sources, just 3 percent of the rural population and 44 percent of the urban population approached sanitation services, a level generally low by creating national standards. There were better findings for access to potable water: 69 percent in the provincial zones and 86 percent in urban territories, generally high rates by

### Publications with the names and photos of known HIV-positive people have been seen in New Delhi, and there have been reports of HIV patients chained in medical facilities and denied of treatment.

virally suppressed

creating national standards. In the mid-1990s, around 1 million individuals die each year of infections related with the diarrhea.

India has a probable 1.5 million to 2 million instances of growth, with 500,000 new cases included every year. Yearly deaths from disease add up to around 300,000. The most widely recognized malignancies are disease of the oral cavity (for the most part identifying with tobacco use and pan chewing - around 35 percent of all cases), cervix, and breast. Cardiovascular infections are a noteworthy medical issue; men and women experience the ill effects in almost equal numbers (14 million versus 13 million in FY 1990).

### Acquired Immune Deficiency Syndrome (AIDS/HIV)

The occurrence of AIDS cases in India is relentlessly ascending in the midst of concerns that the country faces the prospect of an AIDS epidemic. By June 1991, out of a total of more than 900,000 examined, somewhere in the range of 5,130 individuals tried positive for the human immune deficiency Virus (HIV). In any case, the aggregate number contaminated with HIV in 1992 was evaluated by another Delhi-based authority of the World Health Organization (WHO) at 500,000, and more negative estimates by the World Bank in 1995 proposed a figure of 2 million, the most astounding in Asia. Affirmed instances of Helps numbered just 102 by 1991 yet had jumped to 885 by 1994, the second highest report number in Asia after Thailand. Suspected AIDS cases, as indicated by WHO and the Indian government, might be in the region of 80,000 in 1995.

In 1987 the newly formed National AIDS Control Program started limited screening of the blood supply and observing of high-risk groups. A national education program went for AIDS protection and control started in 1990. The primary AIDS protection TV campaign started in 1991. By the mid-1990s, AIDS awareness signs on public lanes, condoms available to be purchased near brothels and media announcements were more in prove. There was extremely negative attention also. Publications with the names and photos of known HIVpositive people have been seen in New Delhi, and there have been reports of HIV patients chained in medical facilities and denied of treatment.

## **INFOCUS**



### Pre-operative care and post-operative care

**PRE-OPERATIVE AND POST-OPERATIVE** care in India and USA are largely the same. The precautions which have to be taken prior or after surgery are all directed by the doctor who is serving you. Here are some excerpts of pre and post-operative care in hospitals of two countries-

Getting ready for surgery appears to be entangled. Patients are given an extensive rundown of things that must be done or avoided before a mentioned operation and definitely forgetting to ask for explanations of preoperative processes since they are engrossed with the surgery itself.

### **Surgery Preparation**

Preoperative processes are intended to enhance the result of the surgery, diminish the hazard for complications, and make the surgery as effective and safe as could be expected under the circumstances.

Patients who get general anesthesia, which leaves them unconscious, must cease from eating or drinking for no less than 8 hours before surgery. Most guidelines demonstrate that nothing is to be taken by mouth after 12 pm, on the night prior to the strategy. It might appear to be harsh, not to have the ability to have a taste of water; however, this precautionary measure limits the risks for confusions, for example, vomiting amid surgery.

Ceasing medicine and over-the-counter medicines that "thin" the blood, for example, headache medicine is vital before surgery. Regardless of whether a medication is held or regulated depends on the patient's medical condition, the kind of medication, and the scheduled surgical processes. Patients who take prescription medication all the time should talk about this with the surgeon.

Preparation for surgery may start days before the procedure. Surgeries including the digestive system require special drinks, purgatives, and an altered diet. The digestive tract must be as void as possible before surgery to avert spillage of its contents into the abdominal cavity.

#### Arrival at the Hospital or Surgical Center

If surgery is being done on an outpatient premise, the patient must arrange somebody be with them upon discharge. Despite



the fact that the anesthesia has worn off, drowsiness can last several hours and it is perilous to drive. Likewise, the patient may require help when they return home.

If surgery is being done on an inpatient premise, the patient registers with a room. Most patients come back to their room after surgery; however, those experiencing complex surgical processes and the individuals who have complications may go to the intensive care unit (ICU). Outpatients visit the area which is designated for same day surgery.

After the arrival of the patient, time is needed to prepare the patient for the surgery and a few times, the time of surgery is changed because of cancellations or emergencies.

All patients must sign an informed consent form recognizing that they know about risks and complications, that they know they will get anesthesia, and that the surgeon has disclosed the operation to them. The surgery won't continue unless the consent form is signed.

Patients are generally made a request to remove personal items (e.g., gems, eyeglasses, hairpieces, contact lenses, dentures) before surgery. This arrangement secures the patient and keeps the things from being lost or damaged. Contingent upon the process, eyeglasses or hearing aids might be worn. Distinctive staff individuals may ask similar questions. The assistant who checks the patient in makes a few inquiries, as does the conceding medical attendant and the anesthesiologist. These questions might be the same or comparable and this may appear to be monotonous; however, the information must be checked and double-checked to evade mistakes and exclusions.

### **Before Surgery**

The surgeon who performs the anesthesia (anesthesiologist) plays out a concise physical examination; takes a patient history; and gets information with respect to medication utilized on a regular basis, drug allergies, and earlier adverse reactions to anesthesia. This information enables the anesthesiologist to choose the most reasonable sedative agents and measurements to stay away from complications.

Patients are generally taken to a preoperative or holding area before surgery. An intravenous line (IV) is begun here if the patient does not as of now have one. A sedative might be given by injection, through the IV, or periodically, orally, to enable the patient to unwind.

#### **Post-Operative Care**

Postoperative care is the care you get after a surgical process. The kind of postoperative care you require relies upon the sort of surgery you have, and in addition your health history. It frequently incorporates pain management and wound care. Postoperative care starts instantly after surgery. It goes on for the duration of the period you stay at the hospital and may proceed after you've been discharged. As a part of your postoperative care, your doctor should teach you about the potential reactions and intricacies of your surgical procedures.

Before you have surgery, ask your surgeon what the postoperative care will include. This will give you an opportunity to plan in advance. Your doctor may modify some of their guidelines after your surgery, based on how your surgery went and how well you're recouping.

#### PLANNING

#### Prepare ahead of time

Ask however many inquiries as would be prudent before your surgery, and ask for the latest instructions previously you're discharged from the healing center. Numerous hospitals give written discharge instructions.

Ask your doctor questions such as:

- How long will I have to stay in the hospital?
- Will I need any special medications after going home?
- Will I need a physical therapist after going home?
- What side effects or alteration can be expected?
- What complications should I remain prepared for?
- What things do I avoid for supporting my recovery?
- When will I be able to my resume normal activity?

The answers to these inquiries can enable you to get ready early. If you hope to require assistance from a caregiver, organize it before your surgery. It's also imperative to figure out how to prevent, perceive, and react to possible entanglements.

Depending upon the sort of surgery you have, there are numerous potential complications that can emerge. For instance, numerous surgeries put patients at risk of infection, bleeding at the surgical site, and blood clots occurred due to inactivity. Prolonged inactivity can likewise make you lose some of your muscle strength and create respiratory problems. Approach your doctor for more information about the potential complications of your specific surgery.

#### Postoperative care in the hospital

After your surgery is finished, you will be moved to a recovery

room. You'll likely remain there for two or three hours while you wake up from anesthesia. You'll feel lethargic when you wake up. A few people also feel disgusted.

While you're in the recovery room, staff will screen your blood pressure, breathing, temperature, and heartbeat. They may request that you take full breaths to evaluate your lung work. They may check your surgical site for indications of bleeding or infection. They will also look for indications of an allergic reaction. For some sorts of surgery, you will be put under general anesthesia. Anesthesia can cause an allergic reaction in a few people.

Once your conditions are stable, you'll be moved to a hospital room in case you're remaining overnight, or you'll be moved somewhere else to start your discharge process.

#### **Outpatient surgery**

Outpatient surgery is otherwise called same-day surgery. Unless you show signs of postoperative issues, you'll be discharged on the same day from your surgical procedure. You won't have to remain overnight.

Before you're discharged, you should show that you're ready to inhale regularly, drink, and urinate. You won't be permitted to drive quickly following a surgery with anesthesia. Ensure you arrange transportation home, ideally early. You may feel drowsy into the next day.

### Inpatient surgery

If you have inpatient surgery, you'll have to remain in the hospital overnight to keep accepting postoperative care. You may need to remain for a few days or more. At times, patients who were initially planned for; outpatient surgery show signs of complications and should be conceded for progressing care.

Your postoperative care will proceed after you've been exchanged out of the initial recovery room. You will presumably still have an intravenous (IV) catheter in your arm, a finger gadget that measures oxygen levels in your blood, and a dressing on your surgical site. Depending upon the kind of surgery you had, you may also have a breathing contraption, a heartbeat monitor, and a tube in your mouth, nose, or bladder.

The hospital staff will keep on monitoring your vital signs. They may likewise give you pain relievers or different drugs through your IV, by infusion, or orally. Contingent upon your condition, they may request that you get up and walk around. You may require help. Moving will help diminish your odds of creating blood clots. It can also enable you to keep up your muscle quality. You might be made a request to do profound breathing activities or constrained coughing to avert respiratory difficulties.

Your doctor will choose when you're prepared to be discharged. Make sure to request discharge instructions before you clear out. If you realize that you'll require continuous care at home, make arrangements early.



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