

# PROBLEM STATEMENT

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## CASE SCENARIO

A July afternoon buzzing incessantly with the noise of rain, the water hammering off the rattling windowpanes of a humble government hospital.

Venkat Ramaana a 48 yr old man and his wife Jyoti find themselves standing at the door of this hospital. They were greeted by a cacophony of sounds as soon as they entered the place. The hospital was bustling with people, standing in various long lines with their faces morphed into one of the expressions of grimace, pain, anger, exhaustion, worry or confusion. The rainwater seeping its way through the roof and the windows and making the floor slippery.

Five months ago, Venkat noticed a small lump in his abdomen which was painless to begin with. It gradually increased in size over the months and has been causing him pain for the past two weeks. The pain had worsened over last night and they found themselves at the hospital today to seek help for the same. Befuddled on seeing the numerous identical rooms, they wander from department to department trying to find the correct room. After having to dawdle for a long time they find the right room with an incredibly long line and they usher themselves into the queue. A few hours pass and when it's their turn to go see the doctor, Venkat walks in with a grimace. After subjecting him to a thorough clinical examination, the doctor tells him that, he needs to get a CT scan or MRI scan done to visualize and confirm the pathology and that they'd have to either get the investigations done from a private hospital or be referred to another government hospital with the facilities if they had any financial limitations. Venkat and his wife knew that they couldn't afford the private diagnostic center and they were distraught at the prospect of going over the same process of wandering and waiting while in pain at the other government hospital.

While they were waiting in the queue, they happened to eavesdrop on a conversation between two men at the front of the line. The first man casually asked the other "Did you take the COVID vaccine?" The second man chuckles and answers "No, I didn't take the vaccine, in fact I didn't get my children immunized in their childhood. I don't trust vaccines and I have no faith in this one either"

Just when the first man was about to tell him his views on vaccination, they hear an uproar in the adjacent ward and see a few doctors, nurses and security personnel rushing to the source of the disturbance. Earlier that afternoon, a young man who suffered a road traffic accident due to the heavy rain, was rushed into the hospital. The doctors tried their best to resuscitate the boy, yet they failed to save his life. In light of this event a junior doctor was being subjected to verbal abuse and physical assault by the patient relatives because he couldn't save the life of the patient. The doctor was ambushed by five men and threatened. The doctor started yelling for help. By the time the security personnel had arrived, the men had already trashed the doctor.

## Comprehending this scenario:

1. Public sector healthcare shall continue having its relevance for a long time in order to reach out healthcare to vast sections of underserved populations in developing countries like India [1]. Public health care might be free, but is it really? Right from waiting in long queues in deplorable conditions, wandering from one department to the other, to getting less attention per patient. It's both mentally and physically straining the already suffering patient. The main challenges confronting the public hospitals today are deficient infrastructure, manpower and unmanageable patient load [1].

### **Suggest ways to increase the ease of access to healthcare and to make public healthcare more efficient.**

2. A study aimed to investigate the acceptability of COVID-19 vaccines and its predictors in addition to the attitudes towards these vaccines was conducted in Jordan, which showed the public acceptability of the vaccine was very low, as low as 37.4% [2]. This problem of vaccine hesitancy is not just confined to the COVID vaccine but also to childhood immunization. A cross-sectional study was carried out among 194, 0–59 months' children residing in slums of Siliguri in 2016. Data was collected and analysed and it yielded the following results. Majority 161 (83%) of the families were vaccine-hesitant and only 33 (17%) were not hesitant. Reluctance to vaccinate (26.1%) and to be unaware/having no reliable information (20.5%) were the major reasons cited for vaccine hesitancy [3].

### **Suggest ways by which you can develop a positive attitude in public towards vaccination and reduce vaccine hesitancy among them.**

3. Violence against doctors in hospitals isn't unheard of. This usually stems from the unrealistic expectations people have from their healthcare provider. According to the World Medical Association, all medical practitioners have the right to work in a safe and secure workplace, one which is free of violence. Meanwhile, in India, there is a stark contrast in reality wherein 75% of the doctors encounter certain types of abuse, with 68% of the occurrences involving assault by patients' families [4].

### **How can we defend people those who defend our health from abuse?**

## References

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[3] Dasgupta P, Bhattacharjee S, Mukherjee A, Dasgupta S. Vaccine hesitancy for childhood vaccinations in slum areas of Siliguri, India. *Indian journal of public health*. 2018 Oct 1;62(4):253.

[4] Astha Bhattacharya, The Alarming Rise in Violence Against Doctors in India and Its Immediate Solution, *JURIST – Student Commentary*, July 26, 2021