

Need for a novel health care delivery model focusing on primary care

Sir,

Went through with interest the article by Kumar *et al.* titled “India achieves WHO recommended doctor population ratio: A call for paradigm shift in public health discourse” published in the *Journal of Family Medicine and Primary Care* (2018;7:841-4).^[1] The authors deserve to be complimented for their effort in bringing to the fore one of the stark realities of public health system in India. The publication is noteworthy on at least two counts – (1) it sets in motion a call for paradigm shift in primary healthcare and (2) it lays down a solid ground for the same.

Another important point to note is the timing of the article. Here again, I think it is appropriately timed on two counts: (1) The Government of India is planning to set up nearly 1.5 lakh health and wellness centres across the country under the Ayushman Bharat scheme which is stated to benefit about 550 million people and (2) The Government of India is planning to open 22 All India Institute of Medical Sciences (AIIMS) across the country under the Pradhan Mantri Swasthya Suraksha Yojana to reduce regional imbalance in the healthcare and tertiary fields.^[2,3]

As pointed out by the authors, Indian medical schools have an annual intake of 67,218 MBBS students. In addition, India produces medical graduates in the “traditional Indian system of medicine,” regulated through the Central Council for Indian Medicine. To this number must be added the number of Indian students graduating from foreign countries and joining the healthcare system here. Hence, on considering these numbers together, not only have we achieved the World Health Organization recommended doctor-to-population ratio of 1:1,000 but may have surpassed that by conservative estimates.

This brings me to my concern with our healthcare system appropriately brought into perspective by this article.^[3] The efforts of the Government point to one basic thing which is that “we have not been able to deliver on our health care promises since independence and the present healthcare of entire country is failing.” This failure is more visible in the rural settings in comparison to the urban ones as the traditional rural model of

healthcare has been ineffective at improving rural health. On a lighter note, I am remembered of a news item published in *Mumbai Mirror*, an English daily, and titled “Doctors, Lawyers, MBAs in the race to be Mumbai police constable.”^[4]

To my understanding, the current health model is more “Urban friendly” with greater barriers in rural areas to preventive, primary, and emergency care. Added to these is the fact that the rural populations also experience different demographic, environmental, economic, and social health risks than their urban counterparts.

Therefore, what probably is needed is a “Novel health care delivery model” providing quality healthcare services ranging from health promotion to prevention, treatment, rehabilitation, and palliative care across geographies through emphasis on the development of a primary care team, as no matter how many medical graduates we produce, the health divide will continue to persist. I think this article by Kumar *et al.* is evidence enough to start thinking in this direction.

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Conflicts of interest

There are no conflicts of interest.

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