

The missing pieces of the big picture: Unaddressed healthcare conundrums during demonetization

Dear Editor,

I read the article by Pati *et al.*^[1] related to healthcare changes during demonetization with great interest. Even though the article tried to address the pertinent issues, I would wish to bring some microeconomical cobwebs in healthcare settings which had their direct effect on patient care. Having witnessed the impact of this economical radical measure from the perspective of the needy and also from the perspective of the doctor, I would not wholeheartedly accept the authors' notion that consequential transition was viewed favorably by the general population.

First, the Reserve Bank of India and the responsible authorities were changing the regulations every day. This induced high stress levels in laymen who could not perceive the changes. Particularly, the bystander of critically ill patients broke up when banks felt short of new notes. As postulated by Antonovsky,^[2] a person would be unable to make cognitive sense of the environment and manage the changes by establishing control over available resources under such stress. Second, expenditure incurred in the hospital is not exclusively confined to medications and treatment charges. For example, purchasing of food for the person admitted in the hospital, travel, and stay expenses are "necessary commodities" which could not be purchased by old notes and if we extrapolate this in real settings, the impact is magnanimous.

Third, long hours of waiting in the banks and in front of ATMs had locked the precious hours of both healthcare professionals and patients, which exacerbated the rates of medical impoverishment in various states.^[3] Adding to the worries, some private healthcare settings had not adhered to the regulations and denied to accept old notes and even cheques. Fourth, the coping mechanisms largely varied between the "empowered" population and "powerless" majority population, largely widening the equity in the society. Owing to this, the needy population had to compromise with the brokers who had charged 10%–20% of the money exchanged and at the same time, the empowered ones were freezing the conglomerated new notes.^[4] In fact, exchanging tenders of 100s for 2000 rupees notes became a daunting task.

Importantly, the authors had mentioned that the poorer sections of the society were not much affected as they deal with lower denomination currencies. In the big picture, demonetization had frozen the informal/microfinancial sector of the nation, which reflected immediately as inability to pay wages for skilled labors and later manifested in the form of lay-offs in various sectors. For example, a recent study^[5] showed that rural women had to incur high out-of-the-pocket expenditure, which varied according to complications associated with delivery, which was supposed to be free. The complete collapse of the hidden savings and microfinance networks had its own impact in the long run.

To conclude, I would like to reiterate that demonetization is a well-intended scheme, but the impacts of it on day-to-day healthcare delivery are huge. Even though the majority of people bore the hardships of demonetization for a noble cause, it is sad to perceive that those who were targeted by this policy underwent a comfortable transition compared with the endured ones. We expect comprehensive empirical studies to document the short-term and long-term repercussions of the demonetization related to various healthcare domains.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code: 	Website: www.jfmipc.com
	DOI: 10.4103/jfmipc.jfmipc_239_18

How to cite this article: Kumar VD. The missing pieces of the big picture: Unaddressed healthcare conundrums during demonetization. *J Family Med Prim Care* 2018;7:1150-1.

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