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Letter to the editor

The Kerala Model of health care delivery and its impact on Oral cancer care during the COVID 19 pandemic



Unlike the rest of India, among the Oral cancers, Tongue is the most common site in the Southernmost State of Kerala, as seen in the Western population. As per the hospital-based cancer registry of our institute, the leading Government-owned tertiary cancer care centre, during the year 2010, 286 of 428 patients registered with cancer of the mobile Tongue were men, and a bare 8.1% of these patients presented in stage I. Thirty-five of 286 men had no treatment, the reason for it being advanced presentation with or without treatment elsewhere or financial constraints. Most of these patients were lost to follow up [1]. It is generally perceived that causes for treatment deprivation are low socioeconomic status, lack of insurance and poor awareness of the nature of disease [2]. It is worth appreciating that funding from the state government's health insurance scheme over the past 10 years (Karunya Scheme and the Karunya Arogya Suraksha Padhadi (KASP)) has been instrumental in combating this.

Despite its relatively low income, the state of Kerala in India has a high literacy level and social equality compared to the rest of the states of India, and in health care delivery, the public sector is neck and neck, if not ahead of its private counterparts. Regardless of this existing paradox, the universal inverse care law, which, in effect, states that care of a patient is inversely proportional to the overall resource of the region because more resources get utilized for the affluent group with less catastrophic illness [3] is minimally operational. With the growing years, this diabolic situation has been sorted out with the help of the initiatives of the state government and the healthy participation of the

people. Other issues like fear and isolation and lack of family support have now taken the toll instead of actual financial constrain. The most recent example of the success of the 'Kerala Model' has been the Covid 19 pandemic, where equitable oral cancer care delivery within the state has been continuing with the support of the people and the Government Machinery [4].

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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