

Case Study – 02

GS Paper (IV)

CASE STUDY GS PAPER -IV for WRITING PRACTICE

Limited access to healthcare is one of the biggest challenges that confronts in the backward particular state. A backward state is divided into 18 districts, 11 of which are geographically isolated and disadvantaged areas for administrative purposes. The State Government is determined to respond to the following health care and health related issues: 1) Inadequate medical assistance program 2) Inadequate hospital services and facilities 3) Insufficient drugs and medical supplies 4) High prevalence in malnutrition 5) High poverty incidence 6) Poor health seeking behaviour. The poor health behaviour of the average state population is attributed to the rural practice of consulting quack doctors to seek relief from illness, while the prevalence rate of malnutrition is attributed to poverty and lack of accessible health facilities. The only medical assistance offered by the state government to the public is financial assistance distributed through a program administered by the Union Ministry of Health. However, this program proves to be insufficient health support for the poor beneficiaries and one has to go through an arduous process to avail the benefits. In addition to this is the fact that extended financial assistance granted through Union Ministry of Health cannot be monitored and guaranteed to be used solely for medical purposes. Bearing all these in mind, the State Government is challenged to address the provision of accessible and adequate health care and health aide, being a prime right of every individual.

(a) Under the given conditions, what are the challenges for you as the Chief Medical Policy Maker of the State Government?

(20 Marks, 250 Words)

स्वास्थ्य देखभाल तक सीमित पहुंच सबसे बड़ी चुनौतियों में से एक है जिसका सामना किसी पिछड़े विशेष राज्य को करना पड़ता है। एक पिछड़ा राज्य 18 जिलों में विभाजित है, जिनमें से 11 भौगोलिक रूप से अलग-थलग और प्रशासनिक उद्देश्यों के लिए वंचित क्षेत्र हैं। राज्य सरकार निम्नलिखित स्वास्थ्य देखभाल और स्वास्थ्य संबंधी मुद्दों पर प्रतिक्रिया देने के लिए प्रतिबद्ध है: 1) अपर्याप्त चिकित्सा सहायता कार्यक्रम 2) अपर्याप्त अस्पताल सेवाएँ और सुविधाएँ 3) अपर्याप्त दवाएँ और चिकित्सा आपूर्ति 4) कुपोषण का उच्च प्रसार 5) उच्च गरीबी घटना 6) खराब स्वास्थ्य संबंधी व्यवहार। राज्य की औसत आबादी के खराब स्वास्थ्य व्यवहार का कारण बीमारी से राहत पाने के लिए झोलाछाप डॉक्टरों से परामर्श लेने की ग्रामीण प्रथा है, जबकि कुपोषण की व्यापकता दर का कारण गरीबी और सुलभ स्वास्थ्य सुविधाओं की कमी है। राज्य सरकार द्वारा जनता को दी जाने वाली एकमात्र चिकित्सा सहायता केंद्रीय स्वास्थ्य मंत्रालय द्वारा प्रशासित एक कार्यक्रम के माध्यम से वितरित वित्तीय सहायता है। हालाँकि, यह कार्यक्रम गरीब लाभार्थियों के लिए अपर्याप्त स्वास्थ्य सहायता साबित होता है और लाभ प्राप्त करने के लिए एक कठिन प्रक्रिया से गुजरना पड़ता है। इसके अलावा तथ्य यह है कि केंद्रीय स्वास्थ्य मंत्रालय के माध्यम से दी गई विस्तारित वित्तीय सहायता की निगरानी नहीं की जा सकती है और न ही इसे केवल चिकित्सा उद्देश्यों के लिए उपयोग किए जाने की गारंटी दी जा सकती है। इन सभी बातों को ध्यान में रखते हुए, राज्य सरकार के सामने प्रत्येक व्यक्ति का प्रमुख अधिकार होने के नाते सुलभ और पर्याप्त स्वास्थ्य देखभाल और स्वास्थ्य सहायता के प्रावधान को संबोधित करने की चुनौती है। इन सभी बातों को ध्यान में रखते हुए, राज्य सरकार के सामने प्रत्येक व्यक्ति का प्रमुख अधिकार होने के नाते सुलभ और पर्याप्त स्वास्थ्य देखभाल और स्वास्थ्य सहायता के प्रावधान को संबोधित करने की चुनौती है।

(a) दी गई शर्तों के तहत, राज्य सरकार के मुख्य चिकित्सा नीति निर्माता के रूप में आपके लिए क्या चुनौतियाँ हैं?

(20 अंक, 250 शब्द)

Thought Process of the Question:

1. **Issue / Subject:** Case Study
2. **Context :** Health care system and Medical Facility of a backward state
3. **Aspect :** to address the provision of accessible and adequate health care and health aide, being a prime right of every individual.
4. **Ethical Issues :**
 - Empathy
 - Emotional Intelligence
 - Probity in Governance
 - Quality of service delivery
 - Utilization of public funds
 - Challenges of corruption
5. **Ethical Dilemma:**
 - Right to Health Vs Adequate Funds
 - Empathy v/s Sympathy
 - Justice v/s Mercy
 - Leadership v/s Management
 - Aptitude v/s Attitude

Key Points on the Structure of the Answer :

(a) Under the given conditions, what are the challenges for you as the Chief Medical Policy Maker of the State Government?

- **Improving Health Facilities:** An accessible and innovative health care program that will meet urgent health/medical services needed by patients at any provincially owned and managed hospital, including, but not limited to, serviceable and improved hospital facilities: Medical check-up Laboratory Services Radiology Services Dialysis Rehabilitation Out Patient Department Services Drugs and Medicines Present.

- **Initiatives Beyond State Boundaries:**

The state government should initiate initiatives to reach out to various national and international agencies including NGOs that can assist in improving the services and facilities of the state and manage hospitals that can maximize the use of health cards for medical services guarantee.

- **Quality Health Care Service:**

To provide quality health care service that is accessible, efficient, equitably distributed, adequately funded, properly funded and used appropriately by all sections of the rural and society.

- **Empowering Medical Personnel and concerned Community:**

Strong and direct involvement of medical personnel in the verification, authentication and distribution of health cards to program beneficiaries and promote immediate assistance to their constituents.

- **Strengthen the Referral System among Inter-Local and Rural Health Zones:**

The linkage and referral system between health offices of local government units (including rural units) with state-owned hospitals, especially in coordinating operations from the core referral hospital to the last-referral hospitals, should be strengthened to enact the law against quack doctors.

- **Establishment of Partnership with Private Institutions:**

To ensure sufficient supply and quick replenishment of medicines in the hospitals, the health initiative venture in partnership with different private local hospitals and pharmaceutical companies by entering into a drug consignment agreement with the provincial government.

- **Ease Governance:**

Eliminating the usual bureaucratic system of patients queuing up at municipal for financial assistance to wait for health care with no certainty. Strengthen the community relationship between local government officials and citizens through frequent interactions.

● **Improve Integrity in Public Service to Counter Corruption:**

Begin planning to remove disbursement of cash and corruption to beneficiaries and ensure that they cannot use the health card for purposes other than addressing medical and health needs. For this, the public servants would have to follow the code of conduct honestly. It is important improve the integrity of the public service to pave the way for an accessible and corruption free medical aid program for the public.

Stakeholders involved in Policy Making:

- State Government
- National Agencies and International Agencies
- Local Government
- Patients and Beneficiaries
- Health Workers
- Private Hospitals and Pharmaceutical Companies
- Public Servants

(These key points of answer contain more than 250 words and are intended to provide reference material to the candidates in the form of data and facts. Through this information candidates can get their best answers).