

CAN THE TECHNO-CONSUMPTIVE CULTURE FUEL INDIAN HEALTHCARE?

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Evidence based medicine is slowly being strengthened into technology driven medicine. The workshops that are being held on robotics, artificial intelligence, data analytics in healthcare is rising at a pace unprecedented in human history before.

Medical hospitals and residency programs are trying to find ways to engage the new age medicine. This necessarily pushes doctors, nurses and allied healthcare practitioners to up their game. But the Medical Council of India has not revamped teaching curriculums at varied levels to match the speed of this gigantic change that is disrupting Indian healthcare like never before. Do the doctors consider patient preferences always while taking clinical decisions? In most parts of the country the doctor decides and it is a given that the patient must comply on what has been told. What remains to be understood is with rising obsession to adopt technology, are clinicians losing the ability to critically evaluate the worthiness of such advances?

Bedside diagnosis today is almost a forgotten art and physicians –in-training are heavily dependent on technology. This naturally puts a concerted burden on their skill sets to practice medicine with limited resources. It is important to realize and understand that technology must be seen as an aid in the real world evidence based medicine and not as a way of life or a mandate to build.

Over 70% of India's population live in rural areas where doctor patient relationship reign supreme with the time honored principle of speaking to the patient at length and performing hands-on

examination whenever necessary in-order to elicit signs to arrive at the diagnosis. It can be argued that acute shortage of doctors forces the Indian health system to use technology to bail out pro-poor budgetary allocations and invest inefficiency. But healthcare has always been driven from a human touch perspective and cannot really shift to a techno-consumptive lens.

The medical technology market in India is growing at 10-12 percent. Domestic companies tend to focus on consumables, lower value equipments and test kits. Currently 70-80 percent of equipments are imported and this trend should change given the Make in India push by the Central Government. Government establishments are ill-equipped and face a massive human resource crunch. When electricity supply does not reach rural health centers run by the government, can electronic records really drive the game? This needs to be addressed with sincerity and not ambition alone. Issues pertaining to server downtime and back-up recovery problem, inaccurate data reporting, and the basic understanding that all physicians are not tech savvy personnel and do not function optimally needs to be understood and recognized.

When we try adapting to the diffusion theory in healthcare, evidence concludes that clinicians very quickly try to use relevant technology before it gets tested sufficiently. The outcomes in really improving patient care can also be of questionable value, but rising costs involved to use that very technology is certain. Nevertheless it will be wrong to say that technology as such is bad for healthcare. Bertrand Russell long ago said, "Technology brings relief to man, but which particular man it benefits depends on the social system."

We would go one step further to state that how the medical community and policy makers interpret and further this technology will depend on how the media, communication professionals project the same thereby creating an ecosystem that would guide the way ahead. To err is human, and rightly so, implementing technology in a country like India will challenge reasoning and research outcomes to a great extent. Disruptive innovation cannot steer the wheel of healthcare in India and also should not around the world.

Science today has come of an age, but even today the medical fraternity has no permanent cure for simple ailments like the common cold. Hospital rounds on a lighter note often make a smart observation when it comes to guiding treating such ailments, "Common cold takes 7 days to be cured with medicine and usually requires a week to be cured without medicine."

New surgical procedures involve greater risk, so does newer drugs and vaccines. No one will deny the possibility of breakthrough innovation, but it must be remembered if it is worth the time, money and effort.

Doctors today are not taught digital healthcare as a discipline and those practitioners in rural India know even less of digital medicine, given poor internet connectivity, accessibility and also affordability of the nearest healthcare facility. Many a times, rural communities are grateful if there is a genuine doctor in their locality. Low and Middle Income nations like India must focus on improving human resources in healthcare instead of championing digital healthcare as a way of life.

To build in a generational change in the healthcare sector, Indian healthcare will need to evolve from the very roots by creating future-ready physicians who will juggle different worlds. For this to

happen, medical education ought to change with sincerity and strategy. In conclusion we must bear in mind that much sort of medical wisdom is not linear and often wrong. Fueling healthcare must be driven with safety and care thus.

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