

India's Health Crisis: State Hospitals' Neglect Aggravates Crisis in the Clinics of the "All India Institute Of Medical Science" (AIIMS)

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The number of people sitting outside AIIMS, waiting to be treated, reflects the grim reality of health sector in states like Uttar Pradesh, Bihar, Haryana, etc.

"I am counting the last days of my life, along with waiting to get operated; whichever comes soon will end my ordeal," said attendance Mishra from West Champaran district of Bihar. He visited countless hospitals in various states, in hopes of being treated, in the last one year; but all doctors failed to diagnose that he was suffering from mouth cancer and they referred him to AIIMS.



AIIMS: Indias premier Hospital displays grim state of health services in India



Bus stops outside AIIMS turns into beacon of light for the poor patients

Santoshi Devi and Manoj Kumar Sahu from Kanpur district wait for their seven year old son, who was hit by a bike while he was crossing the road, to be treated. After getting treated for 5 months in Lala Lajpat Rai hospital in Kanpur, doctors suddenly referred the child to AIIMS saying that they did not have the necessary machines for surgery.

According to the 60th AIIMS Annual Report of the year 2015-2016, most of the outstation patients were from UP followed by Bihar, which reflects the dire state of health facilities in two of the most populous states of India.

Amit Gupta, chief spokesperson of AIIMS, said that 50% of the patients coming to AIIMS do not even need AIIMS-like facilities. According to him, these patients could be treated in their home states as well.

“Simple surgeries like uncomplicated Hernia, Hydrocele and other smaller surgeries are cramping the system of AIIMS,” said Gupta.

Speaking about the massive rush, he added

“It is the failure of the system that everybody is flocking to AIIMS. It was not envisioned for AIIMS to be treating common ailments but it was established to deal with complex cases.”

An Internal Committee Constituted by AIIMS under the supervision of Chandralekha in 2013, who was faculty head at anesthesiology department stated that in ICU with 225 Beds and Surgical block with 121 beds. The problem ranges from congestion to shortage of manpower, medicine and funds. But report concluded that on equipment front the picture is

not so grim. All ICUs have modern beds, advanced technology and facilities. AIIMS 60th Annual report also reflects the numerous problems such as manpower shortage, as there is huge gap between the number of patients coming to AIIMS and the patients who undergo treatment in AIIMS. According to the Report, year 2015-2016, witnessed outpatient attendance at 18,33,156 but only 1,02,037 fortunate patients got treated in AIIMS. This huge gap alludes to the manpower shortage in AIIMS, as per report the sanctioned faculty strength in AIIMS is 882 but in position faculty strength is 718, so there is need for 182 more faculty members to be recruited. Even number of technicians are not as per sanctioned strength, number of technicians for ECG and ventilator is also less than required which is exacerbating the situation. Even in job category A,B,C which comprises technicians and staff members other than doctors are also less than the sanctioned strength.

In the Emergency wing AIIMS, shortage of resident doctors is also affecting the services, as per report there is shortage of resident doctors who are temporarily employed, they left their job to appear in entrance examination for pursuing MD (Master in Medicine) thus creating large number of Doctors positions vacant. This is situation every six month, when tenure of resident doctors ends or when they left job to pursue higher studies.

“Within last ten years we have increased faculty strength from 300 to 600 and we are working hard to recruit more and more doctors and nurses at every level said ,” said spokesperson of AIIMS.

The central government is resorting to every available option to increase the number of beds so that more patients can be treated. Currently, AIIMS has a total bed strength of 2,500 but with further development of the trauma center, AIIMS’ bed strength will directly go up by 2,000.

“Even if we get 10,000 beds, this problem will persist,” said Gupta.

He added that states should take cognizance of the fact that referring patients to AIIMS should be the last resort. State administration should equip hospitals with the required facilities to treat patients. This will help the system to reduce the inconvenience caused to patients who are forced to spend months and years on pavements and metro stations outside the hospital.

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