Rural Medicare Centre

Bridging the medical divide between India and Bharat

Despite economic progress, there is no equitable distribution of healthcare in India. The benefits of modern medical care reach only the rich and the privileged while almost 400 million cannot afford the high cost of such care. Dr Nandini Murali visits the Rural Medicare Centre set up in a suburb of South Delhi, which has well known doctors willing to earn less by performing high cost surgeries at reasonably low prices

Photographs: Dr Nandini Murali
Archival photos: Rural Medicare Centre

"I live in India but work in Bharat," quips Dr Devinder Pal Singh Toor. This 55-year-old dapper and dynamic surgeon is also the director of the Rural Medicare Centre (RMC), a 30-bed not-for-profit hospital in Saidulajab village, a peri-urban area in South Delhi. Dr Toor's tongue in cheek comment is an oblique reference to healthcare inequities in the medical landscape of the country. The crushing burden of privatised healthcare and out of pocket medical expenditure co-exist in our subcontinent. Resolving this is the driving force behind the medical team at the RMC, as they make inroads into socially relevant and inclusive healthcare.

For Dr Toor and his colleagues – Dr SK Basu, eminent obstetrician and gynaecologist and the first doctor to join the RMC, laparoscopic surgeon Dr Medha Vaze, ophthalmologist Dr VK Gopal, and orthopaedic surgeon Dr Sunil Sahi – dealing with the lack of access for socio-economically marginalised people to primary and secondary level healthcare is not about vacuuming their conscience. Rather it has spurred them on a committed mission to enable people to avail "medical expertise with dignity across the counter at an affordable cost".

The seeds of such an initiative was sown in 1976 by well known surgeon Dr Jayanta Kumar Banerjee, FRCS, who had then just returned from England. A great admirer of Swami Vivekananda and inspired by the philosophy of the Ramakrishna Mission that service to people is greater than service to God, Dr Banerjee served at the Sri Ramakrishna Mission at Kankhal, Haridwar, for six years. Relocating to Delhi for a short while, he was appalled to find that healthcare was a privilege that only the rich could afford. "We have eight and nine per cent GDP growth these days, but it is only for 20 per cent of the population. What does that 20 per cent do to enable the others to share its prosperity?" says an exasperated Dr Banerjee. He then decided to take that all-important first step towards healthcare for the masses.

"In England I saw that what defined a developed economy was equality in access to facilities irrespective of income levels," says Dr Banerjee, who along with his wife, anaesthesiologist Dr Shipra Banerjee, currently serves at the Ramakrishna Mission Hospital in Dehradun. "In India, on the other hand, even today there are 400 million people without access to basic healthcare. There are facilities only for a few with the vast majority being forgotten or having to fend for themselves."

He talks of how he was often derided by colleagues for his maverick decision to work in Haridwar, a place which they said was more for performing funeral rites, not practising medicine! In 1976, along with a group of socially committed doctors and social scientists consisting of Dr Shipra Banerjee, Dr Jharna Sen, Prabhat Mukherjee (Secretary), Nitin De (Chairman) and Arvind Das, they formed a trust, the Rural Medicare Society, which is the parent body of RMC. The hired godown in Mehrauli, then on the outer fringes of Delhi, where they started was "mephitic and cramped", recalls Dr Banerjee. The RMC grew out of a period of intense soul searching, and he self-effacingly says, "It really was the work of someone else, Sri Ramakrishna and Ma Sarada Devi. I was a mere instrument."

Dr Banerjee was a magnetic lodestar who attracted doctors with a spirit of service. One such was Dr SK Basu, who was then working at Safdarjung Hospital, New Delhi. Influenced by the ideals of Swami Vivekananda, Dr Basu says he "jumped at the idea" of Dr Banerjee's requirement for a gynaecologist for his centre. "But he warned me about the pitfalls of poor pay and other challenges," chuckles Dr Basu, who nevertheless grabbed the offer.

Dr Basu remembers that the godown in which the RMC was housed had been earlier used as a fodder shed for cattle. Out of this, the three-member medical team consisting of Drs JK and Shipra Banerjee and Dr Basu himself – joined later by Dr Gurjeet Singh, Dr J Trikha and Dr Sashi Ghosh – created a makeshift outpatient department in the front portion that barely accommodated three patients. They then converted the rear of the godown into a three-bed inpatient section, and also set up a wooden partition to make a tiny operation theatre that doubled as a laboratory.

In the early years the activities of the RMC centred on curative work that helped them build rapport and win the confidence of the community. Poverty, health related superstitions, low levels of literacy, ignorance, and lack of sanitation and poor hygiene were Herculean challenges. It was then that they realised that curative services alone would not address the problem – it had to go in tandem with preventive care.

"I still remember the thrill of

Team RMC: (from left) Drs Medha Vaze, DPS Toor, VK Gopal, SK Basu and Sunil Sahi

INAUGURATED BY
REVERED PRAVRAJIKA ATMAPRANA MATAJI
SECRETARY, RAMAKRISHNA SARADA MISSION, NEW DELHI
WITH
HON'BLE SHRI P. K. DAVE,
LT. GOVERNOR OF DELHI AS CHIEF GUEST
OCTOBER 23, 1994.

The old hospital building of the RMC (below) and the new one (bottom)

performing the first Caesarean section on a patient with diabetes in the 6 x 9 ft operation theatre. Infrastructure at that time was virtually non-existent and we did not have sufficient colleagues to give us the much needed moral support and encouragement," says Dr Basu of what was the first ever surgery performed at the RMC. Dr Banerjee warned him that should there be a surgical mishap that led to the death of the patient, the dominant community in the area would be up in arms.

"Despite my self-confidence, Dr Banerjee chose to be away and returned only when I informed him that mother and baby were doing fine," recalls Dr Basu. That surgery was a turning point in the history of the fledgling institution.

The RMC is an alternative model of inclusive public health that espouses low medical costs and comparatively low salaries for doctors, and provides affordable and acceptable treatment where patients pay for medical services – although far less than what they would in private hospitals

In 1981, the three-bed hospital was shifted to a single storied dilapidated building that was being used as a cattle shed, donated by someone in the village. After considerable restoration and renovation, the RMC expanded to become an 11-bed hospital that provided round the clock emergency services in medicine, surgery, obstetrics and gynaecology, paediatrics and ENT.

Initially, expansion was supported by overseas development agencies. However, over the years, the Rural Medicare Centre has grown into an enterprise that sustains itself on revenue it generates from patients – all of whom pay for treatment, heavily subsidised though it is. Patients who cannot afford even this are supported by a Poor Patients' Fund that has donations from well wishers.

In 1976, initiated by Dr Shipra Banerjee, the team started an extension centre for quarry workers in the adjacent Mandi village. "Beneath the open sky, under the shadow of a babul tree, a modest charpai was the only piece of furniture we had. It served as the patients' examination table, doctors' chair and table, and medicine dispensing rack, all rolled into one," laughs Dr Basu.

Healthcare facilities in the village were non-existent. Vitamin deficiencies, malnutrition, infected wounds and high rates of maternal and infant

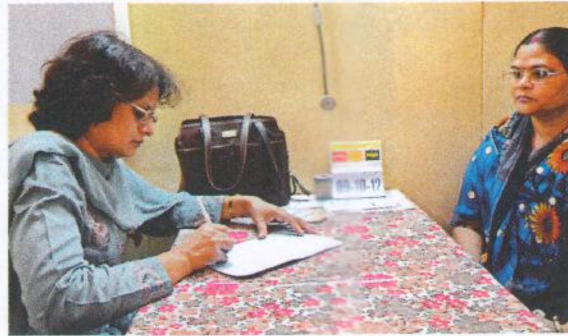
mortality were rampant. Illness related absenteeism from work led to financial exploitation by money lenders, who charged exorbitant rates of interest. The curative services provided by the RMC and the concept of training members of the local community as health workers resulted in significant improvement in the health status of the people in the village. While the team provided medicine and services free of charge, they charged a token 50 paise as outpatient fee, which later rose to Rs 5 and is currently Rs 20. This is in keeping with the RMC's mission to treat people by charging reasonable fees so that patients too have a stake in their treatment process, so that they are clients and not recipients of charity.

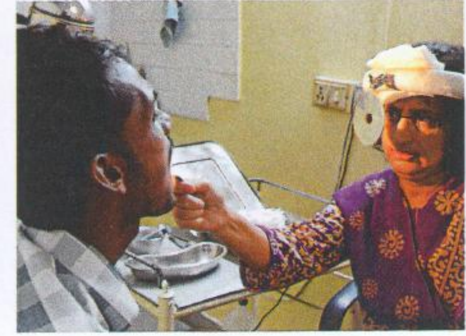
In 1993, an apparent coincidence brought a young Dr DPS Toor, a general surgeon from Aligarh Muslim University (AMU), to meet Dr JK Banerjee. Dr Toor had been working with Moolchand Hospital in New Delhi for the past ten years. At one of his private consultations elsewhere in the city, he was required to give his opinion on whether a patient needed surgery. Much to the anger of his colleagues, Dr Toor asserted that the patient did not need surgery. His honest evaluation attracted the attention of Dr JK Banerjee, then a visiting consultant at the same nursing home, and he wanted to meet this young surgeon who was not scalpel happy. Like Dr Basu, Dr Toor spontaneously responded to Dr Banerjee's invitation to join the Rural Medicare Centre, fully aware of the daunting challenges and constraints he would have to contend with.

"Reaching out to people with empathy comes naturally to me," says the gentle and soft spoken Dr Toor. Indeed, after a day's interaction with him, it seems an understatement. The son of a Delhi based general physician, Dr DC Toor, Dr DPS Toor recalls that as a 12-year-old student of Delhi Public School in the city, he read the short story *Mantra* by well known Hindi author Munshi Premchand.

"The first time I read the story about a rich doctor who refuses to treat patients who are poor, I wept. By the time I read it the third time, I had decided to become a doctor who would work for the underprivileged," recalls Dr Toor. Even as a postgraduate student at AMU, he spent a portion

Below, clockwise: Laparoscopic surgeon Dr Medha Vaze; ENT surgeon Dr Abha Bhatnagar; Eminent obstetrician and gynaecologist Dr SK Basu (left), with Dr DPS Toor, general surgeon





of his stipend in getting medicines for patients who could not afford them.

In 1992, the Rural Medicare Centre was in fact the epicentre of a movement that was to have a significant impact on surgery in developing countries – the Association of Rural Surgeons of India (ARSI), formed by Dr JK Banerjee with a group of likeminded surgeons. Based on the premise that science and technology are tools of inclusion, it was a platform for surgeons working in rural and peri-urban areas of India to converge, share experiences and learn from each other.

Rural surgeons are essentially general surgeons, who work under severe resource constraints to make modern surgical care accessible and affordable for those who would otherwise have no access to even basic surgical services. While they do not

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Awareness camp

perform heart and brain surgeries, they are the troubleshooters who save lives in surgical emergencies through timely and appropriate intervention. For instance, where could someone with little or no financial support go to have an infected appendix, a colicky gallstone, or a urinary stone removed? Where could a poor woman with an ectopic pregnancy go to have her life saved before she bled to death? Where could a poor person blinded by cataract go to remove the white curtain that deprived him or her from a productive life and led to a crushing dependency on others?

Such are the lifesaving surgeries that have been the staple of surgical practice in the modest operation theatres and labour room at the Rural Medicare Centre. "A rural surgeon needs to be a Jack of all trades. We need to constantly innovate and improvise. For example, at the RMC we decided to use the ordinary mosquito net as a mesh for hernia repair as the branded ones were very expensive. But this does not mean second grade surgery with compromise in quality. In fact, our post operative infection rates and surgical outcomes are comparable to the very best five-star hospitals," avers Dr Basu, one of the founders of ARSI.

Dr Toor takes me around the present campus of the RMC, a simple red brick unplastered structure that was constructed in 1993, when the then Lt Governor of Delhi, PK Dave, allotted them the land. Today the 30-bed hospital has 22 doctors, two modern operation theaters, 66 trained paramedical staff from the local community and two resident doctors. The campus also houses a canteen and pharmacy. The entire locality, including the hospital, got electricity only recently, in 2000, when the commendable work of the hospital attracted the attention of the chief minister of Delhi.

"Rural healthcare is all about team work," explains Dr Toor as he introduces me to his colleagues Dr Medha Vaze, who until recently was the director of the institute, and Dr VK Gopal, the secretary of the Rural Medicare Society.

"If I have a problem during surgery, it's she who bails me out," says Dr Toor candidly. Dr Medha Vaze, a laparoscopic surgeon, confesses that when she first visited the RMC in 2002 she "liked the concept of the hospital as a bridge that connected the divide between the expensive treatment of private hospitals, the long waiting time of public sector hospitals, and the option of no treatment at all". Since then, she says, she has become "addicted" to the RMC and its work ethos.

Dr VK Gopal values his association with the RMC since 1993. The institution, he says, provides him an opportunity "to not only work and earn but also serve" – a commitment that was reinforced at a health camp in a remote tribal area in Rajasthan, where women came one at a time because they had only one sari to share between them.

"Self-sustaining initiatives like the Rural Medicare Centre need to be scaled up and replicated across the country by enabling the local community to access appropriate and timely medical and surgical services at affordable cost," says Dr Gopal. He adds that he acquired hands-on experience in managing a not-for-profit institution when he took over as the secretary of the trust.

The RMC is an alternative model of inclusive public health that espouses low medical costs and comparatively low salaries for doctors, and provides affordable and acceptable treatment where patients pay for medical services – although far less than what they would in private hospitals. (A surgery for ectopic pregnancy at the RMC costs Rs 12,000 and it would

cost at least three times as much in a private hospital.) All doctors, however, supplement their income with private practice elsewhere. Dr Toor, for instance, consults every evening at Khan Market, but operates only at the Rural Medicare Centre. Their commitment to the RMC is binding, even though their conscious choice to devote a substantial part of their time at the RMC means settling for a significantly lesser income. But it still underscores the point that even after charging patients reasonably, it is possible to provide good treatment by keeping costs low. Another cost cutting factor is the sheer volume the centre handles. Most patients come by word of mouth referrals from satisfied patients.

"We are all needed. We need Max, Fortis, AIIMS, Escorts and the RMC. You need a strong core but you also need to reach the periphery. If all doctors insist on reaching out to the rich and famous, who will help the poor and needy?" says a concerned but optimistic Dr Toor who dreams of "health for all with the help of all".

With 400 million people in the country clamouring for even basic healthcare, it is a clarion call that should ring loud and clear in the ears of our selectively deaf policy makers.

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At an eye camp