

Editorial

India-magical realism

The growth story of Indians has slowed down not stopped. The average life expectancy of Indians has gone up. Chronic diseases like diabetes mellitus, hypertension, cardiac events, and neoplasm have increased in incidence. Malaria, tuberculosis, malnutrition, and related infective diseases still haunt us. Nearly six lakh people died of cancer in 2010. The absolute numbers of deaths due to cancer are humongous. Deaths due to cancer are more in illiterate rural India. The Indian continent is a conglomerate of disparate groups of people with different languages, customs, and rituals. Disparity of wealth and seeming contradictions abound in our life. Challenges of preventing and managing cancer beg for local solutions, based on accumulated information and wisdom. Yet, the approach to uniquely Indian situations, are generally extrapolations of the 'standard of care' from alien lands. For instance Human papillomavirus (HPV) vaccination is routinely recommended by the urban Gynecologist. It is also approved by the National Federation of Gynecologists. No national policy has been enunciated with regard to the HPV vaccination. HPV vaccination is recommended and administered in educated urban elites who may be less susceptible to infection. The rural poor who are most vulnerable for cervical cancer get excluded from the putative benefits of HPV vaccination as it is too expensive to be mass administered. India spends 2.4% of its Gross domestic product (GDP) on the healthcare requirements of the country. There are innumerable schemes started by various state agencies to address the health concern of the poorest of the poor (BPL). None of them, however, have translated into a tangible improvement in the various health indices. The reason is obvious. Nearly 35% live below the poverty line, and the funds allotted for health are meager. The question of distributive justice is rarely discussed.^[1]

The galloping accumulation of cancer patients in India has thrown a new challenge. The existing infrastructure is far too less to meet the challenges of cancer in India. A very uneven growth of radiation therapy has been witnessed over the last one decade. Private Corporates, with profit motives, have established technically advanced centers in

many major cities of India. Naturally the cost of treatment is beyond the reach of average cancer patients. It is no wonder that the survival statistics of patients in urban India are far worse than the western counterparts.

Bhabatron II is an indigenously developed telecobalt system. Telecobalt equipments have a lower initial cost and lower running costs. Yet the opinion makers in India have managed to scuttle the growth of the telecobalt machine to benefit the imported linear accelerators. The makers of the 'Sameer' indigenous linear accelerators should make suitable modifications, to make it competitive both in terms of technology and cost. The experts of the country have ignored the simple and effective technology like hyperthermia, while lobbying for expensive biological and expensive accelerators.^[2] The North American Transplant Coordinators Organization (NATCO) has won the legal battle and it can now legally manufacture a generic version of Nexavar. The cost of the generic would be 8000 Rs per month. Poor patients of this country will find it impossible to afford even the generic version of Nexavar. It is just as well that most of the biological have not proved to be game changers. We are a country with extreme contradictions. Centers with the top equipments contrast with hospitals where a basic amenity is a luxury.

It is extremely important to evolve local solutions rather than to extrapolate alien models. For instance snake oil salesmen are already on the prowl to sell particle accelerators at a huge cost. There is no evidence so far that particle radiation can help in a substantial increase in survival. The appropriate approach should be to develop accelerator technology indigenously and not merely buy it from abroad. The money that is spent on indigenous effort can not only promote a high level of employment, but can also benefit from the spin-off technologies. If China can build particle accelerators so can we. The amount to be spent on buying particle accelerators can be spent on setting up more cancer centers at district civil hospitals.

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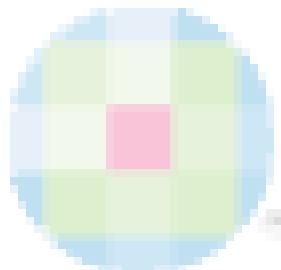


Huilgol: India-magical realism

There are no quick solutions to eliminate inequity in healthcare distribution. The best approach is to generate more wealth and distribute it more evenly. That is utopian! However, what is possible, is to increase the budgetary allocation, incentivize early evidence-based diagnosis and screening programs, indigenize technology, and promote local skills in the innovation of technology and drug development.

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