

Chapter VII

Patients in Hospital Setting

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Generally, a patient is defined as “any recipient of health care services originally meant one who suffers”. An out-patient is a patient who receives treatment at a hospital, either at a single attendance or at a series of attendances but is not admitted to a bed in a hospital ward. In-patient is the one who is admitted to a bed in a hospital ward and remains there for a period of time for treatment, examination, or observation¹ .

Here, the patient is being referred to as sick person who is helpless and needed help. There are four aspects of the institutionalized expectation system relative to the sick role. First, is the exemption from normal social role responsibilities, which of course is relative to the nature and severity of the illness. Like all institutionalised patterns the legitimating of being sick enough to avoid obligations can not only be a right of the sick person but an obligation upon him. The second closely related aspect is the institutionalised definition that the sick person cannot be expected by ‘pulling himself together’ to get well by an act of decision or will. In this sense also he is exempted from responsibility—he is in a condition that must ‘be taken care of’. His ‘condition’ must be changed, not merely his ‘attitude’. Of course the process of recovery may be spontaneous but while the illness lasts he can’t ‘help it’. This element in the definition of the state of illness is obviously crucial as a bridge to the acceptance of ‘help’. The third element is the definition of the state of being ill as itself undesirable with its obligation to want to ‘get well’. Finally, the fourth closely related element is the obligation—in proportion

to the severity of the condition, of course—to seek technically competent help, namely, in the most usual case, that of a physician and to cooperate with him in the process of trying to get well ² .

In co-operating with doctor to get well, the patient has also an obligation to tell the whole truth and to comply with agreed-upon therapy³.

Patients have their right to privacy and confidentiality of information shared with the doctor, respect for the patient's time, observance of quality and standards, safety, avoidance of unnecessary suffering and pain, and right to complain when not satisfied ⁴ .

Normally, in India both private and government hospitals render service to the public where many poor can't afford the earlier. So, government general hospitals play a major role in health services. "In general hospitals, at least there is no bargaining for fees as the services of the professionals are free of cost. The normative socialisation of the professional is necessary to protect the client from misuse of professional authority. General hospital patients are such a kind of clients for whom the whole organisation (hospital) can be held responsible (the responsibility is not of any single professional). The clientele of the hospitals is at the same time the shared responsibility of the society"⁵.

The patients' centrality is one of the clearest themes as they are not simply recipients of care or subjects of research but active, informed individuals who wish to know more about their condition and exert greater control over their own care ⁶ .

The traditional asymmetrical mode where doctor had more information about medical condition is a no more cent percent true as patients now have access to

procuring health information in the age of information. As a result a new model in the style of consumerist model emerged out in which patients and doctors are partners in managing patient's care instead of doctor acting as sole manager ⁷ .

At the same time, some patients equate the use of advanced technology with 'good' care and may be disappointed, surprised or concerned if a thoughtful physician does not order a battery of tests ⁸

The rise of the consumerist perspective, which consider medical care as a commodity and the right of the patient as that of a consumer , further attempts to empower the patient where the patient is expected to assert her/his needs and make her/him aware of the possible options⁹ .

In Chapter IV, who are the patients visiting Government hospitals and what is their socio-economic background have been discussed. In this section, the type of visit of the patients (OPD), duration of stay in the hospital (IPD), the reason for preferring a particular hospital, patients' opinion on alternative medicine, hospital reputation (recommendation of the hospital to friends and relatives) will be examined. In addition, the role of patients will also be analysed through doctors' opinion.

Table 7.1: Type of visit of the patients

| Type of visit | No. of respondents | Percent |
|----------------------|---------------------------|----------------|
| Second visit or more | 131 | 55.05 |
| Follow up | 89 | 37.39 |
| Referral | 18 | 7.56 |
| Total | 238 | 100.00 |

Table 7.1 shows the distribution of OPD patients according to their type of visit in the hospitals. More than half (55 per cent) of the patients have visited the hospital twice or more. This means that the patients have visited the hospitals several times for different illness. After-care which is important but often neglected would be guided by the instructions given by the professionals and the willingness of the individuals. Among the 238 patients (OPD) who visited the hospitals, 89 (37.39 per cent) of them come for follow-up visits. And 7.56 per cent of the patients were referred. That is, either the patients were referred from PHC (Primary Health Centres) or CHC (Community Health Centres) to the District Hospitals or from District Hospitals to the Medical College Hospital.

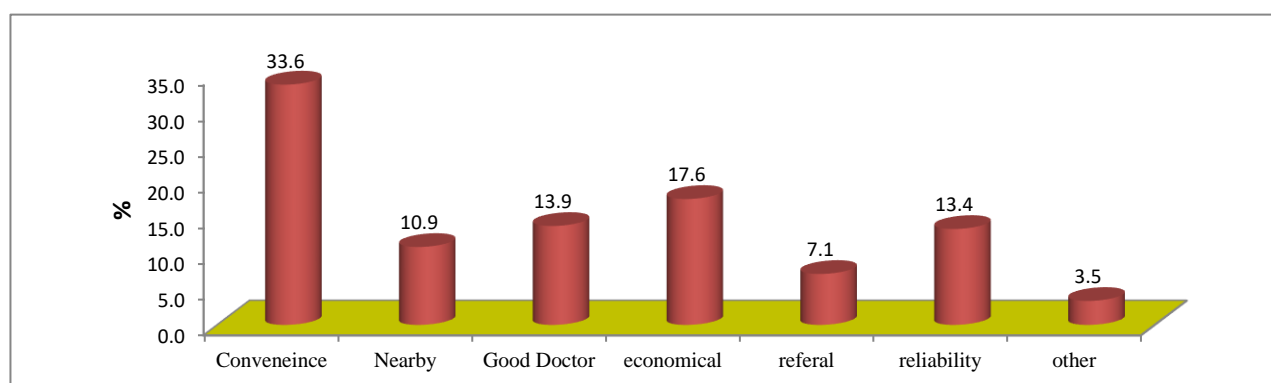


Figure 7.1: Reason for preferring a particular hospital

The main reason for preferring a particular hospital by the patients was Convenience. According to the patients, convenience here means that they were familiar with the hospital and found it comfortable for seeking treatment. Other reasons for preferring the particular hospital were economical, good doctor, reliability, nearness, referral and other reasons.

Table 7.2: Opinion on alternative medicine

| Practice of alternate Medicine | No. of respondents | Per cent |
|---------------------------------------|---------------------------|-----------------|
| Agree | 126 | 52.9 |
| Uncertain | 57 | 23.9 |
| Disagree | 55 | 23.2 |
| Total | 238 | 100.00 |

For curing the sick, various systems of treatment prevail in Manipur, in addition to modern system of medicine. Other systems of medicine adopted are Ayurvedic, Homeopathy, Naturopathy, Yoga and folk healing methods. There is evidence that people in Manipur still have firm belief in alternative medicine as more than half (52.9 per cent) of the patients agree with alternative medicine. They expressed that there were some diseases which could be treated by alternative medicine. But 23 per cent of the patients were strictly against this type of medicine.

Table 7.3: Recommendation of the hospital (OPD)

| Recommendation | No. of respondents | Percent |
|-----------------------|---------------------------|----------------|
| Yes | 232 | 97.5 |
| No | 6 | 2.5 |
| Total | 238 | 100.00 |

Image of a hospital could be analysed from the word-of-mouth referrals from happy, established patients to potential new patients. Majority (97.5 per cent) of the patients expressed their desire to recommend the particular hospital to friends and relatives.

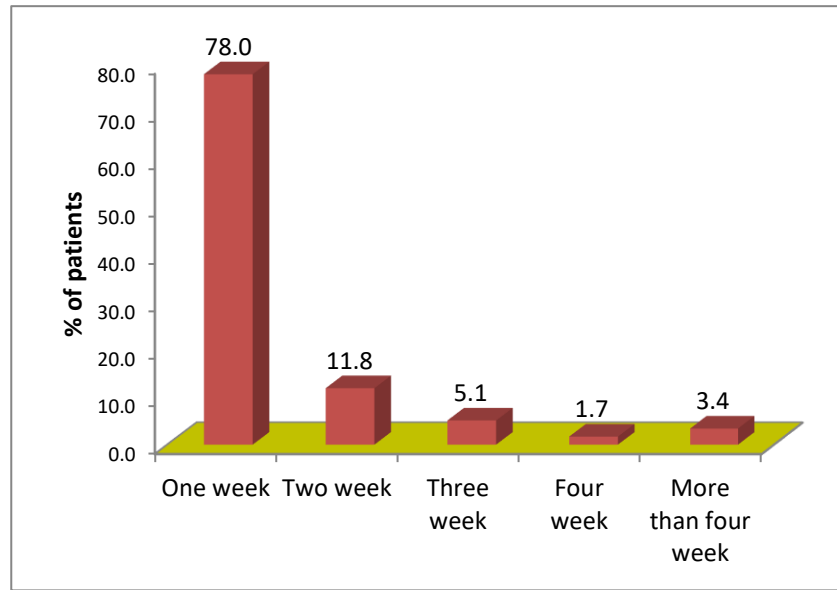


Figure 7.2: Duration of stay in the hospital; N=59

Fig. 7.2 shows the distribution of IPD patients according to their duration of stay in the hospitals. The result indicates that lower the duration of stay, the greater number of patients. Majority (78 per cent) of patients have been staying in the hospital for one week, followed by two weeks of duration by 11.9 per cent, three weeks by 5.1 per cent, four weeks by 1.7 per cent, more than four weeks by 3.4 per cent.

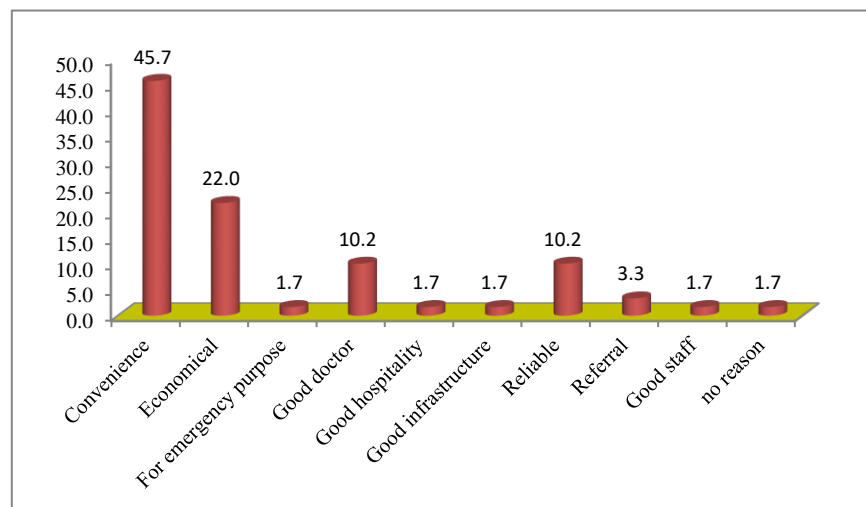


Figure 7.3: Reason for preferring a particular hospital (IPD patients)

As indicated in Fig 7.3, similar in the case of OPD patients, the main reason for preferring a particular hospital was Convenience (45.8 per cent). Other reasons stated by the patients were economical, good doctor, reliability, referral; emergency, good hospitality, good infrastructure and staff, and 1.7 per cent of patients did not give any specific reason for preferring the hospital.

Table 7.4: Recommendation of the hospital (IPD)

| Recommendation | No. of respondents | Percent |
|-----------------------|---------------------------|----------------|
| Yes | 54 | 91.5 |
| No | 5 | 8.5 |
| Total | 59 | 100.00 |

Table 7.4 shows that majority (91.5 percent) of the patients would recommend the hospital to friends and relatives as shown in table 5.7. This indicates that the patients had a good image on the hospitals.

Table 7.5: Perception of problem patients by doctors

| Perceive as problem patients | No. of doctors | Percent |
|--|----------------|--------------|
| Uncooperative patient and unruly patient and patient party | 7 | 21.9 |
| Critical patients | 2 | 6.3 |
| Substance abuse and drunk patients | 5 | 15.6 |
| Educated and ill-informed patients | 1 | 3.1 |
| Poor & illiterate patients | 3 | 9.4 |
| Over expectation from doctors | 1 | 3.1 |
| Non-specific persistent problem patients | 1 | 3.1 |
| Over smart and aggressive patients | 4 | 12.6 |
| Unable to understand the limitation of infrastructure present | 1 | 3.1 |
| Lack of trust and respect on doctors | 2 | 6.3 |
| patients with no family support and economically very poor patients | 1 | 3.1 |
| patients with political back up and UG connected patients | 1 | 3.1 |
| patients with poor compliance doctor shopping inability to buy medicines | 1 | 3.1 |
| RTI patients | 1 | 3.1 |
| No comment | 1 | 3.1 |
| Total | 32 | 100.0 |

Some patients were considered as problem patients. In order to find out this aspect, doctors were asked whom they perceive as problem patient. Majority of the doctors (21.9 per cent) stated that those patients who are uncooperative patients and unruly were perceived as problem patients. Other aspects were substance abused and drunk patients, over smart and aggressive patient, poor and illiterate patients etc.

Summary

Patient is defined as a sick person who attend OPD of a hospital or who is admitted in a hospital ward for treatment. Generally, patients come to a particular government hospital for treatment mainly for convenience. Most of OPD patients visited the hospital more than two times and IPD patients generally stay in wards for shorter duration that is less than a week. Patients visiting the hospital were content with the treatment in the hospital that they were keen to recommend the hospital to friends and relatives. They also considered the option of alternative medicine for treatment of various diseases. Uncooperative and unruly patients and patient parties, substance abuse and drunkard patients, over-smart and aggressive patients were considered as problem patients by doctors. With increase of knowledge and the advancement of technology there has been an attitudinal shift among the younger patients but elders still appreciate and trust doctors as they used to. Over all, patients have good impression on the government hospital.