Dear Editor,
The editorial by Dr. Shukla was thought provoking and timely.[1] Medicine, once considered a noble profession, is now losing its supremacy and gradually evolving as a business. The ‘service’ attitude has lost out to commercial gains. The ‘brain-drain’ problem continues to be on the rise. Increasing requirements of doctors in ‘areas-of-need’ in developed countries like UK and Australia have lured many Indian doctors to serve in places where native doctors might not prefer to work.

The Government healthcare infrastructure in India, although well designed still faces many problems, the most important one being lack of resources. Hence, private health institutions and nursing homes form the bulk of health providers in this country. Upcoming corporate hospitals provide state-of-art medical facilities that may well be beyond the reach of many. The private-sector delivery of health care is therefore poorly regulated, and prices are scaled according to the paying capacity of the patients. Health insurance schemes, although nearly mandatory in developed nations, are yet to reach the common people in India. Hence, in spite of modern facilities being available in our country, they are inaccessible to most patients.

There are many instances of actions being undertaken to improve the health facilities in our country. The ‘Aao gaon chalein’ project promoted by the Indian medical association has been successful in motivating doctors to lend their help at the primary healthcare level. Numerous social and welfare organizations also provide basic health services, as well as medical and financial help to the needy.

It may be a good move for various medical associations to cooperate with the Government authorities and plan out strategies to improve the existing health services in our country. After all, improvements in public health can be achieved only by a synergistic effort between the different players in the healthcare systems. Thus, modern medicine is still in an evolutionary stage and has a number of challenges ahead, before it can be truly modern and available to all Indians.

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Dear Editor,
The authors have very comprehensively discussed the subject with an emphasis on trauma triad, namely hypothermia, coagulopathy, and acidosis.[1] The various preventive measures to be adopted are precisely and clearly mentioned in a tabulated form. Respected members of the fraternity will agree that such topics should be presented in the CME programmes at the Annual Conference of Association of Surgeons of India, where both senior and upcoming surgeons take back home a message that, in a given trauma case, it is not a must to complete the operative procedure as in a planned surgery. The said approach thus should not reflect an impression on the competency and efficiency of the operating team. The relatives of the trauma victim and the public at large (including politicians and nontechnical administrators) must be made aware of such an approach that is followed in the better interest of the patient.

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