Effects of Low Doctor-Patient Ratios on Healthcare in India: My Experience in India

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Abstract

Although India has made significant improvements in increasing its volume of medical school graduates, it falls short of the WHO's recommended doctor-patient ratio[1]. For patients, a low doctor-patient ratio results in decreased time spent with physicians and worse health outcomes[2]. This past summer, I participated in a 4-week program in which I shadowed doctors from many specialties in the Indian state of Uttarakhand. The decisions they make to address this problem have varying consequences on patient privacy; however, the doctors that I shadowed consistently cited the need to serve their community as a source of justification for these

Introduction

Well-functioning healthcare systems require an adequate doctor-patient ratio[1]. Although India has made significant improvements in increasing its volume of medical school graduates, it falls short of the WHO's recommended doctor patient ratio of 10:10,000[2]. Estimates from 2017 put the ratio at 7.776 per 10,000 people[2]. This can result in numerous negative health outcomes for patients[1], including:

- Decreased time spent with primary care physicians per visit
- Prescribing unnecessary antibiotics
- Poor communication with patients

For physicians, a low doctor patient ratio has been shown to increase the risk of physician burnout due to decreased personal sense of accomplishment[1].

Summary of Shadowing

I spent four weeks in the northern Indian state of Uttarakhand shadowing doctors during the month of June 2019. I shadowed doctors in Dehradun, a relatively large city, and Mussoorie, a smaller town located in the foothills of the Himalayan mountains. I also had the opportunity to spend a week in the village of Patti shadowing a physician who runs a travelling health clinic for multiple small villages. I shadowed physicians of many specialties including cardiology, orthopedics, emergency, and pediatrics. I also shadowed a doctor practicing homeopathic medicine and another doctor practicing Ayurvedic medicine, an Indian form of homeopathy.

My Observations

I shadowed physicians in three-hour blocks in the morning and afternoon. For most of the rotations, the doctors saw a continuous flow of patients during the entirety of my observation. Most of the doctors that I observed spent less than 5 minutes with each patient. Two doctors reported consulting more than 100 patients per day on most days.

During the history and physical exam, the doctors I shadowed normally asked for the chief complaint, 2-3 follow-up questions, and then performed a physical exam. The doctor then ordered testing or imaging, prescribed medications, or otherwise counseled the patient as to the best course of action.

I noted doctors consulting more than one patient at a time, reading the test results of one patient while interviewing another patient simultaneously. In some offices, patients formed a line into the doctor's office such that the current patient's interview was audible to the entire waiting room. Every physician who I observed employing these strategies reported being driven by the necessity to serve as many members of their community as possible, despite the sacrifices these practices might have on patient privacy.

Potential Implications

In India, doctors have the duty to protect the privacy of patient medical information[3]. When doctors consult more than one patient at a time, they consequentially expose one patient's medical information to other patients, thus violating this duty. This also holds true for patients for whom their interview can be heard by the rest of the patients in a doctor's office. In addition, patients under these circumstances may be more reluctant to disclose sensitive information that may be crucial for the physician to make an accurate diagnosis, including sexual history and history of domestic violence. The doctors I shadowed claimed that violating this duty is an unfortunate but necessary practice for physicians in India; this ultimately stems from a desire to provide healthcare to as many people in one's community as possible.

Despite these consequences, the healthcare workers I shadowed made significant efforts to use the time they spend with patients as efficiently as possible. The physicians I spoke with reported feeling comfortable routinely taking vital signs and listening to heart and lung sounds in less than one minute, leaving the rest of the time to perform a focused interview and the remainder of the physical exam. These physicians also reported being driven to avoid ordering unnecessary tests and imaging studies, thereby limiting time expenditure and costs to their patients. Lastly, despite the brief amount of time they spent with patients, doctors felt confident in their ability to obtain relevant information and make accurate diagnoses despite limited time spent with patients.

Conclusion

The Indian healthcare system experiences significant strain due to the low doctor-patient ratio. Healthcare workers in India are driven by this strain to practice such that they consult patients in the most efficient manner possible. Indian physicians value the volume of patients seen despite the sacrifices that might need to be made to other realms of healthcare, such as ethics of patient confidentiality. India has made enormous strides in alleviating this burden on physicians. This begs the question that, if once an adequate doctor-patient ratio is reached, will healthcare workers in India will be able to make the cultural shift towards accommodating and valuing patient confidentiality.

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