CASE REPORT

Inequalities in healthcare access: how a man with exstrophy in rural India coped

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Accepted 23 October 2018

SUMMARY

We report a case of a 22-year-old man with adult exstrophy. The patient made a self-made urine collection device, which helped him to lead a normal life, carrying out his routine as well as occupational activities smoothly. This patient is a prime example of inequalities in healthcare distribution in low-income and middle-income countries. He was never taken to a proper medical centre to correct his condition nor was his mother ever given proper antenatal healthcare access. His background of being a poor person from rural India highlights the problems of inequalities in healthcare access.

CASE PRESENTATION

A 22-year-old man who had bladder exstrophy came to us for definitive management of his condition (figure 1). He was an illiterate, horse cart driver from rural India, and despite his condition he took self-made measures so that he runs a smooth life. He made a self-made urine collection system that included a polythene bag attached to a string and surprisingly the system worked well (figure 2). He had no urine leak outside the system and there was no surrounding skin excoriation. On taking a detailed history, he had no account of whether any antenatal check-up let alone an ultrasound was done while he was in utero. He was normally delivered at home without any medical help. He was from a very poor family, and he recalled that he was taken to a hospital early in childhood for his condition but did not know why any treatment was not done; he could only attribute it to the poor socioeconomic status of his family. He was a well-built man and

Figure 2 The self-made urine-collecting device made by the patient with a polythene bag and a string.

now had come to seek treatment because his friends advised him. We counselled him about his disease and told him about the difficulties of corrective surgery for exstrophy in adults. We advised him for a cystectomy with continent urinary diversion. He is now awaiting surgery.

GLOBAL HEALTH PROBLEM LIST

1. Inequity in healthcare distribution in low-income and middle-income countries.
2. Wealth, gender, caste and religion as a measure of equity in healthcare.

GLOBAL HEALTH PROBLEM ANALYSIS

While there have been great advancements in modern healthcare, the bitter truth remains that equitable distribution of healthcare facilities is lacking. India is a great example of this fact, where while in urban cities all the latest healthcare facilities ranging from robotic surgery to the best diagnostic equipment are available, people in certain rural areas do not even have easy access to essential healthcare facilities. Sadly, the people who require essential healthcare the most are the ones deprived of it.

The guiding principle for health policies in India has been equitable distribution of healthcare as outlined by Sir Joseph Bhore in 1946. In his landmark report he envisioned universal distribution of health services in India. The three main recommendations of this four-volume long report were integration of preventive and curative medicine, integration of preventive and social medicine in medical education, and setting up of primary

Figure 1 Exstrophy in a 22-year-old man.

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To cite: Pandey S, Sharma D, Singh BP, et al. *BMJ Case Rep* Published Online First: [please include Day Month Year]. doi:10.1136/bcr-2018-226857

healthcare centres (PHCs) in rural areas.¹ But implementation of these has been challenging in India and in other parts of low-income and middle-income countries. To implement equitable healthcare, the Indian government developed a three-tier healthcare institution network and various national health programmes. Although these have been successful to an extent, which is evident by the reduced maternal and infant mortality rates, these have failed to provide equitable healthcare access. This is the case throughout India and is not region-specific.

The PHCs, which form the lowest tier of the healthcare system in India, are meant to be the first point of contact for the rural population and form the backbone of the healthcare system in India. They provide basic healthcare that includes immunisation and maternal/childcare facilities, and are also connected to regional centres for referral services. While setting up these PHCs was an important step, even this has suffered a setback, as they are not functioning as they are expected to. Maybe this is because of a lack of direction and supervision.²

Let us take our case as an example. In developed countries like Great Britain, there has been significant reduction in the number of cases with exstrophy due to antenatal screening; only two centres in England and Wales are now authorised to treat new cases of exstrophy due to the declining number.³ In our patient there was no antenatal check-up while he was in utero and he never got to visit any specialist centre for his condition.

The two common parameters studied for equity in healthcare distribution are wealth and gender.⁴ Our case highlights both of these. Our patient was a poor man from rural India. The majority of expenditure on healthcare by patients in India is out of pocket, and some form of health insurance covers only ~10% of the population.⁵ Of the total healthcare expenditure in India, 67% is out of pocket.⁶ The poor are less likely to seek medical help than those fortunate enough to have better financial resources because of this. In fact the poor patients have reported financial reasons for not seeking proper medical care.⁷ Many times the patients have to sell or mortgage their property to seek medical care; this is a fact that unfortunately we have been witness to in our medical practice many times in the past.

Gender inequalities in healthcare access are a major concern for the healthcare system in India and other low-income and middle-income countries. Our patient is an example of a deficient antenatal healthcare access. The importance of gender as a parameter in healthcare equity can be adjudged by the fact that more than half of the studies on equitable distribution of healthcare in India have focused on women.⁴

In various studies, it has been shown that caste, education and religion are significant factors in determining inequity in healthcare access in India. People from the so-called lower castes were found to have a lower literacy rate and were less likely to seek medical care as well.^{8,9} Our patient was also illiterate and so were his family members, which might have contributed to his delayed access to healthcare.

Taking all these factors into account, the government of India has recently in 2018 launched the 'Ayushman Bharat' initiative, which aims at providing universal health coverage. The two major components of this scheme are the creation of health and wellness centres and the National Health Protection Scheme (NHPS). NHPS is an ambitious health insurance scheme that

aims to provide rupees 5 lakh (approximately US\$6800) health insurance coverage to around 40% of the country's population. The population covered under this scheme includes those who are in most need of healthcare access based on a socioeconomic and caste-based census.¹⁰

Necessity is the mother of invention, and our patient, although could not get access to definitive treatment in his childhood, used a self-devised urine-collecting system to normally lead his life. Although it is challenging to provide universal healthcare access especially in a populous country like India, it is the need of the hour and the present case reiterates this fact.

Learning points

- ▶ While there have been great advancements in healthcare throughout the world, there is still a lack of universal equitable healthcare access.
- ▶ Financial status and gender are parameters of utmost importance that determine access to healthcare in the present healthcare system in low-income and middle-income countries.
- ▶ It is the need of the hour that, along with advancements in healthcare, better policies for achieving equitable healthcare are implemented in low-income and middle-income countries like India, and while framing these policies parameters such as wealth, gender and education are kept in mind.
- ▶ The launch of 'Ayushman Bharat' scheme by the Indian government is a welcome step; however, the results would only be available in the long term.

Contributors SP conceived the case report. SP and DS were major contributors towards writing the manuscript. BPS, AG and SP interpreted the patient data. SP and DS were involved in the review. All authors read and approved the final manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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