LETTER

Deprescribing in India: will we ever get down to it?

Reading last issue's eye-opening papers on deprescription (*EJHP*, January 2017) left me with a feeling of ennui. Most Indian doctors would not be familiar with this concept, especially when it comes to active deprescribing. Health literacy being as low as it is, it would obviously not come as a surprise if a survey revealed that Indians are on medication longer than needed. The public healthcare system is plagued with monumental and chronic deficiencies in the management, maintenance and transferability of patient data. The referral system is unidirectional with downward referrals for subsequent primary care follow-ups almost non-existent. Many health centres function without qualified pharmacists. There are no data available for the number of deaths or disabilities that prescription errors might be causing in India. Self-reporting of medical errors is non-existent in the public healthcare system.

Not having dealt with these concerns seems to me to be the public health equivalent of not having passed the first level of Maslow's hierarchy of needs.

This concept would most probably creep into the Indian medical consciousness as an accreditation requirement in corporate medical hospitals, as part of the quality initiatives. This is the route that the current quality initiative in India has taken, with the corporate hospitals in India's private sector first taking the lead in going in for accreditation and the government following them with baby steps with quality initiatives in the public healthcare system, with the development of unique and appropriate standards for the public primary health centres and community health centres. Ideally, one would have wanted it to happen the other way around. But that does not seem very likely, given that the new national health policy leans very heavily on the private sector to sort out India's health woes.

Like with other concepts and health interventions, we in India will probably

see this concept develop in sectors where private payers predominate, cheek by jowl with areas where vaccine preventable diseases, tuberculosis and malaria still rule the roost in segments of the population that simply cannot afford the kind of hospitals that have managed to evolve enough to prescribe deprescription.

EAHP Statement 6: Education and Research

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