Responses to the Letter from Ganiyari: I

The Jan Swasthya Sahayog's 'Letter from Ganiyari'[1] essentially poses two questions:

1. What is the responsibility of a hospital when an abnormal investigation report is received after the discharge of the patient?
2. Is the hospital or the patient responsible for continuing care after discharge?

Hospitals are committed to the comprehensive care of patients and the division between inpatient and follow-up care is made only for administrative convenience. After all, we advise patients to stick to one source (whether a private practitioner or primary health centre) for primary care and the same applies to secondary care. However, the basic purpose of a hospital is inpatient care and the hospital can take up other functions only if it has the resources to do so.

A hospital with enough resources, especially one with outreach programmes, such as attached mobile medical teams, should make every effort to reach discharged patients who require long-term follow-up, akin to the one described by Dr Jain, and patients with diabetes, hypertension, HIV infection, tuberculosis (TB), etc. It may not be difficult to keep separate lists of these patients if the records are computerized. The hospital may have to evolve mechanisms to include in these lists the names of those patients whose investigation reports are received after discharge. It may not be possible to reach every discharged patient physically, but the hospital should make an effort to reach those who do not have adequate resources, such as Seema Gond. In other cases, the hospital may have to make do with sending the discharged patients a letter informing them of the abnormal results and advising follow-up. It is the hospital's moral and ethical responsibility to do so. An attempt may also be made to try to involve the primary health centre of the area or even the village panchayat to ensure follow-up care because these have personnel who usually come in contact with the villagers. In this manner, hospitals may be able to develop integrated medical care.

I was in charge of a small Central government hospital for iron ore mine workers in a remote area, where follow-up of patients with TB, especially sputum-positive ones, was a major problem. While officially, our responsibility was over once we reported these patients to the district TB centre, we knew the patients could not report for follow-up because most of them lived in temporary shelters in the mine sites on the hilltops, without regular transport facilities. I, therefore, persuaded the district TB officer to issue anti-TB medication (which, as per the rules, was meant to be issued only to the state government primary health centres and not to us) to our hospital, with the assurance that we would send regular monthly reports and accounts of the drugs. We also kept a separate list of the patients and specifically asked the mine supervisors to bring them to our mobile medical team during their weekly tours to the mine sites. Since these were daily wage workers, they often migrated from one mine to another, but we could obtain their new addresses from either the mine supervisors or other workers and could ensure almost 100% follow-up. It was work at a small scale, but it was done in a government set-up and without asking for any extra resources.

Finally, a good, cumulative (not year-wise) alphabetical case record files indexing system, starting with the first name (not surname, as commonly done in our hospitals) and followed by the surname and father or husband's name, and using a common file for inpatient care and follow-up in OPD, is of great help if the patients are likely to come to the same hospital again and again. This will avoid unnecessary repetition of investigations and can often help to trace patients who have lost their previous admission details and prescriptions (a common problem with our patients), and were lost to follow-up too. It is not difficult to evolve one with the technology available today.

REFERENCE

1 Culpin I, Rai D. The responsibilities of public health systems. *Natl Med J India* 2015;**28:**251–2.

T. Sudhakar Bhat
Near Kayarthodi Temple
Sullia P.O.
Karnataka
bhat.sudhakar@gmail.com