Sustainable Development and Medicine: Contextualizing Technology

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WHO had sought to place health more centrally on the sustainable development agenda, and health is now one of five key areas singled out as warranting special attention, along with water, energy, biodiversity, and agriculture. In health and medicine, it is not only a term for discourse, but a vision for alleviating human suffering. Here innovative use of prevalent technologies or deployment of new technologies can play a key role. Scholars argue that the clinical sector commonly tends to emphasize specialist curative over health promotion or preventive primary care. Interventions such as dialysis, organ transplants, or new cancer therapies often have the irresistible aura of the rule of rescue, enabling the instant saving of otherwise doomed lives. The process should include the right balance between individual-level curative services, and individual-level and population-level health promotion and preventive measures.

Against the concrete reality of India and North Dinajpur, a small district of West Bengal, the question of sustainable development and mobilization of new technologies in the field of medicine should be viewed. As much as 70% of India's health spending is out-of-pocket, with private clinics and hospitals providing 80% outpatient and 60% inpatient treatment. India's government spending on health is among the lowest in the world. Of the total health spending of 4.1% of GDP (2012), the government spends just 1.16%, compared with 2.9% in China, 4.1% in Brazil and US government spend of 8.3% of total 16.9% spent on healthcare.

As a result, out-of-pocket expenditure is three to four times more than public spend. Each year, 40 million people are pushed into "medical poverty trap" because they are forced to abandon jobs because of ill health or having to sell their land and assets to pay healthcare costs. On average, one bed serves almost 2,000, while hospitals serve an average population of more than 60,000 up from 50,000 in 2012. Poverty means not participating fully in society, and having limits on living the life one has reason to live. In North Dinajpur, total number of doctors and beds has respectively increased marginally from 145 and 1042 in 2008 to 156 and 1197 in 2012. In predominantly rural North Dinajpur, patients cannot be moved easily, which depends on roads and transportation.

I suggest some easy adoption of available technologies – (1) provision of anti-thrombolytic treatment for post-AMI patients at PHCs, (2) facilities of SUVs for each PHCs for faster movement of the patient; (3) ICU facilities at district hospitals and in ambulances (4) computer record keeping at the very basic level. Basic medical services include nonsurgical injury treatment (first aid), ambulatory care, and the treatment of acute illnesses and chronic illnesses with simple drug regimes and with nonsurgical interventions. Such basic technologies can have sustainable effects on individual health and productivity, allowing people to avoid death from common injuries and be healthy enough to continue to work.