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EDITORIAL

CREATING DRUG-FREE SOCIETY

he Indian government has initiated a comprehensive strategy aimed at creating a drug-free country, recognizing the profound social and health implications of substance abuse. The alarming rise in drug addiction, particularly among the youth, has prompted a multifaceted approach that encompasses prevention, treatment, enforcement, and community engagement.

One of the cornerstone initiatives in this campaign is the emphasis on awareness and education. The government is actively promoting educational programs in schools and colleges, targeting young people to inform them about the dangers associated with drug use. These programs are designed to foster a culture of health and wellness, encouraging students to make informed choices. By integrating drug education into the curriculum, the government aims to equip the younger generation with the knowledge they need to resist peer pressure and avoid substance abuse.

In addition to education, the government is enhancing the availability and accessibility of treatment facilities for those struggling with addiction. This includes establishing more rehabilitation centers across the country, particularly in rural and underserved areas. The focus is on providing comprehensive support, including medical care, counseling, and life skills training to aid recovery. Support groups and community-based rehabilitation programs are also being encouraged, allowing individuals to share their experiences and foster a sense of belonging as they navigate their recovery journey.

Law enforcement plays a critical role in the government's strategy to combat drug abuse. The government has ramped up efforts to crack down on drug trafficking networks and strengthen regulations against the illegal drug trade. This includes increased collaboration with state and local police to ensure effective monitoring and enforcement. By targeting both the supply and demand sides of the drug problem, the government aims to disrupt the availability of illicit substances while promoting healthier lifestyles.

Community involvement is another essential element of this initiative. Local organizations, non-governmental organizations (NGOs), and community leaders are being encouraged to participate actively in outreach and support programs. These entities often have a better understanding of local issues and can tailor their approaches to meet the specific needs of their communities. By fostering a collaborative effort between the government and local organizations, the initiative aims to create a robust support network for individuals and families affected by drug abuse.

Overall, the Indian government's commitment to creating a drug-free country reflects a holistic approach that combines education, treatment, law enforcement, and community support. By addressing the issue from multiple angles, the government hopes to reduce the prevalence of substance abuse and improve the overall health and well-being of its citizens. This ambitious initiative not only aims to combat addiction but also seeks to foster a culture of prevention and resilience, ultimately paving the way for a healthier, drug-free India.

AIIMS JAMMU: An Institution fostering 'Ethics for Life'

Commemorates 'Global Ethics Day'

■ DR REEHA MAHAJAN

Very now and then, we encounter some or the other moral dilemma in our life, where we are unable to decide, what is right and wrong. But in such situations, we need to make a rational decision, as indecisiveness would mean avoiding responsibility and it would be morally wrong.

Cutting down a tree may be a simple thing to do, but when we think of trees as part of our ecosystem, that keeps humans alive by providing oxygenated air, our mind changes. Similarly, issues such as, abortion, euthanasia, human cloning and genetic engineering have challenged the existing beliefs of mankind. What is the solution to such dilemmas?

Here comes the role of ethics. The word "Ethics" is derived from the Greek word, "ethos" which means character, morality, habit and custom. "Ethics for life" is a code of conduct followed by all rational beings in relation to other rational beings, non-rational beings and environment, which is recognized in a particular group or culture. Ethics are the moral principles that guide people's behaviour and actions and are based on the concept of fairness and justice.

As Theodore Roosevelt said, knowing what's right doesn't mean much unless you do what's right.

Ethical Conduct is not only important for personal relationships and workplace, but for society at large. People who choose to practice ethical behaviour, are likely to build healthy relationships based on mutual respect, trust, and honesty. They are also more empathetic and care about other's feelings.

The organizations like AHMS Jammu, that give emphasis to ethical conduct are more likely to gain the trust and loyalty of stakeholders, employees and the communities. Being transparent and ethical, attracts partners and employees who value integrity and honesty. The organizations following ethical guidelines are less likely to face litigations and reputational risks. The employee feels a sense of pride in being part of such organizations. The healthcare workers must be sensitive to the ethical requirements of their jobs as ethical professionals are always better professionals. Thwarting ethical problems can



Theme 2024: Ethics Empowered

reduce complaints and lawsuits and improve patient's experience and management.

Being ethical, leads to feeling good and creating credibility whereas, being unethical has many negative consequences like distrust, corruption, crimes, nepotism, etc.

There are chances of imbalance in the society; if all its members do not practice values and ethics, leading to wastage of resources, corruption, breakdown of families, infringement of law and order, alcohol and drug abuse, crime, abuse of women and children as well as other vulnerable members of the society.

There are certain moral values which can act as an "Ethical Compass" to give directions to us, for making ethically correct decisions in our lives. Ethics for life often involve a complex psychological process that works beyond the level of consciousness. It is imperative for each one of us to possess a set of principles, such as, trustworthiness, loyalty, respect for work and people, discipline, courtesy, politeness, punctuality, judicious use of resources, fairness, integrity, dignity of labour, tolerance, accountability, empathy and positive attitude in life, in order to maintain conducive atmosphere at workplace, as well as the percental front

Medical ethics describes the moral principles by which medical professionals must conduct themselves

The four pillars of medical ethics are:

Beneficence (doing good)
 Non-maleficence (to do no harm)

3. Autonomy (giving the patient the freedom to choose freely, where they are able)
4. Justice (ensuring fairness)

Respect for Autonomy forms a cornerstone of modern medical ethics. The ethos of the clinician is ingrained in the benevolent desire to assist people in medical need by being fair, just and reasonable.

The medical professionals come across multiple ethical problems throughout their clinical practice, where they have to take into consideration:

Patient's wishes/ refusal of treatment
 Patient's questionable capacity to con-

2. Patient's questionable capacity to consent to or refuse treatment

3. Disagreement involving relatives/ care-

4. End of life (advance directive for DNAR (do not attempt resuscitation/ withhold treatment)

5. Confidentiality/ disclosure

6. Informed consent and best interest cases

Every project or protocol is plagued with ethical boils. Doctors cannot be held liable in negligence unless:

1. They have a duty of care to the patient

2. They have breached that duty3. The breach caused or materially con-

tributed to the patient injury Medical Ethics is not an abstract buzz-

Medical Ethics is not an abstract buzzword but that it lies at the heart of quality patient care. The doctors have a statutory duty of candour.

Medicine in the 21st century is morally more complex than it ever has been. In the realm of ethics, we focus on moral vision or moral perception. The morally blind person fails to see the ethically problematic nature of a situation. Improving moral vision should be the first step in the teaching of ethics in medicine. Reflection is the stage which allows half-perceived problems to be fully seen. Moral courage is when we act with confidence that something is morally right, even though we believe that something of personal value may be lost.

The four quadrants which need to be explored to arrive at an ethically correct decision for patient treatment and care are:

1. Medical indications

2. Patient preferences

3. Quality of life

4. Contextual features- legal, cultural, familial, religious, economic and other factors.

Clinicians have an ethical responsibility of

not performing any intervention which is futile, harmful, wasteful and depriving others of benefit. The medical professionals should appreciate patient's experiential and critical interests and learn to put themselves in patient's shoes.

AIIMS Jammu is already geared up to

AIIMS Jammu is already geared up to carry forward the legacy of All India Institute of Medical Sciences, as the outpatient and in-patient departments have already started functioning. Each evolving institution has to face various teething problems and challenges. It is certain that these difficult situations would be easily handled by following the ethical principles which are taught and promoted at our institute.

(The author is Associate Professor in the Department of Anatomy, A Π MS Jammu).

RIGHT TO FOODS: FOR A BETTER LIFE AND BETTER FUTURE

PARVEEN KUMAR

ood is recognized as third most basic human necessity after air and water as well as a basic human right under the UN's Universal Declaration of Human Rights and two legally-binding international covenants. The biggest tragedy with food systems all across the globe is that despite producing sufficient food to feed all its inhabitants; population in million goes to bed hungry. Hunger still persists for 10% of the global population. The prevalence of hunger is such that still around 733 million people suffer from hunger in the world. The reason behind this persistence hunger includes weather shocks, conflicts, economic recessions, inequality and the COVID-19 pandemic. This ultimately impacts the poor and vulnerable most severely, many of whom are agricultural households, reflecting widening inequalities across and within countries. Reports also reveal that over 2.8 billion people in the world are unable to afford a healthy diet. Unhealthy diets are the leading cause of all forms of malnutrition viz under-nutrition, micronutrient deficiencies and obesity, which now exist in most countries, cutting across socio-economic classes. Too many people suffer from hunger and are unable to afford healthy diets. More vulnerable people are often forced to rely on staple foods or less expensive foods that can be unhealthy, while others suffer from the unavailability of fresh or varied foods, lack the information they need to choose a healthy diet, or simply opt for conven-

The targets for achieving food security for all were manifested in the form of the 'Millennium Development Goals (MDGs) that were to be achieved by 2015. Unfortunately the progress to achieve the targets was not uniform; even some of the countries missed them with a huge margin. The MDG's were followed by Sustainable Development Goals (SDGs) that are to be achieved by 2030. The 'Zero Hunger' goal of 'SDG 2030' aims not simply to 'eradicate hunger', but to ensure access by all people to safe, nutritious and sufficient food all year round (SDG Target 2.1) and to "eradicate all forms of malnutrition" (SDG Target 2.2). It is quite encouraging that due to collective and coordinated efforts, some progress has been made, but still a lot is to be done. This also calls for new ways of thinking about hunger and food insecurity and their consequences for nutrition. We must also have to recognize that there are many people who, while not "hungry" in the sense that they suffer physical discomfort caused by severe lack of dietary energy, may still be food insecure. They have access to food to meet their energy requirements, yet are uncertain that it will last, and may be forced to reduce the quality and/or quantity of the food they eat in order to get by. This moderate level of severity of food insecurity can contribute to various forms of malnutrition and has serious consequences for health and well-being.

Globally, Hunger is rising in almost all sub regions of Africa and, to a lesser extent, in Latin America and Western Asia. In this regard a great progress has been seen in Southern Asia in the last five years, but the prevalence of undernourishment in this sub region is still the highest in Asia. The lack of regular access to nutritious and sufficient food that these people experience puts them at greater risk of malnutrition and poor health. Although primarily concentrated in low- and middle-income countries, moderate or severe food insecurity also affects 8 percent of the population in Northern America and Europe. In every continent, the prevalence rate is slightly higher

among women than men. History of World Food Day: Long time back, an idea of a global organization to work for and to ensure food security for all was floated. However, this idea wasn't put into practice until 1905. That is when an international conference was first held in Rome. due to the efforts of US agriculturalist David Lubin. This conference resulted in the creation of an agency known as the International Institute of Agriculture which can be called as a precursor of the present Food and Agriculture Organization. After World War II the then United States President Franklin D. Roosevelt decided that an agency needed to be formed to replace the International Institute of Agriculture. He called a meeting which was held at Qubec, Canada in 1945 to discuss and advance that idea. On October 16th, 1945, the Constitution of the Food and Agriculture Organization was drafted. When the United Nations was created to replace the ineffective League of Nations on October 24th, 1945, then the Food and Agriculture Organization was placed under its powers. Since its formation, the Food and Agricultural Organization of the United Nations has been working to raise levels of nutrition, improve agricultural productivity at all levels, enhance the lives of rural populations and contribute to the growth of the world economy. It also provides assistance to countries changing their agricultural policy, to aid regions out of famine situations, to help implement appropriate technology and

facilitate a neutral environment to

discuss issues around food produc-

At the FAO's 20th session in Rome, Italy, in November 1979 the conference called for the observance of World Food Day on October 16, 1981, and on the same date each year. The Hungarian Delegation, led by the for-Minister Hungarian Agriculture and Food Dr. Pál Romány, played an active role at the 20th Session of the FAO Conference and suggested the idea of celebrating the World Food Day worldwide. The UN General Assembly ratified this decision on December 5, 1980, and urged governments and international, and local contribute to observing World Food Day. It has since been observed every year in more than 150 countries, raising awareness of the issues behind poverty and hunger. World Food Day has been held each year since 1981. This year's World Food Day will mark the 73rd anniversary of FAO's found-

Theme of WFD 2024: Since 1981, World Food Day has had a theme to help people focus their attention on a particular aspect of global hunger. For instance, in 1981, the theme was "Food Comes First." This year the theme of the World Food Day is 'Right to foods for a better life and better future'. The theme for this year assumes significance because simply having access to food is not enough. every one of us should have a nutrient-rich diet that is affordable, accessible and safe for everyone. From the 2024 Global Hunger Index, we must know about world hunger that as we enter 2025 we likely won't reach Zero Hunger by 2030. The situation is grim but not hopeless. We need to work in harmony with nature by promoting sustainable ways of producing food, minimizing food loss and waste, plugging the loopholes in our public System Distribution strengthen small and marginal farmers', ensure nutritional security through biofortification and development of climate resilient varieties. Faulty agricultural practices should be done away with.

This 16th day of October celebrated every year world wide as the 'World Food Day' is a day not only when people should not just celebrate the founding of the United Nations Food and Agriculture Organization but it should be a day of action at the ground level. It should be the day when peoples along with the institutions have to act collectively in a campaign mode to make the world free of hunger and malnutrition; where everyone should have access to safe, healthy and nutrient rich food.

(The author writes on agriculture and social issues)

Transforming Healthcare in India: The impact and promise of Ayushman Bharat PMJAY

■ VINOD K PAUL

Right (name changed), aged 18 years, felt breathless and tired, even while normally walking around. In 2017, chest pain led to the diagnosis of a serious heart condition. His father sold the family livestock and land, plunging into a debt of over five lakhs to fund an endless search for treatment.

In 2019, they received a letter from Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY)but overlooked its import. In 2022, Raju's condition worsened, requiring urgent surgery. Desperate and out of options, a hospital staff member asked the family to check about PMJAY and confirmed his eligibility, and Raju underwent life-saving surgery there costing around Rs. 1.83 lakhs. After 67 days in the hospital, he was finally discharged to live a new life.

This story of hope, health and happiness is one among countless others, woven around the lives of

beneficiaries of AB PMJAY.

With approximately 7.8 crore hospital admissions authorized under the scheme over the last six years, PM-JAY has improved and saved millions of lives and, at the same time, prevented respective families from plunging into impoverishment and suffering due to hospital costs. The scheme stands as a testament to India's commitment to Universal Health Coverage (UHC) envisioned by Prime Minister.

PMJAY has touched the very base of healthcare delivery across government and private hospitals by providing free healthcare of upto Rs 5 lakhs for secondary and tertiary treatment per beneficiary family.

This amount may appear small compared to the whopping numbers promoted by private health insurers, but the impact of this amount for millions of families is life-changing and life-saving given the design and scale of the scheme. Analyses show that, in general, almost all the annual inpatient care requirements of a family are met by this coverage.

By design, PMJAY is for inpatient secondary and tertiary care, and outpatient services are not a part of the scheme. The latter component of Universal Health Coverage (UHC) is being addressed through the equally ambitious comprehensive primary health care mission under which over 1,75,000 Ayushman Arogya Mandirs (AAMs), earlier called Health and

Wellness Centres, have been established where free consultations, and many medicines (upto 172) and diagnostics (upto 63) are being provided free. Stronger two-way convergence and continuity of care across the two systems is currently the focus of government effort. Bharat's UHC model is based on publicly-funded comprehensive primary healthcare. Health policy and services need to be seen in totality and not in isolation.

Over the course of scheme implementation, the procedures and prices under Health Benefit Package (HBP) have been revised and rationalised. From 1393 HBPs in 2018, the number now stands at 1949 since 2022.

A concept of differential pricing

has been introduced, to account for regional variation in the costs of healthcare services.

Concurrently, States and UTs

Concurrently, States and UTs have been given additional flexibility to further customize the HBP rates to local context.

To ensure seamless delivery of services and mitigate scope of abuse in the system, PMJAY is inherently technology-driven, and paperless as well as cashless. There is no provision of reimbursement or co-payment.

Though most claim settlements are timely, intense efforts are being made for further improvements in partnership with the states.

The scheme's success and the governments in the ground settlements.

The scheme's success and the government's commitment to public welfare have led to two major initiatives this year to expand its coverage.

In the interim budget, the government extended the scheme to approximately 37 lakh families of ASHA and Anganwadi workers and helpers.

Second, in the wake of India's ris-

second, in the wake of India's rising life expectancy, another major development is the government's decision to extend PMJAY coverage to all citizens aged 70 and above, regardless of the socio-economic status.

This would benefit 4.5 crore families with 6 crore such senior citizens.

The National Sample Survey (NSS) 75th round report on Health in India shows that the hospitalization rate for this age group exceeds a high 11%. The Longitudinal Ageing Study of India (LASI) 2021 report reveals that 75% of the elderly have one or more chronic diseases, 40% have some form of disability, and 1 in 4 suffers from multi-morbidity.

multi-morbidity. Notably, 58% of the elderly popu-

lation are women, with 54% being widows. Unlike many private insurance products for senior citizens, PMJAY does not exclude anyone because of a pre-existing illness; nor does it impose any waiting period of year(s) before the benefits are allowed. By addressing the healthcare needs of senior citizens, the scheme empowers them to lead healthy and dignified lives.

PMJAY connects the public and private health sectors into onenation, one- system. As on date, PMJAY has a pan India network of more than 29,000 empanelled hospitals including about 13,000 private ones. Further, around 25,000 hospitals of these are situated in tier-2 and tier-3 cities. The proportion of hospital admissions authorized in private sector by count and amount are 57% and 67%, respectively, indicating significant participation of this sector. Beneficiary has the choice to pick the empanelled hospitals, public or private, as per the state guidelines.

The scheme has also significantly impacted service delivery in public sector hospitals across many states. These hospitals have utilized funds reimbursed under the scheme to enhance their amenities and infrastructure. With increasing pace of coverage and reach, PMJAY has the potential to spur growth of private hospitals in tier 2 and 3 cities by creating a market where there was previously unmet demand due to lack of paying capacity.

A recent study by an eminent economist (based on unit-level data from Household Consumption Expenditure Survey 2022-23)concluded that the bottom 50 per cent of our population has become significantly less vulnerable to medical expenditure-related shocks in the past 10 years; and this trend is closely associated with PMJAY.

Many more people are accessing healthcare services today and, at the same time, preserving their assets and savings.

Ayushman Bharat PMJAY is poised to play a pivotal role in building a Viksit Bharat. Good health, after all, is the very foundation of wellbeing, national productivity and prosperity.

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