

RESEARCH METHODOLOGY

PROJECT ON:

DENIAL OF RIGHT TO QUALITY HEALTH CARE
IN GOA

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CHAPTER-I: INTRODUCTION

Health is one of the goods of life to which man has a right; wherever this concept prevails the logical sequence is to make all measures for the protection and restoration of health to all, free of charge; medicine like education is then no longer a trade - it becomes a public function of the State

... **Henry Sigerist**

Goa's "epidemiological transition" itself has presented the State with a lot of concerns and challenges. There has been a sporadic increase in the new 'lifestyle' and social 'status enhancing' diseases like chronic obstructive pulmonary disease, cancer, diabetes, heart ailments, depression, HIV/AIDS, obesity, etc. The health care system should become more dynamic to face the challenges created by the amoebic expansion of 'knowledge-economy diseases'.

Many of the available hospitals lack quality services, and suffer from infrastructure deficit and manpower bottlenecks. The condition of government-aided hospitals, community, primary and urban health centres is pathetic. These hospitals urgently require the deployment of a financial package to make them optimally usable, sustainable, and patient-friendly. The present infrastructure facilities are inadequate and in bad shape. Continuous upgradation and modernization of infrastructure can be brought about by promoting private-public

partnership. This assumes importance at a time when public health expenditure as a proportion of Goa's total Domestic Product is actually declining.¹

Goa urgently requires more 'super and multi-specialty' hospitals to provide world-class health care facilities. These hospitals should be able to provide health care facilities at affordable rates. Voluntary organizations can be roped in to set up such specialty hospitals. In this respect, huge resources available with many churches and temples in Goa should be tapped. Moreover, schemes need to be evolved for bringing the weaker sections and BPL families within the reach of such facilities.

Health care managers should evolve benchmarks and certifications for the existing and new hospitals. The health care managers of the State should immediately devise measures to check the mushrooming ayurvedic clinics along the coastal lines and private allopathic practitioners with dubious intentions in the towns & cities. Their unethical deeds, wrong diagnosis, and medication can lead to deterioration in the physical and mental health of innocent patients.

¹ http://www.damodarcollege.org/dhiru_final/renjiseminar.html

CHAPTER-II: DEVELOPMENT OF HEALTH CARE IN GOA

Goa has been able to reduce the birth, death, and infant mortality rates more drastically in the post-Liberation period. A dynamic health care system along with other social development mechanisms is responsible for the same. The health of the society is judged by improvements in basic health indices like crude birth rate (CBR), crude death rate (CDR), infant mortality rate (IMR), life expectancy, and susceptibility to communicable and non-communicable diseases. Table 1.1 shows the declining trend of selected demographic variables between 1961 and 2002.

Table: TRENDS IN DEMOGRAPHIC VARIABLES, 1961-2002²

Year	Crude Birth Rate (Per 1000)	Crude Death Rate (Per 1000)	Infant Mortality Rate (Per 1000)
1960-61	32.36	11.31	69.77
2002-03	16.50	7.20	12.48

But in the recent years, the health care needs of the migrant workers in the construction industry and those employed in various non-formal sectors are completely neglected. These sections of the floating population are the flag bearers of many of the 'poverty-induced-diseases'. The health care managers should evolve policy measures to tackle their health, sanitation and hygiene related problems. The employers of migrant workers need to play a proactive role in addressing the health concerns of migrant workers.

² The State of Goa's Health Report, 2000; The Sangath Society for Child Development and Family Guidance (2000)

In August 2006, Goa's local newspapers carried a series of reports on the inadequacies of the state's primary health system. Patients testified to the loss of family members due to lack of access to health services in their vicinity.

Kushawati Gaonkar, who lives in a village in Corla, Quepem, is 35 kms from the nearest health centre. Four years ago she lost her baby because she could not access its services in time.

In another instance, Srikant Devidas of Sulcorna could not be saved when he collapsed while working in a Quepem field. The nearest health centre was 32 kms away.

In these interior districts of Goa there is a wide need and availability gap. The 41,000 residents of Canacona have recourse to no more than 60 beds at the health centre. The centre's x-ray machine has not worked for over a year; the kidney dialysis machine is rendered useless by unreliable electricity and the absence of a generator.

These myriad problems result in health services that do not match up to the investments made in buildings and equipment. A large number of vacant posts, ill-motivated staff and

non-availability of essential drugs undermine curative services at the Primary Health Care Centre.³

Since the Goa Public Health (Amendment) Act, 2005 does not cater to the problems mentioned above there is an urgent need for a new legislation in Goa to provide quality health care to a common man in Goa.

³ <http://www.indiatogether.org/2007/mar/hlt-gohealth.htm#continue>

CHAPTER-III: LEGAL FRAMEWORK OF RIGHT TO QUALITY HEALTH CARE

The Constitution of India also has provisions regarding the right to health. They are outlined the Directive Principles of State Policy under Articles 42 and 47, outlined in Chapter IV, and are therefore non-justiciable.

Article 42 of the Constitution of India provides-

“Provision for just and humane conditions of work and maternity relief- The State shall make provision for securing just and humane conditions of work and for maternity relief”.

Article 47 of the Constitution of India provides-

“Duty of the State to raise the level of nutrition and the standard of living and to improve public health- The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavor to bring about prohibition of the consumption, except for medicinal purposes, of intoxicating drinks and of drugs which are injurious to health.

The above articles act as guidelines that the State must pursue towards achieving certain standards of living for its citizens. It also shows clearly the understanding of the State that nutrition, conditions of work and maternity benefit as being integral to health.

Although the Directive Principles of State Policy quoted above are a compelling argument for the right to health, this alone is not a guarantee. There must be a clearly defined right to health so that individuals can have this right enforced and violations can be redressed.

The Indian judiciary has interpreted the right to health in many ways. Through public interest litigation as well as litigation arising out of claims that individuals have made on the State, with respect to health services etc. As a result there is substantial case law in India, which shows the gamut of issues that are related to health.

The Fundamental Right to Life, as stated in Article 21 of the Indian Constitution, guarantees to the individual her/his life which or personal liberty except by a procedure established by law. The Supreme Court has widely interpreted this fundamental right and has included in Article 21 the right to live with dignity and “all the necessities of life such as adequate nutrition, clothing.”

In the case of **State of Punjab and Others v. Mohinder Singh**⁴,

It is now a settled law that right to health is integral to right to life. Government has a constitutional obligation to provide health facilities.

It is very pertinent to note in the case, **Paschim Bangal Khet Mazoor Samiti Vs State of West Bengal**⁵,

The question before the court was whether the non-availability of services in the government health centres amount to a violation of Article 21. It was held that that Article 21 imposes an obligation on the State to safeguard the right to life of every person. Preservation of human

⁴ AIR 1997 SC 1225

⁵ AIR 1996 SC 2426

life is thus of paramount importance. The government hospitals run by the State and the medical officers employed therein are duty-bound to extend medical assistance for preserving human life. Failure on the part of a government hospital to provide timely medical treatment to a person in need of such treatment results in violation of his right to life guaranteed under Article 21.

In **Mahendra Pratap Singh v. State of Orissa**⁶, a case pertaining to the failure of the government in opening a primary health care centre in a village, the court had held “In a country like ours, it may not be possible to have sophisticated hospitals but definitely villagers within their limitations can aspire to have a Primary Health Centre. The government is required to assist people get treatment and lead a healthy life. Healthy society is a collective gain and no Government should make any effort to smother it. Primary concern should be the primary health centre and technical fetters cannot be introduced as subterfuges to cause hindrances in the establishment of health centre.” It also stated that, “great achievements and accomplishments in life are possible if one is permitted to lead an acceptably healthy life”. Thereby, there is an implication that the enforcing of the right to life is a duty of the state and that this duty covers the providing of right to primary health care. This would then imply that the right to life includes the right to primary health care.

⁶ AIR 1997 Ori 37

CHAPTER-IV: HYPOTHESIS

Meaning-

‘Hypo’ means less than or under; and ‘thesis’ means idea or general opinion to be defended by a person and thus ‘hypothesis’ means an idea formed beforehand which has less value than the generally formed view.

If we have to towards some destination for which we don’t know the way, we try to form an idea about the direction to proceed and by trial and error, we reach that goal. The primary idea is called a hypothesis.

The **Webster’s New International Dictionary** gives the meaning of the term ‘hypothesis’ as a “proposition, condition or principle which is assumed, perhaps without belief, in order to draw out its logical consequences and by this method to test its accord with facts which are known or may be defined.”

According to **Werkmeister**, “The guesses he makes are the hypothesis which either solve the problems or guide him in further investigation.”

According to **Goode and Hatt**, “Hypothesis is a proposition which can put to test to determine its validity.”

Types-

The kinds of hypotheses can be explained in many ways taking the base on which they are classified.

One type of hypothesis asserts that something is the case in a given instance that a particular object, person, or situation has a particular characteristic. Another type deals with the frequency of occurrences or of association among variables. Yet another type of hypothesis asserts that a particular characteristic is one of the factors which determine another characteristic and this is known as causal hypothesis.

These are the hypotheses stating relationships. Some specify functions and thirdly null hypotheses which study the non existence of the relationship between variables.

Hypotheses can be divided into two broad categories:-

- (a) Experimental
- (b) Non-experimental

Experimental Hypothesis can again be sub-divided into:

- 1) Existential
- 2) Statistical hypotheses

Statistical hypotheses may be further categorised as:

- a. Null hypotheses
- b. Constructive experimental hypotheses

The constructive hypotheses can be negative or positive. Non experimental hypotheses are of three forms:

- A. Simple level
- B. Complex level
- C. Functional level

In my project, to determine the cause of denial of right to quality health care, the hypotheses I would rely upon are-

- Government hospitals lack quality services, and suffer from infrastructure deficit and manpower bottlenecks
- The condition of government-aided hospitals, community, primary and urban health centers is pathetic

CHAPTER-V: DATA COLLECTION

Collection of data is regarded as fascinating phase of research. Through the collection and handling of information, the researcher begins to feel the actual excitement of research. A researcher can either collect the data himself or rely on others for their collected data or information available with them.

In data collection stimuli (questions tests, pictures, or other objects) is presented to the respondent (subject).

Data collection is related to:

- 1) Primary Data and Secondary Data
- 2) Census and sampling techniques
- 3) Methods of data collection

The sources of legal data can be classified on several grounds such as, reliability, personal efforts, availability and so on.

The methods of data collection are: Observation schedule, interview schedule, questionnaires, project techniques and case study methods.

The sources of data collection are of two types-

1) Primary or field source or internal source of data

It is original information collected for the first time. It is also called as internal source of data as the data is collected directly from the subjects. They are obtained from living persons directly related to the problem or through observation.

The primary source can be sub-divided into-

- a) Direct primary source: The researcher personally goes and observes events, things, behaviour, activities and so on. He has to display great skill and objectivity.
- b) Indirect primary source: As the researcher cannot observe things which occurred long back, he needs to contact those persons who have made observations relevant to his research. This can be done through interviews, questionnaires or schedules.

2) Secondary or external source of data

This information is obtained from outside either a published source or from someone else who has already worked on the subject. They can be broadly classified into 2 types: personal documents and published documents.

In view of my project, the research work would be purely based on primary source of data by interviewing the main subjects by way of providing them with questionnaires, obtaining statistical figures regarding certain issues.

I would specifically concentrate also on the statistical data recorded by various hospitals, NGOs and other organisations regarding quality health care in Goa state.

Some of the main subjects I would be interviewing are:

- 1) Shri Anil Kumar, Deputy Director at Directorate of Health Services, Goa
- 2) Dr. V.N. Jindal, Dean of Goa Medical College
- 3) Dr. Amit Dias, Epidemiologist at Goa Medical College and Chairperson of Sangath (NGO)
- 4) Nandakumar Kamat, Social Activist and Assistant Professor in Dept of Botany, Goa University
- 5) Patients at Government Hospitals in Goa and also Private Hospitals.

CHAPTER-VI: CONCLUSION AND SUGGESTIONS

Based on the research I would be conducting and subjects to be interviewed, I am sure to assert the hypothesis regarding the project. It is very much known that quality of life in Goa is not up to the mark and as a result very unfortunate consequences can be seen. Primary Health Care Centers with inappropriate machinery for treating patients as well as lacking adequate infrastructure, Government Hospitals avoid providing better health care to poor and downtrodden patients, etc. There is an urgent need to tackle all these problems at the earliest as Right to quality health care is a basic human right guaranteed to a person and although there are legislations and policies made by the State Government to provide medical facilities to all, it does have loopholes as far as implementation and enforcement is concerned.

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- 4) The State of Goa's Health Report, 2000; The Sangath Society for Child Development and Family Guidance (2000)