

*Student Ethical Viewpoint Paper*

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## Health Equity

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Before heading towards the core of the topic we need to know the basics. so starting with it 'what do you mean by equity??' absence or remedial differences among groups of people. Whether those groups are defined socially, economically demographically or geographically.

According to WHO health inequality is not only consider health determinants but also access to the resources needed to improve and maintain health or health outcome and reducing health inequality as it is our fundamental right and that's why its health inequity rather being health inequality, as inequality is merely difference between two measurements of the same indicator while inequity is notion that say's this inequality is unjust or wrong.

Every year 7 million children die all over the world. Among these, every 1 child of out of 5 who are dying are from single country INDIA. Here we know what the problem is right? 7 million children are dying; we know what the solution is ...we need more infrastructures more money. We need vaccines more and more health care stuff. Even after getting these things still people are dying. Have you ever wondered why?? It's the implementation. How do we get things to the people who need them? We live in a culturally diverse country .and diverse not only culturally even economically. For a fact, In INDIA there is 1 government allopathic doctor for as many as 10.189 people. One government hospital for every 2,046 people and 1 state running hospital for every 90,343 people, you don't need an epidemic however predictable for public health system to collapse .it is a matter of routine that patients share beds and doctors are overworked. India is little over one million people, of these only around 10% work in public health sectors according to data from National health profile 2017. The shortage of health providers and infrastructure is the most acute in rural areas where catastrophic health expenses push populations to size of united kingdom each year.

Add apathy and you have bodies of the dead being mutilated by dogs in hospital morgues, people carrying home their dead children because the hospital refused them a hearse and tragedies like the hundreds of infant deaths in Gorakhpur's Baba Raghav Das (BRD) Medical College every year. BRD Medical College Hospital's failure to save lives points to a systemic rot in public healthcare delivery, which is saddled with problems of mismanagement and inadequate resources — infrastructure and human.

Despite being routinely flagged. These shortages are seldom corrected. Learning from failure is rare and coarse correction after mistakes is even rarer.

Have you ever wondered why these situations occur mostly with the rural or people who aren't very educated and are poor. Since the middle of the 20th century, national governments and international organizations have committed to eliminating the gap between the most and least disadvantaged. Researchers in global health have been exploring and outlining these differences and policy makers have used the data to attempt to reduce inequalities and inequities. This can be due to low health literacy "the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions." compared to those with adequate health literacy, individuals with low health literacy are more likely to

inappropriately or infrequently use health care services, face difficulty following medical instructions, have worse physical and mental health, and have a shorter life expectancy.

And not only has this situation occurred due to low health literacy it's also due to diversity of cultures within our world's population makes it a challenge for health care providers and system to deliver culturally competent medical care. Culturally competent care can improve patient quality and care outcomes. If providers and health care systems are not working together to provide culturally competent care, patients may have untoward health consequences, receive poor quality care, and be dissatisfied with the care they receive. The quality of patient-health professional interactions is decreased. Lower-quality patient-health professional interactions are associated with decreased satisfaction in the healthcare provider. In fact, African Americans, Asian Americans, Latinos, and Muslims report that the quality of their care was diminished because of their ethnicity or race.

Since now we have come across the problems that lead to a crashed system and poor health care services we need to have an appropriate solution to this problem.

We must move away from a supply-driven health care system organized around what physicians do and toward a patient-centered system organized around what patients need. We must shift the focus from the volume and profitability of services provided—physician visits, hospitalizations, procedures, and tests—to the patient outcomes achieved. And we must replace today's fragmented system, in which every local provider offers a full range of services, with a system in which services for particular medical conditions are concentrated in health-delivery organizations and in the right locations to deliver high-value care. The fact that the patient is the most important person in a medical care system must be recognized by all those who work in the system. This single factor makes a significant difference to the patient care in any hospital. In developing countries financial constraints often lead to compromised quality of care.

Raising awareness of health issue should be the first step towards improving health outcomes. However, while public health programs have frequently conducted Information, Education and Communication (IEC) campaigns - such as stressing the importance of hand washing, regular ante-natal check ups, institutional deliveries, immunization etc. - they have had little impact. All three projects, therefore, sought to markedly improve the content and quality of health messages and target them at specific tribal groups through the means appropriate to each.

While medical camps have often been conducted in the past, medical camps should also reach to remote tribal populations. Outsourcing of these services to NGOs and medical colleges may prove to be an efficient option, but requires strong monitoring and evaluation systems. The success of mobile clinics depends on effective management of medical personnel, as well as on the availability of drugs, diagnostic facilities and vehicles so that the delivery of services remains assured and consistent. The lack of any one input seriously compromises the efficiency and effectiveness of health care delivery.

These were the few solutions for population where there is lack of health services. But what about different cultures that even have to follow their rituals n also wants to follow health instruction. As we all know there are so many cultures as Buddhism, Christian, eastern orthodox, Hinduism, Islam ,etc. so we see there are numerous cultures even more number of rituals to follow so what can be done so that even there rituals remain .persistent with quality health care services.

Enhancing cultural competency by providing patient-centered care are means by which healthcare challenges are ameliorated. Efforts aimed to improve provider-level cultural enhanced care will go a long way to facilitate cross-cultural communication and respond to patient needs by tailoring healthcare.

Understanding the values and reasons for special requests for healthcare will improve cultural competence and provide culturally sensitive health care that is good for the patient and their families. The culture and religion of an individual can greatly influence their perspectives about healthcare and healthcare providers. Healthcare providers need knowledge and understanding of these patients' background and belief to provide culturally sensitive healthcare. Doctors or say medical practitioners are often judged by their practical implementation but in this scenario it is important to change people prospective towards them and to actually become a bit understanding whether it's a case of different belief due to their culture or due to economic status.

Let us be the ones who say we do not accept that a child dies every three seconds simply because he does not have the drugs you and I have. Let us be the ones to say we are not satisfied that your place of birth determines your right for life. Let us be outraged, let us be loud, and let us be bold.

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