MEDICAL SYSTEM IN INDIA
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Every country has its own health care system, in accordance with their needs and resources, but the most common element is primary health care. In some countries, health care system is distributed among government agencies, private agencies, charitable institutions, religious organizations to deliver good health care services. The Indian health care system comprises private owned hospitals, health personnel, medical colleges, program manager, etc. The health care system consists of all the actions and individual whose main function is to provide quality health care services and to improve health status. The health personnel, hospitals, and healthcare agents have grown explosively in this century. These agents contributed to better health, specifically for the poor. It is, therefore, needful to assess the current performance of healthcare system in India. The vital element of any health care system is the good service delivery system. Thus, good healthcare service delivery is, therefore, playing a crucial role and act as a fundamental input to population health status. Healthcare is one of the largest service sectors in India [1].

India's Ministry of Health was established with independence from Britain in 1947. The government has made health a priority in its series of five-year plans, each of which determines state spending priorities for the coming five years. The National Health Policy was endorsed by Parliament in 1983. The policy aimed at universal health care coverage by 2000, and the program was updated in 2002. The health care system in India is primarily administered by the states. India's Constitution tasks each state with providing health care for its people. In order to address lack of medical coverage in rural areas, the national government launched the National Rural Health Mission in 2005. This mission focuses resources on rural areas and poor states which have weak health services in the hope of improving health care in India's poorest regions.

The healthcare system in India is universal. That being said, there is great discrepancy in the quality and coverage of medical treatment in India. Healthcare between states and rural and urban areas can be vastly different. Rural areas often suffer from physician shortages, and disparities between states mean that residents of the poorest states, like Bihar, often have less access to adequate healthcare than residents of relatively more affluent states. State governments provide healthcare services and health education, while the central government offers administrative and technical services. Lack of adequate coverage by the health care system in India means that many Indians turn to private healthcare providers, although this is an option generally inaccessible to the poor. To help pay for healthcare costs, insurance is available, often provided by employers, but most Indians lack health insurance, and out-of-pocket costs make up a large portion of the spending on medical treatment in India. On the other hand private hospitals in India offer world class quality health care at a fraction of the price of hospitals in developed countries. This aspect of health care in India makes it a popular destination for medical tourists. India also is a top destination for medical tourists seeking alternative treatments, such as ayurvedic medicine. India is also a popular destination for students of alternative medicine [2].

Medical courses are in demand and fast growing. It is a hard working field but a reputed one also. The patients are being cured for 24×7. The healthcare industry is very large and around 14 million jobs are in the US only. The career is divided at the level of your education in the medical field. Whether you have a diploma or bachelor degree or master degree, you are in a race of a good career. After the completion of medical course you can choose the right organization or industry or hospital. There are so many industries, organizations, pharmaceutics, hospital, research laboratories and related industries in India. Doctors in India are quite well-paid. Their Salary after MBBS is Rs.16,00,000. Salary with MS is Rs. 28,00,000. The highest Salary is Rs.1.5 Crore. Private Practice (2X) is very popular. In the area of Specialization salaries are Rs.62,00,000
SOME FAMOUS DOCTORS IN INDIA
Dr. Sudhansu Bhattacharyya, Cardiac Surgeon {Rs.3 lakh per operation}.
Dr. S Natarajan, Eye Surgeon {Rs. 45 lakh a month}[3].

Medical treatment in India consists of four systems:
• ALLOPATH: A system of medical practice that aims to combat disease by use of remedies(as drugs or surgery) producing effects different from or incompatible with those produced by the disease being treated.
• AYURVED: Ayurvedic medicine (“Ayurveda” for short) is one of the world's oldest holistic (“whole-body”) healing systems. It was developed more than 3,000 years ago in India. It’s based on the belief that health and wellness depend on a delicate balance between the mind, body, and spirit.
• HOMEOPATH: A system of medical practice that treats a disease especially by the administration of minute doses of a remedy that would in larger amounts produce in healthy persons symptoms similar to those of the disease.
• UNANI MEDICINE: Unani Medicine (commonly referred to as Greeco-Arab medicine or Unani Tibb) is a traditional system of medicine practiced in Indian subcontinent. The present paper is an attempt to summarily introduce this complimentary therapy, its basic principles to western healthcare professionals.

Hippocratic Oath: Modern Version
1. I swear to fulfill, to the best of my ability and judgment, this covenant.
2. I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.
3. I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.
4. I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.
5. I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.
6. I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.
7. I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.
8. I will prevent disease whenever I can, for prevention is preferable to cure.
9. I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sounds of mind and body as well as the infirm.
10. If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help [4].

References:
3. [Internet-resource] https://finapp.co.in/salary-mbbs-doctors/ (Date:12.11.2018).