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Interview

‘National health database crucial to providing preventive care to vulnerable sections’

S. Rajendran Feb 17, 2017

Director, Institute of Nephro-Urology, G K Venkatesh in Bangalore.

Kidney diseases are on the increase across all regions of the country and the primary reason is stated to be lifestyle changes leading to diabetes and hypertension which are the chief causative factors for renal ailments.

***G.K. Venkatesh**, Founder-Director of the Institute of Nephro-Urology, Bengaluru speaks to **S. Rajendran**, Resident Representative, Karnataka, The Hindu Centre for Politics and Public Policy, on preventive care and the need to take progressive policy decisions for the benefit of patients given the prohibitive cost in the management of end-stage renal diseases.*

Dr Venkatesh’s work focuses on finding sustainable solutions to reduce kidney diseases, especially in rural areas where there is a marked increase in the incidence of kidney diseases. Excerpts:

Are kidney diseases on the increase in India and if so, why? Is it owing to the lifestyle, hereditary and lack of knowledge on the preventive measures?

Yes, kidney diseases are increasing in India due to rapidly increasing incidence of diabetes and hypertension – both lifestyle diseases. Lack of knowledge about kidney diseases not merely among the people but even among a section of the general medical practitioners leads to delay in diagnosis and initiation of appropriate treatment.

It will be appropriate to state here that people should undergo routine blood and urine tests (atleast once a year) which will help in obtaining a clue to an underlying kidney malfunction and these tests can be gone through in any small medical laboratory situated even in remote rural areas of the country.

What should be the role of the Union and the State Governments in providing affordable facilities to the patients?

Given the enormous number of patients coupled with prohibitively high cost of dialysis, the Union and the State governments should predominantly focus on prevention of major renal diseases. Timely and appropriate treatment of diabetes and hypertension and avoidance of agents known to cause and worsen kidney diseases (pain killers, severe untreated kidney stone disease, etc.) can significantly delay the onset of kidney failure. It should be noted that the first line of treatment in end-stage renal diseases is periodic dialysis and by taking the right steps in preventive care, the dependence on dialysis will stand to drastically reduce.

Should a patient suffer from end-stage kidney failure, then transplantation is a much better and viable option apart from being cost effective. Therefore, the Government should promote and provide for kidney transplantation care in an organised manner. The focus should be on serving patients closer to their homes rather than compel them to travel to major cities.

In this connection, the Government of Karnataka has set up dialysis facilities at the taluk level from 2008 and the Union Government has adopted this programme and allocated funds to start dialysis centres in all the Government district hospitals across the country. The cost of establishing a dialysis centre—comprising around four machines and a water treatment unit is around Rs 25 lakhs.

An increase in diabetes and hypertension in India is reported by the ICMR. However, there is also a gap for policy makers in that there is not much readily available data-based information on diseases, their trends and vulnerable sections of the population. What are the impediments faced by government and private healthcare providers to put in place an effective preventive regime?

Lack of awareness and lack of symptoms in early stages of kidney disease make the job of healthcare providers difficult. Patients do not seek treatment and the general practitioners also may not look for specific markers of kidney disease. The habit of patients to change their healthcare providers and refrain from safe-keeping their medical records for review by the doctors also makes an effective preventive regime difficult. A national health database, perhaps Aadhar-linked, should be helpful in providing appropriate preventive care to the vulnerable sections of the population.

Another phenomenon is also the higher reported incidence of kidney related diseases in rural areas. For instance a study pointed out Karnataka as a case where there is a rise in cases in rural Karnataka. What would your attribute this to, and how should the State government address it.

(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4446915/)

Yes, there is an increase in diabetes and kidney diseases in rural areas given the fact that they are adopting the urban lifestyle and also due to the increase in awareness in recent years. It is necessary for the authorities to provide adequate orientation courses on diabetes and associated kidney disease among healthcare providers in Primary health centres. Taluk and District level hospitals are needed. The Government must strive to provide training in kidney diseases and dialysis to at least the general medical practitioners working in the taluks and the districts and this will enable the patients living in rural areas get adequate medical care.

The total number of people affected by chronic or end-stage Kidney diseases and the availability of haemodialysis machines particularly in the rural areas. Inbuilt is also the high cost in obtaining treatment.

It is estimated that at least 10 per cent of the population is affected by chronic kidney diseases. Although accurate data is not available, my estimate is that there may be at least 50 lakh patients with end-stage kidney disease in the country at any point of time. A very small number of these patients seek dialysis treatment due to the very high costs involved and the lack of facilities in their neighbourhood.

The total number of people affected by kidney diseases and the number of people awaiting transplantation. Is it true that many of the patients are dying due to lack of funds apart from the difficulties in obtaining a kidney from a live or deceased donor (cadaver)?

Definitely, financial constraint is a major reason for most patients not seeking dialysis or transplantation. Besides, inability to find a suitable willing donor who is a near-relative (parents, siblings, spouse, children, grandchildren, grandparents) is a major impediment in proceeding with transplantation. Availability of deceased donor organs is extremely low. Thus, most patients die before they can get a transplantation.

For instance, in the advanced and developed countries, the State and medical health insurance coverage take care of dialysis and renal transplantation. Added to this, availability of cadaver organs are also much better in several of the developed countries than in India, which has a long way to go in kidney care.

Is there any data on the number of kidney transplants carried out in the country in a calendar year and the infrastructure available?. Of course, kidney transplants far outnumber that of other major organs like heart and liver.

About 5,000 kidney transplants are conducted in the country in a calendar year. Metropolitan cities have several hospitals equipped with advanced medical equipment and trained personnel to conduct these surgeries which is not the case in the rural sector.

It should be mentioned here that several hospitals do conduct kidney transplants which are not recorded. Obviously these are illegal transplants and such activities occur owing to the big demand for transplantation. Given the poverty, there are people willing to sell their kidney and there are those who are willing to pay the price and these transplants are obviously illegal since they do not have the sanction of the appropriate authorities constituted for the purpose.

Karnataka was in the forefront in Kidney transplants in the 1980's but now lags behind after a largescale kidney racket was unmasked. Which are the States with appropriate hospital facilities which are undertaking kidney transplants in a big way.

Gujarat, Tamil Nadu, Kerala and Maharashtra have good cadaver transplant programmes and Karnataka is gradually advancing. Lack of awareness about transplant and "sensational journalism" retarded the progress in Karnataka, although it was way ahead of the other States about three decades ago. Major hospitals in Karnataka are now reluctant to undertake kidney transplants involving unrelated donors to avoid harassment by relevant authorities.

In Tamil Nadu, all major Government Medical College hospitals undertake organ transplantation and this is provided to the patients free of any cost. In Kerala, churches are playing a key role in the promotion of cadaver transplantations much to the benefit of the patients.

A recent report by a group of medical experts has indicated that the number of Nephrologists in the country is very low compared to the requirement. What are the ways of increasing their strength? Should not the Medical Council of India step in and ensure that the seats are increased?

Yes. The number of nephrologists is proportionately very low compared with the number of patients. Also, geographic distribution of nephrologists is skewed towards large cities. The Medical Council of India and the Government should encourage increased number of specialty postgraduate courses (DM/DNB) courses. An ideal situation would be allowing a group of hospitals – public and private – to start training programmes for the general medical practitioners. This will enhance the availability and quality of training.

In the present scenario, there are around 1,000 nephrologists in the country and by and large all of them are located in the metropolitan cities. The Institute of Nephro-Urology of the Karnataka Government has taken the lead in starting a fellowship programme in renal dialysis—a one-year course for General Physicians and the other States could adopt this programme.

The Transplantation of Human Organ Act 1994 (Cadaver Organ Transplant) is yet to gain popularity although in recent years various authorities including the Traffic Police are cooperating with medical personnel in the quick transportation of organs . There are nearly 10,000 fatal accidents in the country every year and yet cadaver transplantation is far and few. Can you suggest the ways and means of promoting cadaver transplants similar to the situation in the U.S. and some of the European countries?

Yes, the Cadaver Organ Transplant Act is yet to gain popularity and the major hospitals are to be blamed for this important piece of legislation to be effective. They should take the lead in promoting cadaver transplantation.

Unfortunately, for various reasons, there is lack of interest in most trauma centres at hospitals to promote cadaver transplantation. A declaration of brain death can be certified (approved) only by specialists (neurologists and neuro-surgeons). Further, organs can be harvested only in certain major hospitals and not all of them and the cost factor in extraction and transportation is also prohibitive.

The Government can ease the procedure by ensuring that responsible medical specialists are authorized to certify brain death and all major hospitals with appropriate equipment are called upon to participate in the cadaver organs harvesting and transplant programme. Also, the Government must make it mandatory for public and private

hospitals to notify transplant organizations such as the zonal coordination committees constituted for the purpose in promoting cadaver transplantation whenever there is a potential cadaver donor.

There are plenty of complaints that kidneys are being harvested from the poor and sold for a high price and this racket continues to this day, irrespective of the enforcement. Can you suggest ways to prevent such unethical practices by private hospitals and medical trusts and the doctors therein?

There are instances of kidney sale being reported in some pockets. Similar to the situation prevailing in Iran where kidney sale is directly monitored by the Government, the Union Government can call for a study on this matter.

It is a fact is that for a kidney specialist having a patient on dialysis is far more remunerative than having such patient undergo transplantation. Therefore, there is no incentive for nephrologist to push a patient to transplantation. Still, most nephrologists recommend transplantation keeping in mind the benefits that accrue to the patient.

Is it true that patients needing kidney transplants go to some of the South-East Asian countries including Sri Lanka where unrelated kidneys are available for a much lower price than in India? In the past, patients from the SAARC countries, Africa and the Gulf were flying into India to undergo such transplants.

Yes, patients are going out of India to get unrelated transplants. Some of these countries have no strict rules and regulations and medical guidelines governing kidney transplants and this in turn helps in obtaining the organs from unrelated donors. In a way, it is similar to the situation that prevailed in India prior to the enactment of Organ Transplant Act of 1994.

Would you advocate universal screening for diseases, and if so, for what kinds of diseases?

Screening for non-communicable diseases such as diabetes, hypertension, heart disease and kidney disease perhaps should be undertaken in a big way. Most of the Master Health Check protocols do have screening for kidney diseases. These are simple tests and can be introduced in the district and village hospitals and dispensaries in a big way. The Government and NGO's , social and religious organisations should undertake largescale health check-up camps.

(S. Rajendran is Resident Representative, Karnataka, The Hindu Centre for Politics and Public Policy, based in Bengaluru. Until recently he was Resident Editor/ Associate Editor, The Hindu, Karnataka. In a journalistic career of over 35 years with The Hindu in Karnataka, he has extensively reported on and analysed various facets of life in the State. He holds a Master's degree from the Bangalore University. The Government of Karnataka, in recognition of his services, presented him the Rajyotsava Award — the highest honour in the State — in 2010.)

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