

MISSED DIAGNOSES, UNMET NEEDS: EXPLORING BARRIERS TO ASTHMA CARE IN INDIA'S GOVERNMENT HOSPITALS

IMPERIAL



AUTHOR

Sameer Gonuguntla - 4th Year Medical Student

SUPERVISED BY

Professor Omar Usmani - National Heart and Lung Institute

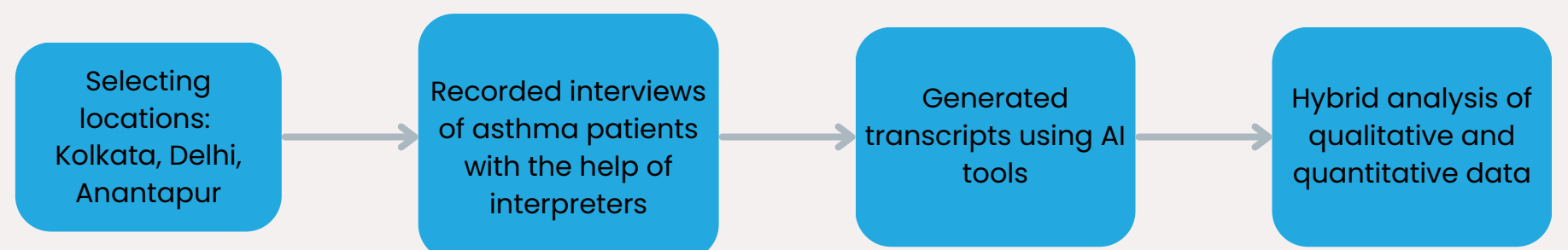
AFFILIATIONS

Imperial College London
Laidlaw Foundation

BACKGROUND

India contributes 11.1% of global asthma burden (37.8 million estimated cases), however it is also responsible for over 42% of global asthma related deaths[i]. This large discrepancy shows that asthma management in India is one of the poorest in the world. In 2024 the WHO called for better education, not just for patients but also healthcare professionals, to empower people living with asthma[ii]. This project aims to identify barriers to asthma care and provide some solutions which can help tackle them.

METHODOLOGY



Comparison of codes: Comparing government and private sectors

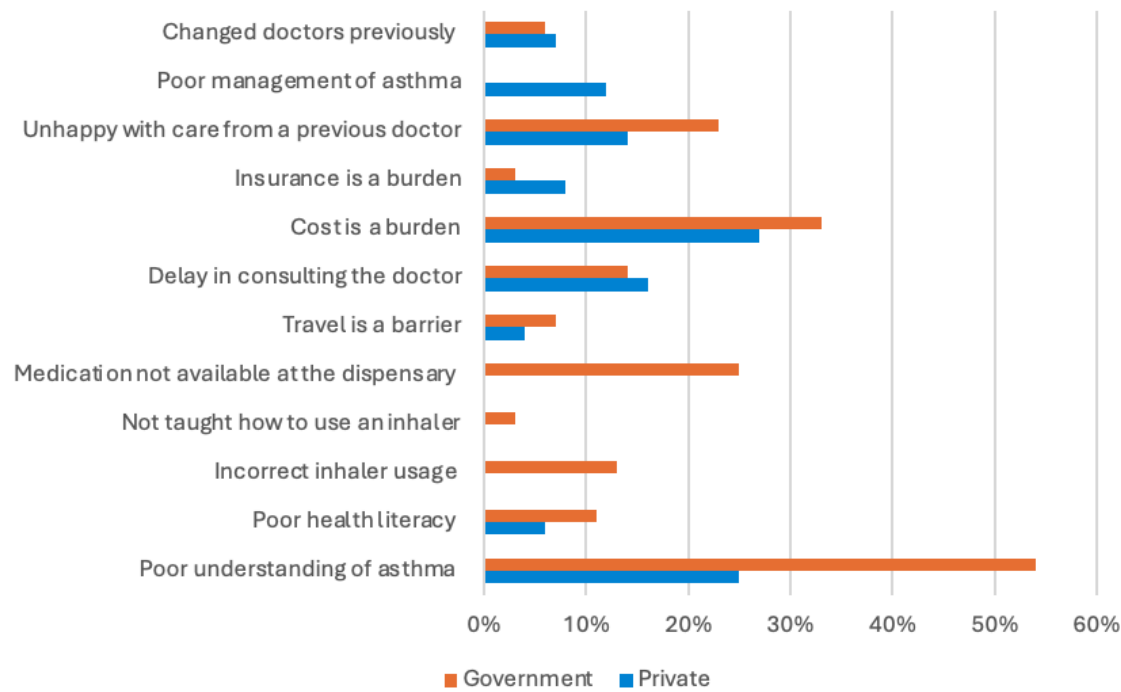


FIGURE 1: COMPARING CODES BETWEEN GOVERNMENT AND PRIVATE SECTORS

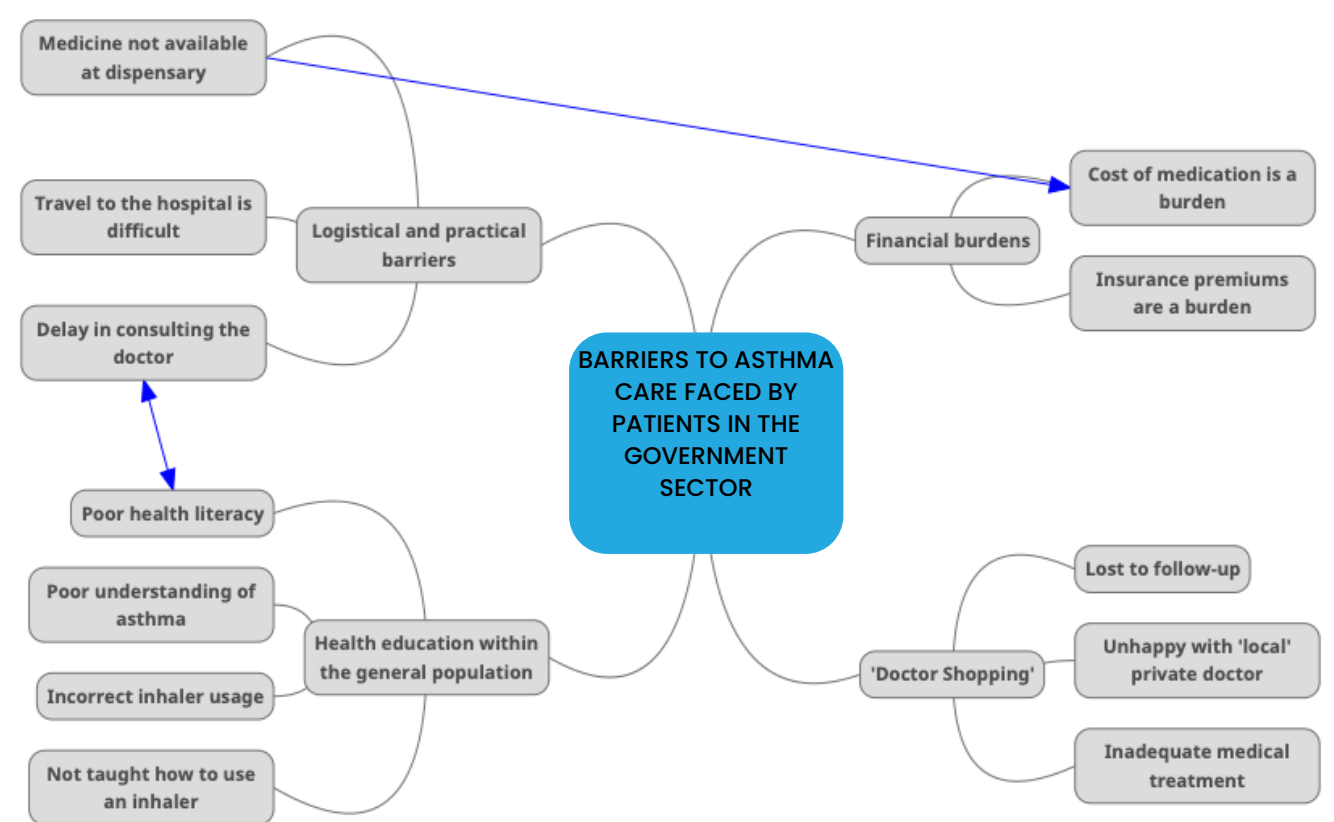


FIGURE 2: KEY BARRIERS IN THE GOVERNMENT SECTOR

RESULTS

In total 138 participants were interviewed, of which 87 (63%) were from government hospitals and 51 (37%) from private hospitals. 4 main 'themes' were found through the coding process: Logistical and practical barriers, Financial burdens, Health education within the general population, 'Doctor Shopping' [Figure 2].

- Poor understanding of asthma was 2x more common in the government sector vs private sector.
- 25% (22) participants in the government sector reported that the medicines were not available at the free hospital dispensary.
- 38% (33) of government sector participants reported that the cost of medication was a burden vs 27% (14) in the private sector.
- In the government sector 23% (20) said that they were unhappy with the care they received after visiting private doctors vs 14% (7) in the private sector.

DISCUSSION

A key difference between patients in the private and government sector was the knowledge of asthma and general health literacy. While some participants were able to identify some of the symptoms commonly seen in asthma such as shortness of breath and cough, many were unable to express their understanding effectively or simply stated that they did not know anything.

A practical challenge that many government sector patients face is the availability of inhalers at the hospital dispensary. Inhalers are also some of the most expensive to purchase privately[iv].

'Doctor Shopping' refers to the act of changing doctors multiple times in the search of satisfactory care in the eyes of the patient. Participants changing doctors often was seen in both private and government sectors, mostly because they were felt that their symptoms were not improving,

CONCLUSION

Health education would be incredibly important to change existing beliefs about asthma. A previous education programme by Grover, C et al. had been performed on a small scale to assess for feasibility. It focussed on childhood asthma and educating parents and children. It showed a significant increase in quality of life and self-management skills[v]. However, a large scale, nationwide attempt could not be found.

It can be executed in the form of online videos and posters which are translated into all the common local languages spoken in India. With better education the hope is that patients will be able to better select doctors and will not feel the need to change doctors as often, which tackles the final challenge of 'Doctor Shopping'.

REFERENCES

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