

should not be totally neglected. Taking all the relevant factors into consideration this Committee feels that it would be proper and realistic to recommend that every hospital, charitable or otherwise and whether it is allotted govt. land or not, must give free treatment to 25% of the OPD patients and 10% of the total bed strength in I.P.D. It may be argued that the hospitals who are not allotted govt. land are outside the purview of the terms of reference of this Committee. This may be technically correct but in reality even those hospitals who have not been allotted govt. land also have a social and moral responsibility to provide free medical treatment to poor patients. In this respect all hospitals have to be put on par. If necessary appropriate legislative provisions may be made in this regard. It was suggested by some members that in the OPD the number of free patients could be increased upto to 40% of the total number. But if the percentage is increased beyond 25% in the OPD and 10% in IPD the chances are that there may not be strict compliance by the hospital managements. Therefore it would be fair and just to peg the maximum limit to 10% of total number of beds in IPD and 25% of the total number of patients in OPD. It should be left to the good sense and social commitment of the hospital managements to give free service to the poor patients over and above the aforementioned number. But the minimum figures of 10% in IPD and 25% in OPD must be strictly complied with by every hospital. Any infringement in this regard should be seriously taken note of. Appropriate penalties must be prescribed for contraventions. Moreover strict compliance of the conditions by the hospital managements has to be closely monitored and appropriate machinery has to be created to ensure compliance. A "Monitoring Cell" may be established in the Directorate of Health Services, with wide powers to monitor, supervise,

investigate, examine records and do all other necessary things to find out strict compliance by the hospitals. It is also necessary that every hospital must send a monthly report to the Directorate setting out the total number of OPD and IPD patients treated and the number of patients given free treatment in OPD and IPD. There should be severe penalties prescribed and strictly enforced for non-compliance of sending monthly reports and the conditions regarding free treatment to the poor, needy and deserving patients. These provisions have to be brought about either by amending the existing law, which is laconic, and ineffective, or by enacting new legislation for this purpose. It is suggested that instead of amendment it would be better to have a new comprehensive legislation in this regard.

Some times it is argued that some hospitals organise free medical camps in rural areas and render free services to the people, especially the poor. According to them, that also should be considered along with the free treatment in the hospital. Holding free camps in urban and rural areas by hospitals is no doubt very commendable. For example, the voluntary and timely medical help in natural disasters, such as recent Gujarat earthquake, by some hospitals like Sir Ganga Ram Hospital and other hospitals. It is a matter of national pride and peoples' gratitude. But it is a service voluntarily done, out of compassion and on humanitarian considerations, by a few hospitals. There cannot be any compulsion or any guidelines for all hospitals in this kind of voluntary service. Therefore, the voluntary activity has to be excluded while fixing compulsory legal liability for free service to the poor and deserving patients.

The policy guidelines for free treatment facilities for the needy and deserving patients have to clearly define the extent of such a service. **Free treatment for**

indoor patients should include all aspects of treatment including all tests, diagnostic, treatment, lodging, food, surgery, medicines and medical consumables. In other words the free treatment for I.P.D. patients, should be **totally free and not partially free**. The poor, needy and deserving patients in I.P.D. should not have to pay for any thing. However, the 25% free O.P.D patients will be given free medicines as set out in the list annexed hereto as **Annexure J** and any other medicine in respect of the treatment concerned which may be notified in the Essential Drugs List of the Government. The 25% free OPD patients will be provided consultations, and routine tests, investigations, etc. enumerated in the list annexed hereto as **Annexure K**, free of charge. However, the special and costly tests will be provided free by the hospitals upto 10% of the total number of free O.P.D. patients on the recommendation of the concerned doctor. The hospitals may charge a registration fee not exceeding Rs. 5/ only from a free O.P.D. patient.

Criteria for determining eligibility for free treatment

The proper criteria has to be laid down for determining who are genuinely poor patients, who are eligible for fully free medical treatment as indoor patients. That has to be decided in the first instance by the doctor who treats the patient by looking at the outward appearance. But this is only tentative and not final. To adopt proper criteria to determine eligibility, some more precise and clear guidelines will have to be evolved. It is suggested that every poor patient who wants to be admitted as an indoor patient for free treatment should provide detailed information which would go to show accurately what is his financial status. This committee has approved the text of a proforma declaration to be signed and submitted by or on

behalf of I.P.D. patients, which elicits information in considerable detail. It would go to show whether the patient is really poor and deserving one. The proforma undertaking will have to be signed by or on behalf of such patients (e.g. minors, insane, illiterate, etc.) when the treatment starts. The treatment will not have to wait until the facts set out in the undertaking are ascertained to be correct and accurate. The treatment must start immediately when the patient is admitted. In the course of the treatment, investigations can be carried out if it is found necessary in any given case. The correctness and accuracy of the information given in the undertaking will have to be cleared by the hospital level "Poor Patients' Advisory Committee", of four or five persons to be established by the hospital itself. The Advisory Committee should have a representative of each of the following, viz. 1) management, 2) the Doctors, 3) the employees, 4) a social worker and 5) a respectable citizen living in the area. All hospitals should be asked to constitute the "Advisory Committee" immediately. The proforma undertaking by the IPD patient should contain a solemn declaration that the information supplied therein is true to the best of the knowledge of the person who signs declaration and that if any statement is found false or the information sought is suppressed he will be liable to pay not only the full charges of hospital treatment but also pay the penalty (not exceeding 50% of the total cost) and also face any other legal action that may be taken against him. The excluded categories, not entitled to free treatment, are separately set out in the proforma. The proforma declaration and undertaking is annexed hereto as Annexure L.

The criteria to determine whether the patient is poor, the definition of poor accepted by the Planning Commission of India may be accepted. A note supplied

by the Planning Commission in this regard is annexed hereto as Annexure M. Ordinarily those who live below the poverty line are considered poor. However, the detailed information sought and duly provided by the patient in proforma declaration would be a fairly reliable material to determine the eligibility of the poor patient. To eliminate the misuse of the facility by false claim of being a poor patient, it would be proper for the hospitals to keep the wards for the poor indoor patients separate and those patients should be made to wear the dress of a different colour and shape to make them look distinctly different from the paying patients. This may be a good deterrent against misuse of facility by impostors. Moreover, the hospitals should put up signboards on the walls, doors, etc. clearly indicating that they are for "poor patients only". The hospitals should prominently and clearly display that free treatment to the poor patients is available in them. It would be better to keep the places where free treatment is provided separate and distinct from the areas where the paying patients get the treatment or keep separate timings for free and paying patients. For possible misuse of the facility provided to the poor and needy patients the penalty is provided. The hospitals would be free to recover the actual cost of the medical services provided to such patients and a penalty not exceeding 50% of the actual cost. This provision can be enforced before discharge of the patient and a reasonable time after discharge also. There is a very important point in this regard for the Delhi Govt. to consider. The private nursing homes also should be roped in to give free medical treatment to some poor and deserving patients upto 5% of the total number of beds. It is common knowledge that most of the private nursing homes are heavily over charging the patients and earning enormous sums of money. They also have a social and moral obligation

towards the society. Therefore, by appropriate legislation, they should also be made to provide free medical services to poor patients, which may be fixed for the time being at 5% of the total number of beds they have. The private nursing homes can be brought within the net by giving them some benefits in respect of water, electricity, property tax, income tax, etc. and some incentives such as awards, certificates of meritorious service to poor and needy, etc.

C. Referral System for Free Treatment to Poor Patients

At present there is no clearly defined referral system for sending patients to the hospitals, who have the required equipment, skill and expertise for specific treatments. In the case of Apollo hospital, the patients are to be referred by some govt. run hospitals, if they do not have the necessary facility of their own. The patients are recommended by Minister of Health, etc. A uniform and meaningful referral policy guidelines will have to be clearly laid down and precisely articulated to facilitate proper utilisation of free treatment facility. Firstly all hospitals, who do not have the facility for the treatment of a particular kind of medical case, may refer it to the hospital which has such facility. The referring hospital must record the reasons for the reference of the case in a statement to be sent to the speciality or super speciality hospital, with a copy to the Director, Health Services. The reference has to be by the treating hospitals only and not any private person or institution. To eliminate the possibility of the facility being misused, the reference by the Govt., Central or NCT of Delhi, ministers, officials, political personalities, bureaucrats, the rich and influential, etc. should **NOT** be entertained. Only the treating hospitals should refer the poor patients for specialised treatment in appropriate hospitals. In the Directorate of Health Services there should be a

"Monitoring Cell" set up to screen the references and ascertain their genuineness. Each case must be closely scrutinised. This Committee has recommended establishing Advisory Committees at the hospital level, who will scrutinise the proforma declarations and in appropriate cases make necessary enquiries to ascertain the truth and accuracy of the information supplied. Thus the claim of eligibility and proper reference would be in the first instance scrutinised at the hospital level itself. It is also to be cleared, on daily basis, by the "Monitoring Cell", in the Directorate Health Services. Thus there will be double check at two different levels. With these safeguards it is hoped that only the genuine cases of poor patients will be referred to for specialised high cost treatments. Therefore, there would be no need for a separate and independent referral body as such. The scheme suggested in this Report would take care of eliminating misuse of free service and improper reference to speciality and super-speciality hospitals.

D. Enforcement and Monitoring Mechanism.

To ensure proper compliance of the liability to provide free medical service to the poor, needy and deserving patients, there will have to be necessary amendments in the existing legislative enactment. The Delhi Nursing Homes Registration Act, 1953, the only enactment in this regard, has a very limited scope for performing the tasks set out above. It is an Act, which is mainly concerned with the registration of hospitals and nursing homes in N.C.T. of Delhi. It is said that there are more than 1500 hospitals and nursing homes, out of which only about 480, as of date, are registered. Rest are unregistered. The unregistered hospitals and nursing homes are not subjected to any rules, regularions, etc. They charge exorbitant amounts.

Some of them are run by persons who are not properly qualified, endangering the life of patients. Once the nursing home is registered there is very little for the Directorate to do in respect of monitoring their working or take action for wrongful acts. There is no sufficient effort made to compel them to get registered. The Act needs to be drastically amended to give the Directorate sufficient powers to monitor and enforce proper compliance of its provisions in respect of their functioning. It is suggested that instead of amending this Act, it would be better to have a new comprehensive legislation, which would cover all aspects of the activities the hospitals and nursing homes in the NCT of Delhi, including mismanagement, misappropriations, over charging and other gross violations of the terms and conditions laid down in agreements, allotment letters, lease deeds, etc. Most of these terms and conditions in the documents are either inadequate or imprecise. They will have to be revised to make them clear and precise, casting full responsibility on the managements to provide detailed information every month to the Directorate regarding their functioning, especially with regard to the free treatment to the deserving and needy patients.

The suggested new comprehensive legislation should cover all hospitals in the NCT of Delhi, irrespective of whether they are govt. run or privately run, whether they are charitable or non charitable and also whether they were allotted govt. land or not. The new legislation should cover even privately owned nursing homes. They are run on commercial basis with no accountability regarding the quality of medical service rendered or the amount they charge. Most of them are said to be charging enormous amounts, out of proportion to the value of service rendered by them. It amounts to be unbridled plunder. Some of them do not have properly

qualified doctors, surgeons or even nursing staff. Some quacks, with fake Degrees and Diplomas, have entered in the trade and are doing roaring business at the cost of public health. The govt. cannot remain a silent spectator to this sad state of affairs in respect of public health. Therefore, the new legislation should be comprehensive enough to cover all hospitals and nursing homes and create mechanism with wide powers to monitor, investigate, regulate and effectively enforce compliance of legal duties and social and moral responsibilities to the society in general and to the poor, needy and deserving patients in particular.

SUMMARY

The detailed discussion set out above can be summarised as follows:-

- (a) The existing free treatment facilities extended by charitable and other hospitals who have been allotted land on concessional terms/rates are inadequate and erratic. Only a few such hospitals give reasonably good service. Most of them give scanty free service, half-heartedly. Some of them brazen facedly deny their liability to render any free service to the poor, needy and deserving patients. They put forward a variety of excuses for flouting their responsibility, viz.:-
 - (i) that they are the purchasers of the Govt. land and not the allottees;
 - (ii) free service is not mentioned, either in the allotment letter or in lease deed or anywhere else.
 - (iii) the hospitals are not designated as charitable anywhere in allotment letter or lease deed. In other words, they claim that they are not charitable hospitals and therefore not liable to render any free

treatment;

- (iv) there is no agreed or precise definition of 'poor', who can be considered eligible for free medical treatment.

Some of the hospitals who have been allotted govt. land have not bothered even to reply to questionnaire in a spirit of open defiance.

Almost all hospitals, except a few, have contravened the terms and conditions of allotment. Hence their allotments are liable to be cancelled. It is suggested that after the cancellation, the land can be re-allotted to the hospitals by a new lease deed on new and uniform terms and conditions for 30(thirty) years on commercial rates of ground rent. The renewed lease deed must clearly stipulate that the lease is not transferable and any contravention of this condition would result in automatic cancellation of the lease.

In respect of above mentioned three hospitals, which are said to be about to be sold out or transferred under secret deals, have been individually dealt with in the report, not only their lease need to be cancelled, but also, before re-allotment, their managements need to be reconstituted with at least three nominees of the Delhi Govt. in the management of each one of them.

b) The suitable policy guidelines for free treatment for needy and deserving patients would include the following things, viz.:-

- (i) The free treatment means **totally free** and not partly free and partly paid. The free I.P.D. patient will not have to pay for anything, including medicines and medical consumables.

- (ii) All hospitals who have been allotted government land should provide totally free treatment to poor, needy and deserving patients to the extent of 10% of the total number of beds in the I.P.D. and 25% of the total number of patients in O.P.D. uniformly.

(It is suggested that the above extent of free service to poor patients should be extended to those hospitals also, who have not been allotted government land. Even the private nursing homes can be roped in for at least 5% of their beds to be reserved for free treatment as a part of their social and moral duty to the poor deserving and patients, by suitable legislation.)

- (iii) The free treatment facility for needy and deserving patients would include tests, diagnostic, treatment, lodging, food, surgery, medicine, consumables, disposables and all other facilities necessary for complete medical treatment.
- (iv) The free I.P.D. patients will have to sign the proforma declaration and undertaking (Annexure – L).
- (v) Every hospital will have a “Poor Patients’ Advisory Committee” to screen and if necessary investigate the correctness of the statements made in the proforma declaration and undertaking.
- (vi) A Monitoring Cell will be set up in the Directorate of Health Services to screen the proforma declarations and, if necessary, investigate to ascertain the truth of the statements made therein.
- (vii) Every hospital shall prepare a monthly statement showing the total number of patients treated in O.P.D. and admitted in I.P.D. sections

and the number of free patients treated in I.P.D. and O.P.D. and send it to the Monitoring Cell in the Directorate of Health Services.

- (viii) Strict penal provisions should be enacted for non-compliance by hospitals in respect of free treatment to the poor, needy and deserving patients.

(It is suggested that by a suitable legislation the Monitoring Cell should be empowered to monitor, scrutinise the monthly reports of free service, make periodic surprise visits to the hospitals to ascertain proper compliance of free treatment condition by the hospitals.)

- c) A proper referral system for the optimum utilisation of free treatment to needy and deserving patients would require the following things:

- i) The reference of the patients would be only by the hospitals, which are treating the patients and not by any other individual or body of persons or institutions, government or non government.
- ii) The reference by treating hospitals would be permissible only if the treating hospitals do not have the required facility, equipment, skill or expertise to treat a particular case. The referring hospital would send a statement recording the reasons for reference to the speciality or super speciality hospitals with a copy forwarded to the Monitoring Cell in the Directorate of Health Services.
- iii) The speciality or super speciality hospitals will entertain the cases of poor patients only on a reference from the treating hospitals and not on a reference from any individual, association or other body.

d) A suitable enforcement and monitoring mechanism would require the following things:

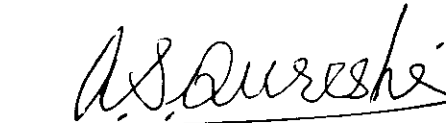
- i) A drastic amendment of the present Delhi Nursing Homes Registration Act, 1953, or enact a new comprehensive legislation to enlarge and define the powers of the Directorate of Health Services to monitor, supervise, investigate, make surprise visits, examine hospital records, call for documents or information from hospitals regarding their management, defaults and other actions and have general supervisory powers in respect of hospitals and nursing homes.
- ii) To set up a Monitoring Cell in the Directorate of Health Services, to monitor the activities of the hospitals in their day to day working. It should include some eminent persons, who have the experience of running charitable hospitals where free service to the poor is rendered efficiently.
- iii) It is suggested that the above objective can be better achieved by a new and comprehensive legislation rather than by amending the existing legislation. If the comprehensive legislation is not feasible in a short period, the existing law may be amended as interim arrangement, but the aforementioned reforms and changes need not be delayed for the enactment or amendment of law.
- iv) For a long-term policy formulation, it is suggested that a Commission, under the Commission of Enquiry Act, may be constituted to go into the entire gamut of problems facing the hospitals and nursing homes in the N.C.T. of Delhi and to draft the new comprehensive legislation for effective

enforcement and monitoring mechanism. This can be done strictly within one year

As stated above the scope of this enquiry is unduly narrowed down in its terms of reference. This could have been taken as an opportunity to find out illegalities, irregularities, improprieties and other defects in the working of hospitals and nursing homes in Delhi. They are too many and of big magnitude. On the one hand, the hospitals, which were charitable in the past were given vast areas of govt. lands for specific purpose are now literally on sale to big investors at fabulous prices, on the other hand the poor are not getting proper treatment or sufficient medicines in the so-called charitable hospitals and even in govt. run hospitals. Many patients of modest means are forced to go to private nursing homes, where they are mercilessly fleeced beyond their means or capacity to pay. The govt. run hospitals also need to be enquired into, to make them render better and meaningful service to the poor. There is a lot of mismanagement, misappropriations, bungling etc. going on in those hospitals also. It is true that only the very poor patients go to the Govt. hospitals, but there also, they do not get all medicines or preliminary tests carried out. A comprehensive enquiry is urgently necessary also because the policy of cover-ups, connivance or neglect would make the problem more complicated and even insoluble. Just as a wound, if allowed to fester for long, it may turn gangrenous and incurable. As a long term policy, it would be proper for the Govt. of N.C.T. of Delhi to get the entire gamut of working of hospitals and nursing homes fully enquired into by a one man commission assisted by two or three experts, under the Commission of Enquiry Act, with powers to call witnesses, record evidence, compel production of documents and exercise powers of a civil

court, to be completed strictly within one year. Such an enquiry may reveal startling cases of mismanagement, misappropriations, rackets, rough treatment to poor patients and siphoning off of medicines, meant for the poor, ultimately finding their way into the open market and many other reprehensible things happening every day, which is a common knowledge. Many poor patients going to those hospitals would testify to that. But, for the present the Govt. of NCT of Delhi may proceed with the recommendations of this Committee, which are acceptable to it. The implementation of recommendations herein need not wait till the suggested comprehensive inquiry is completed. Immediate implementation of the present recommendations will restore peoples confidence in the Govt. and earn their gratitude. That would be a true service to the suffering people. It will no doubt require a strong political will, administrative skill, firm determination, and deep, sincere commitment on the part of the Govt. of N.C.T. of Delhi. It is hoped it will come up to the expectations of the people of Delhi.

Maulana Azad Medical College,
New Delhi - 110 002.
This 22nd Day, May, 2001.


(JUSTICE A.S. QURESHI)
CHAIRMAN

Members**(Non-Official)**

1. Dr. K.C. Mahajan
2. Sh. A.L. Batra
3. Sh. Ramesh Chandra
4. Sh. O.P. Vaish
5. Sh. R.K. Takkar

(Official)

6. Sh. R. Chandra Mohan
7. Sh. Parimal Rai
8. Sh. R. L. Singhla
9. Dr. R. N. Baishya

Signatures

Sd/-

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Sd/-

**A NOTE OF DISSENT TO THE REPORT OF
THE HIGH LEVEL COMMITTEE
ON FREE TREATMENT OF POOR PATIENTS IN PRIVATE
IN THE NATIONAL CAPITAL TERRITORY OF DELHI**

I am constrained to record this note of dissent because I have serious reservations on some of the remarks about the Indraprastha Apollo Hospitals and the members of its Board of Directors. They are not only unwarranted and uncalled for, they were also never considered by the Committee, so much so my reservations recorded on these observations in the draft Report were not even placed before the Committee for a discussion. Hence the need to contest these observations through this note of dissent.

It has been suggested that the Indraprastha Apollo Hospital, in flagrant violation of the land lease agreement, has failed to provide free treatment to poor patients and that the members of the Board of directors, other than the four Government Directors, have been indifferent and collous in relation to this social and contractual obligation for mercenary reasons. Strong words but untrue. It is historically true that the arrangement for the treatment of poor and needy patients envisaged in the land lease agreement did not work on the ground but it was never for want of willingness on the part of the management of the Hospital. I can say this on the basis of my association with this world class hospital for two years as the Managing Director of the Company which owns and manages it.

The Company has established a separate ward for poor patients with a complement of ICU beds and an operation theatre. It has always been willing to provide free treatment to poor and needy patients and has made consistent efforts in that direction which were unfortunately frustrated by two major issues. Firstly the Company management was sincerely and honestly convinced that the land lease agreement required the Hospital to provide free treatment inclusive of accommodation, diet, medical and nursing care etc. but not medicines and medical consumables which are outsourced at a heavy cost which the finances of the Company could not absorb. This view was reinforced by legal opinion, including that of a former Addl. Solicitor General of India, available to the Company. Many internal exercises

made by the company established that providing free treatment, inclusive of free medicines and medical consumables, to 33% of indoor and 40% of outdoor patients was not commercially sustainable and would lead to the closure of the Hospital thus leading to the denial of a first rate health care facility even to those who could afford it. On the other hand, the poor patients by definition could not afford these medicines and consumables. Both the Hospital and the poor have suffered as a result. The poor have not been able to avail of the services of the Hospital; on the other hand large investment made by the Hospital in the infrastructure for the purpose has remained heavily underutilized.

I am glad our High Level Committee has come to the conclusion that the free treatment should be total and cover medicines and consumables as well but has pegged the obligation for free treatment at 10% for indoor and 25% for outdoor patients.

The second issue that bedeviled the efforts to provide free treatment was the selection of the beneficiaries. The Board of Directors of the Company were of the considered view that the facility was intended for the poor, some of the Government Directors, however, insisted that the Hospital was obliged to extend it to any patient of any means sponsored by the Government of Delhi. I am glad once again that the High Level Committee has recognized and recommended the need for restricting the benefit of this facility to the really poor the people living below the poverty line.

Considering the above background, the situation is full of irony. While the Committee has broadly endorsed the position taken all along by the Company on these two issues, its Report accuses the members of the Board of Directors, other than the Government nominees, of indifference and even callousness in relation to concerns of the poor for their free treatment.

No right thinking person will believe that public hospital in India can survive and flourish without caring for the free treatment of the poor. Let me hope the recommendations of the Committee will solve the ongoing controversy and result in greater willingness on the part of privately owned public hospitals in providing for free treatment of the poor and the needy. I must reiterate that my dissent relates not to the substantive recommendations of the

Committee but to the unwarranted and unsubstantiated remarks about the Indraprastha Apollo Hospital and its higher management

Any city and country should be legitimately proud of a Hospital which has set new standards of excellence in health care; at the same time all hospitals must provide for the poor.

Sd/-

R.K. TAKKAR

New Delhi

21.05.2001

THE CHAIRMAN'S REPLY
TO THE DISSENT NOTE OF SHRI R.K. TAKKAR

It is very unfortunate that one non-official member of this High Level Committee Sh. R.K. Takkar has thought it fit to give a dissent note to the report. Sh. Takkar has said that he agrees with the conclusions arrived at by the Committee and also with the broad out lines of the suggestions made therein. However he says that he does not agree with some of the remarks about Indraprastha Apollo Hospital and the members of its Board of Directors. He has termed them as "unwarranted and uncalled for". He also alleges that those were never considered by the Committee. His further grouse is that his "reservations in the draft report were not even placed before the Committee for a discussion".

The observations made regarding the proceedings in the Board of Directors regarding free treatment to the poor is factually correct and unassailable. In the Board of Directors the Govt.s' representative were out-voted on the question of free treatment to the poor, is factually correct. It is also correct that there is a flagrant violation of the agreement dated 11.3.1988 and lease deed dated 21.4.1988. As per the terms and conditions for granting the lease of 15 acres of prime land in South Delhi for a nominal rent of Re.1/- per year and the purchase of 26% equity shares and making other investments totalling about Rs. 40 crores, in return for an assurance to keep one third number of beds for free treatment to the poor patients. Sh. Takkar admits that the social and contractual obligation has not been fulfilled. But he argues that it was never for want of willingness on the part of the management of the hospital. This explanation is meaningless, because the Company had right

from the beginning insisted that the free treatment would mean that the patients will have to pay for medicines and medical consumables which may run into thousands of rupees by each patient and in some cases even a lac or more, which no poor patient can pay. Therefore to argue that there was a separate ward for poor patients with a complement of ICU beds and an Operation theatre, when the poor patients have to pay for medicines and consumables, is like saying that Five Star Hotels are open to starving millions of people of India, provided they can pay the enormous charges of those hotels. No poor patients would go anywhere near the five star luxury hospital that Indraprastha is, any more than a pavement dweller walking into a five star hotel and pay rupees one hundred or more for a cup of tea. In the opinion of this Committee Apollo Hospital's insistence on the poor patients paying for medicines and consumables has been effective way of keeping the genuinely poor patients deprived of the genuinely free treatment. It is nothing less than being extremely callous to the sufferings of the poor, especially when the Govt. was induced to part with such huge investment for a mere promise to give free treatment to the 33% of the total beds to the poor patients. In fact Apollo Hospital, in its existence of last seven years or so, has not given any free treatment to even a single poor patient. The so-called free treatment given to a few patients cannot be regarded as given to poor, because they have actually paid large sums of money for medicines and consumables. The question was considered by the Committee in detail in respect of all hospitals and not that of Apollo Hospital alone. Sh. Takkar's reservations and the suggestions of all members were considered and those which were acceptable were included in the revised draft. They need not be discussed in the formal meetings as they were too many, some of which were incorporated in the revised draft and the final draft.

Sh. Takkars' further observation that the Company management was sincerely and honestly convinced that under the agreement the free treatment did not include medicines and medical consumables, is wholly untenable because under the recommendations of this Committee now the liability of all hospitals is reduced to 10% of the total number of beds to give totally free treatment inclusive of medicines and consumables is acceptable to Sh. Takkar. This shows that he indirectly admits that free treatment includes the cost of medicines and consumables. In asserting his view of free treatment being without the cost of medicines and consumables he has tried to take shelter behind the legal opinion of a legal expert is also devoid of merit. It is common knowledge that expert legal opinion can be bought or hired, as desired by a litigant on payment of appropriate fees. It has to be judged on merits. Sh. Takkar finally admits that the poor patients have actually suffered due to the interpretation of the term "free treatment", not including medicines and consumables.

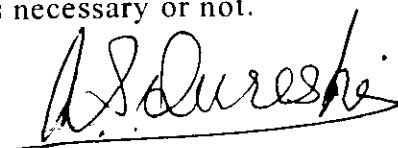
Sh. R.K. Takkar has expressed his happiness on the Committee's recommendation fixing fully free treatment at 10% for indoor and 25% for outdoor patients, which in effect means free treatment i.e. "totally free treatment inclusive of the cost of medicines and consumables", what was really ailing the Apollo Hospital was 33% for which it had to employ a contrived meaning of free treatment. Now that it is reduced to 10% of the total number of beds, the objection and contrived meaning have disappeared.

Regarding the referral system for free treatment to the poor patient, it is true that there was no systematic or scientific method for reference. The whole picture was that of chaos and confusion which is sought to be remedied by the recommendation of this Committee on that question.

It is not correct to say that this "Committee has broadly endorsed the position taken all along by the Company on these two issues." In fact it is Sh. R.K. Takkar, the representative of the Company, has accepted the view of this Committee that free treatment means "totally free inclusive of medicines and consumables" and that the free treatment of the poor patients should be reduced to 10% in respect of all hospitals including Apollo. The Apollo was to give free treatment to 33%. Now Apollo Hospital stands on par with other hospitals at 10%. The Committee has in fact been restrained in its observations regarding Apollo Hospital inspite of quite a lot of harsh and hostile allegations and observations made before the Committee.

The above mentioned reply to the dissent note of Sh. R.K. Takkar would clearly show that what is stated in the report about Apollo Hospital is neither "unwarranted and uncalled for" nor are they "untrue or unsubstantiated". The homily regarding right thinking person would call for free treatment to poor patient is a mere lip service not supported by the attitude and actual practice by Apollo Hospital and most of other hospitals in respect of genuinely free treatment to the poor patients. Sh. R.K. Takkar's scouting for Apollo Hospital with which he was closely connected as a Managing Director should not have come in his way to take an impartial and objective attitude in respect of all hospitals in Delhi who have been given Govt. lands. As a member of this High Level Committee it was his duty to take a detached view rather than taking a partisan view in this matter. Even Dr. C. Prathap Reddy had taken a more constructive and liberal view in this regard. But some times being more loyal than the king is harmful in the end. It is for the impartial, non-partisan observers to see whether the above dissent note was necessary or not.

This 22nd day of May 2001.



JUSTICE A. S. QURESHI
CHAIRMAN

ANNEXURES

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NO.F.13/36/99-DHS/NH/Pt. File/34.
GOVERNMENT OF NCT OF DELHI
(HEALTH & FAMILY WELFARE DEPARTMENT)

Dated the 12/6/2000

O R D E R

Lt. Governor, Delhi is pleased to constitute Committee for reviewing the existing free treatment facilities extended by the Charitable and other Hospitals who had been allotted land on concessional terms/rates by the Government. The composition of the Committee will be as follows:-

1. Justice (Retd.) A.S. Quereshi Chairman

Non official Members

- | | |
|---|--------|
| 2. Dr.K.C. Mahajan | Member |
| Consultant, Sir Ganga Ram Hospital | |
| 3. Mr. A.N. Batra, Chairman, Batra Trust | Member |
| 4. Mr. Ramesh Chandra, Executive Director | Member |
| Times of India | |
| 5. Mr. O.P. Vaish, Sr. Advocate | Member |
| Supreme Court, Rotary Int. | |
| 6. Mr. R.K. Takkar, MD, IMCL | Member |

Official Members

- | | |
|---|------------------|
| 7. Secretary (H&FW),GNCTD | Member |
| 8. Commissioner, Land Disposal, DDA | Member |
| 9. Land & Development Officer, Ministry | Member |
| of UD, Govt. of India | |
| 10. Director Health Services, GNCTD | Member-Secretary |

2. The terms of reference of the Committee will be as follows:-

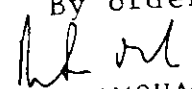
- a) To review the existing free treatment facilities extended by the Charitable and other Hospitals who have been allotted land on concessional terms/rates by the Government.
- b) To suggest suitable policy guidelines for free treatment facilities for needy and deserving patients uniformly in the beneficiary institutions in particular to specify the diagnostic treatment, lodging, surgery, medicines and other facilities that will be given free or partial free.
- c) To suggest a proper referral system for the

optimum utilisation of free treatment by deserving and needy patients.

- d) To suggest a suitable enforcement and monitoring mechanism for the above including a legal framework.

3. The Committee will furnish its recommendations within three months from the date of issue of this order.

4. Director of Health Services will render all required secretarial assistance to the Committee.

By order,

(R. CHANDRAMOHAN)
SECRETARY (HEALTH & FW)
Dt. June, 2000


NO.F.13/36/99-DHS/NH/Pt.File/

Copy forwarded for information and necessary action to:-

1. Justice (Retd.) A.S. Quereshi, Chairman, Delhi Minorities Commission, 33-Sham Nath Marg, Delhi-54.
2. Dr. K.C. Mahajan, Consultant Ganga Ram Hospital, New Delhi.
3. Mr. A.N. Batra, Chairman, Batra Trust, Batra Hospital, New Delhi.
4. Mr. Ramesh Chandra, Executive Director, Times of India, New Delhi.
5. Mr. O.P. Vaish, Sr. Advocate, Supreme Court of India, Rotary International, New Delhi.
6. Mr. R.K. Takkar, MD, IMCL, Sarita Vihar, New Delhi.
7. Shri Sharda Prasad, Commissioner (Land Disposal), DDA, New Delhi.
8. Dr. Rajesh Kumar, L&DO, Ministry of Urban Development, New Delhi.
9. Dr. R.N. Baishya, Director Health Services, GNCTD, New Delhi.

Copy for information to:-

1. Secretary to LG, Raj Niwas, Delhi.
2. Secretary to MOH, GNCTD, Delhi.
3. Secretary, Ministry of Urban Development, Govt. of India, New Delhi.
4. VC, DDA, Vikas Sadan, New Delhi.


(R. CHANDRAMOHAN)
SECRETARY (HEALTH & FW)

राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार (स्वास्थ्य एवं परिवार कल्याण विभाग)

सार्वजनिक सूचना

सभी इच्छुक व्यक्तियों को सूचित किया जाता है कि दिल्ली के उपराज्यपाल ने जस्टिस ए.एस. कुरैशी (सेवानिवृत्त) की अध्यक्षता में विभिन्न निजी अस्पतालों, जिनमें सरकार ने रियायती दरों पर भूमि आवंटित की है, द्वारा मुफ्त इलाज की सुविधाएं दिए जाने के कार्य की समीक्षा हेतु एक उच्च स्तरीय समिति गठित की है। इस समिति के संबंधित विशेष कार्य नीचे दिए गए हैं :

- (ए) सरकार द्वारा जिन चैरिटेबिल व दूसरे अस्पतालों को रियायती दरों पर भूमि आवंटित की गई है, उनमें मौजूदा मुफ्त इलाज सुविधाएं बढ़ाने की समीक्षा करना
- (बी) मुफ्त इलाज सुविधाओं के लिए उचित नीति-निर्देश के सुझाव देना
- (सी) मुफ्त इलाज के ऑप्टिम उपयोग हेतु उचित रिक्रैरल पद्धति पर सुझाव देना
- (डी) वैधानिक ढांचा सहित मॉनिटरिंग मशीनरिज तथा उचित स्कोकाल का सुझाव देना।

समिति ने इसके गठन तिथि 12.6.2000 से तीन माह के अंदर अपना विचारों देने के लिए कहा गया है। इसलिए वे सभी व्यक्तियों, एसोसिएशनों, एनजीओ आदि, जो समिति के इस कार्य में सहयोग करने के इच्छुक हैं, वे इस सूचना के प्रकाशित होने की तिथि से पंद्रह दिनों के अंदर कोई भी समकक्ष सूचना, सामग्री अथवा मूल्यवान सुझाव व्यक्तिगत रूप से सभी कार्यविभागों में अधोहस्ताक्षरी के कार्यालय - पता-ई-ब्लाक, सरस्वती भवन, कनाट प्लेस, नई दिल्ली-110001, में आकर जमा करा सकते हैं अथवा डाक द्वारा भेज सकते हैं।

डा. अ.ए. वैश्य

डीआरसी 022 2000

"Hindustan Times
&
"Times of India."

WEDNESDAY, JULY 5, 2000 **23**

**GOVERNMENT OF N.C.T. OF DELHI
(HEALTH & FW DEPARTMENT)**

PUBLIC NOTICE

This is for information of all the interested that Lt. Governor, Delhi has constituted a High Level Committee under the Chairmanship of Justice A.S. Qureshi (Retd.) to review the working of the free treatment facilities provided by various private hospitals who have been allotted land at concessional rates by the Government. The specific terms of reference assigned to the committee are as follows:

- a) To review the existing free treatment facilities extended by the charitable and other hospitals who have been allotted land on concessional rates by the Govt.
- b) To suggest suitable policy guidelines for free treatment facilities.
- c) To suggest a proper referral system for optimum utilization of free treatment and.
- d) To suggest suitable enforcement and monitoring mechanism including a legal framework.

The committee has been asked to give his recommendations within three months from the date of its constitution i.e. 12.6.2000. The committee, therefore invites from all persons including associations, NGO's etc. who are interested in assisting the committee in its work to furnish any relevant information, material or valuable suggestions in writing within 15 days from the date of publication of this notice to the undersigned at office address E-Block, Saraswati Bhawan, Connaught Place, New Delhi-110001 in person or through registered post on all working days.

(Dr. R.N. Baishya)
Director Health Services

DIP.544.2000

حکومت قومی راجدھانی خطہ دہلی
(ہیلٹھ اینڈ ایف ڈیوڈ پارٹمنٹ)

پبلک نوٹس

دوسرے متعلقین کو جو کیا جاتا ہے کہ ان کی رائے سے یہ امور فرمائے ان مختلف پرائیویٹ اسپتالوں کے ذریعے فراہم کی جائے گی۔
چونکہ اس طرح کی سہولتوں کی کامیابی کا جائزہ لینے کے لئے جنس اسے ایسے قریبی (ریٹائرڈ) کی جیر مین شپ میں
ایک بار سٹی کی کبھی تھلیل کی جہوں حکومت نے رعایتی شرح پر زمین الاٹ کی ہے اس کمیٹی کے ذمہ سپرد کی
تسکین خصوصاً ہی ذیل دائرہ میں درج دی جائے۔

اس کی ترقی و ترقی کے لئے اس میں اصلاحات کی ضرورت ہے۔ یہاں موجود مفت مدارس

(۱۰)۔ حق سے عاج سہولتوں کے لئے مناسب پائین خطوط ہرما کے مشورے و تباہی۔

۱۱۔ بہت ملاج سے زیادہ سے زیادہ استفادہ کیلئے ایک مناسب مقام کے لئے تجاویز اور

ہی کہ آئین و عہد اختیار نہایت مناسب اخلاقی اور عمرانی کے طریقہ کار کے لئے شجاریہ۔

کمپنی انیس کی تشکیل 12-6-2000ء تین مہینے کے اندر اپنی سفارشات داخل کرنے کی ہدایت کی گئی ہے۔

اس لئے کمیٹی ایسی ہی ایجنٹوں، غیر سرکاری تنظیموں، وغیرہ سمیت تمام افراد کو جو کہ کمیٹی کیساتھ اس کے کام

میں تعاون کے خواہشمند ہوں کہ اس نوٹس کی اشاعت کے 15 دن کے اندر اس سے متعلق کسی بھی

طریقہ کی سادگی، ممواد یا مہیا شدہ مشوریت، تحریری طور پر تمام کام کے دنوں میں بذات خود یا بذریعہ رجسٹری ڈاک زیر

دستخطی کے دفتر واقع ہے اور اس کے سو قیام ہیں

’کھاتے کھوس‘ نئی دہلی 110001 میں جمع کریں۔

(ڈاکٹر آراین پیشیا)

010-62272000

وہاں سے پہلے سے میرا دل اس سے پکڑا ہوا تھا۔ میں نے اس سے پہلے ہی اس سے پکڑا ہوا تھا۔ میں نے اس سے پہلے ہی اس سے پکڑا ہوا تھا۔

Published in:-

Quami Awaz

THE QUESTIONNAIRE**PART-I
PRELIMINARY**

- 1.1 Give the name and address of the hospital, dispensary, maternity centre, and institution, rendering medical services to general public.
- 1.2 Whether it is registered. If yes, state under what Act, Attach a copy of registration certificate.
- 1.3 Give the name, address, telephone and fax number of the charitable Trust, Society, Association or any other body which runs hospital, institution.
- 1.4 A copy of the trust deed, memorandum and articles of association or any other document governing the institution may be provided.
- 1.5 Whether the hospital, institution has been allotted land on concessional basis. If yes, state the name of the recommending agency.
- 1.6 Give the name of land allotment agency.
- 1.7 Give the date of allotment.
- 1.8 Mention the area and location of the land allotted.
- 1.9 A copy of the allotment letter should be provided.
- 1.10 Whether additional land was allotted subsequently. If yes give the date, area and conditions of additional allotment.
- 1.11 State the total area of land held by the hospital, institutions.
- 1.12 Whether any land was purchased privately. If yes, state the area.
- 1.13 Whether any terms or conditions regarding free medical treatment to poor patients was stipulate either in the letter of allotment or otherwise.
- 1.14 Mention the conditions of allotment
- 1.15 Whether such terms & conditions have been fully complied with. If no, give reasons. If partially complied give details.
- 1.16 The proof of compliance of such terms and conditions to be provided.

Whether the conditions regarding commencement and completion of construction work were stipulated.

Whether such conditions were fully complied with. If yes, give the proof thereof, if not give reasons.

If construction is not completed, give reasons and an estimate of time when will it be completed.

- 1.20 Whether Govt. or Civil Body supplies the hospital, institution free or at concessional rate electricity, water or other commodity or facility. If yes, give details.
- 1.21 Whether any part of the land allotted on concessional rate for hospital, institution is used for residential quarters of medical staff? If yes, give proportion of land used for such quarters.
- 1.22 Whether any part of the concessional land is used for any other purpose. If yes, give details of the purpose and proportion of the land so used.
- 1.23 Whether any part of the concessional land is transferred or alienated to any other party. If yes, give details.

PART-2 FUNCTIONAL

- 2.1 Mention the date of commencement of medical treatment in the hospital, institution.
- 2.2 State the number and names of disciplines in which treatment is given.
- 2.3 Give the normal timings for OPD patients on working days.
- 2.4 Whether emergency service is provided. If yes, give details, if no, give reasons.
- 2.5 Give the total number of patients treated as outdoor (OPD) in each discipline during the last 3 years.
- 2.6 Give the total number of Indoor (OPD) Patients treated in each discipline during the last 3 years i.e. 1997-98, 1998-99, 1999-2000.

- 2.7 Mention the total number of beds available for IPD patients.
- 2.8 Give the number of OPD patients treated free or on concessional payment during last 3 years.
- 2.9 Give the number of patients treated as IPD patients on partial payments during last 3 years.
- 2.10 Whether treatment was refused to some OPD patients, in certain circumstances, during last one year. If yes, give the number and grounds for refusal.
- 2.11 Whether admission was refused to some of the IPD patients, in certain circumstances, during the last one year. If yes, state the number and grounds for such refusal.
- 2.12 Mention the extent of concession granted, in relation to full payment and the total cost of such free and/or concessional treatment.
- 2.13 Specify the criteria adopted for granting partial concession in each discipline.
- 2.14 Is there any internal monitoring mechanism of free services to be provided to poor patients
- 2.15 Whether the hospital accounts are audited annually. If yes, provide a copy of the balance sheets of last 3 years, if not, give reasons.
- 2.16 Whether there is annual internal audit of the hospital, institution accounts. If yes, give details, if no give reasons.
- 2.17 Whether the hospital, institution accounts are published for general information. If yes, give details, if no give reasons.
- 2.18 Give names and brief accounts of specialities and super specialities, in medical treatment given to the OPD and IPD patients.
- 2.19 Whether monthly, bi-monthly, quarterly or annual reports of services in OPD and IPD are compiled and published by the hospital authorities. If yes, attach the reports of last 3 years.

PART-3

MODALITIES OF FREE TREATMENT TO OUTDOOR PATIENTS (OPD),

- 3.1 Give the number of working days for OPD patients during each of last three years (year-wise) i.e. 1997-98, 1998-99, 1999-2000.
- 3.2 Whether free services are provided to poor patients in the OPD. If yes give the number of patients given free treatment in OPD for last three years.
- 3.3 Mention the services provided free to poor patients in the OPD such as:
 - (a) Registration
 - (b) Consultation
 - (c) Investigations.
 - (d) Free supply of medicines
 - (e) Free minor surgery
 - (f) Emergency Services
 - (h) Other Services, if any (name them)
- 3.4 If no free treatment is given to poor patients in OPD, give reasons in detail.
- 3.5 Mention the criteria and mode for determining the eligibility for free treatment to the poor in OPD.
- 3.6 Whether the genuineness of the statements of the patients regarding poverty are ascertained, if yes state the procedure.
- 3.7 Whether on enquiry such statements are found to be false in some cases. If yes, give the number and how they are dealt with.
- 3.8 Whether free treatment is given during normal hours or at separate timings. State normal hours and separate timings, if any.
- 3.9 Whether poor OPD patients are required to pay any charges. If yes, state the amount and the services charged for.
- 3.10 State the services in which nominal or concessional charges are levied from the poor OPD patients, and the extent of concession.

- 3.11 Whether the hospital, institution is approved for the treatment of beneficiaries under Statutory / Govt. schemes like ESIS, CGHS, Armed Forces etc.
- 3.12 Whether free treatment facility to OPD patients is prominently depicted in the premises to inform the patients. If yes, the places where depicted, if no, give reasons.
- 3.13 Is any other method adopted to inform the public about the free treatment facility being given to poor OPD patients.
- 3.14 Whether expensive medicines are provided free to poor patients. If yes, give details. If no, give reasons.
- 3.15 Whether ordinary medicines are supplied free to poor patients or at concessional rates. If yes, give details, If no, give reasons.
- 3.16 Give names, addresses and telephone numbers, if any, of the poor patients given totally or partially free treatment in OPD during the last one year i.e. 1999-2000.
- 3.17 Whether relatives or acquaintances of the hospital, institution staff members are given free or at concessional rates treatment in OPD. If yes, give their numbers and extent of concession given in last one year i.e. 1999-2000.

PART-4

MODALITIES OF FREE TREATMENT TO INDOOR PATIENTS (IPD)

- 4.1 Give the number of working days for admission of Indoor patients (IPD) during last three years (year-wise) i.e. 1997-98, 1998-99, 1999-2000.
- 4.2 Whether free services are provided to poor Indoor patients in the IPD. If yes give the number of patients given free treatment in IPD for last three years.
- 4.3 Give the number of Indoor patients admitted daily during last one year i.e. 1999-2000.

- 4.4 If free treatment is not given to poor indoor patients, give reasons in detail.
- 4.5 Give the criteria and mode for determining the eligibility of the indoor patients for free treatment.
- 4.6 Whether the genuineness of the statements of the poor indoor patients is ascertained.
- 4.7 State the procedure followed for ascertaining the genuineness.
- 4.8 Whether on enquiry, any statement is found to be false. If yes, state the numbers and how they are dealt with.
- 4.9 Whether admission for free treatment to poor patients in IPD, is given at specified timings or at all 24 hours.
- 4.10 Mention the services provided free in the IPD such as:
- a) Registration,
 - b) Consultation,
 - c) Investigations,
 - d) Free supply of medicines
 - e) Free surgery major & minor
 - f) Emergencies,
 - g) Free Food
 - h) Other Services, if any (name them)
- 4.11 Whether poor Indoor patients are required to pay any charges at all, if yes, state the amount and the services charged for.
- 4.12 Give the total number of indoor patients treated in different disciplines during last three years.
- 4.13 Give the total number of beds in IPD in each different discipline.
- 4.14 Give the number of free beds reserved for poor patients in each discipline.
- 4.15 Mention whether they are used for paying patients when they are vacant. Give the number of beds so used in last one year i.e. 1999-2000.

- 4.16 Give the percentage of free beds reserved for poor patients in relation to the total number.
- 4.17 Give the total number of patients in IPD including paid patients during the past three years.
- 4.18 Give the total number of poor patients treated free in IPD during the last three years.
- 4.19 Whether the hospital, institution is approved for the treatment of beneficiaries under Statutory / Govt. schemes like ESIS, CGHS, Armed Forces etc.
- 4.20 State the number of operations of poor patients done in IPD during the last three years. Give separate figures for major & minor cases in each discipline.
- 4.21 Whether poor IPD patients are admitted to ICU in serious cases. If yes give percentage of paid patients and free patients so admitted, if no, give reasons.
- 4.22 Whether poor IPD patients are shifted to ICU, when necessary, after operation, If no, give reasons.
- 4.23 Whether free ambulance services are provided to poor IPD patients. If yes give percentage of free patients. If no, give reasons.
- 4.24 Whether free treatment facility is prominently depicted in the premises to inform the patients about free treatment facility. If yes, the places of depiction. If no, give reasons.
- 4.25 Whether any other method is adopted to inform the Public about the free treatment facility to IPD patients in the hospital, institution.
- 4.26 Whether expensive medicines and major or complicated operations facility are provided free to poor IPD patients? If yes, give details, if no, give reasons.
- 4.27 Whether free poor patients are lodged in separate wards or put with paying patients. If separate, give comparative level of service.
- 4.28 Whether the rest room or other facilities provided to the relatives who are permitted to look after free patients in the IPD.

4.29 Whether free IPD patients are provided with food. If yes whether that is of same standard as that of paying patients. If no, give reasons.

N.B. The Answers may be set out on the continuation sheets, to be attached to this questionnaire.

Please send your answers within one month from the receipt hereof.

ANNEXURE-E

Hospitals which have been allotted land by Govt. agency (as per information contained in reply to Questionnaire) for the year 1999-2000

S.No.	Name of Hospital	Area of Hospital	No. of Specialities	Total No. of Patients in O.P.D.	No. of patients treated free in O.P.D.	Total No. of patients in I.P.D.	No. of patients treated free in I.P.D.	Total No. of beds in I.P.D.	No. of beds for poor patients
1	Batra Hospital	11.03 acres	Multi-speciality	180,199	93394	16036	1312	310	Free Ward + 10
2	Escorts Hospital	17.285 acres	Cardiology	34914	19171	13228	3884	196	No demarcation of beds
3	St. Stephens Hospital	9.057 acres	Multi-speciality	454,786	192319	34124	3112	595	60
4	Sir Ganga Ram Hospital	11.965 acres	Multi-speciality	212,433	100%	43727	4042	492	97
5	Jaipur Golden Hospital	4.00 acres	Multi-speciality	92,442	92442	11902	1268	230	60
6	National Heart Institute	4413 Sq. Yards	Cardiology	11,274	1044	2670	16	80	8
7	Mata Chanan Devi Hospital	9680 Sq. Yards	22 specialities	112,942	13045	8774	945	180	20
8	B. L. Kapoor Hospital	5.00 acres	demolished	2,610	2610	655		150	20
9	G. M. Modi Hospital	15.00 acres	Multi-speciality	36,837	16014	4133	543	101	25
10	Dharamshila Cancer Hospital	13157 Sq. Mtrs.	Oncology	10732	3944	2532	274	49 out of 100	Separate Ward
11	Pushpawati Singhanla Research Institute for Liver, Renal and Digestive Diseases	2.00 acres	Liver, Renal	12801	614	1748	87	37	No demarcation of beds
12	Indian Red Cross Society	2.00 acres	Multi-speciality	14,725	780	1463	N.A.	36	36
13	Deepak memorial Hospital	8413 Sq. yards	Multi-speciality	35,993		3556	263	48	12
14	Indraprastha Apollo Hospital	15.00 acres	Super Speciality	58,589	113	23114	475	509	150 + 13 ICU
15	VIMHANS	3.80 acres	Neuroscience, Orthopaedics	Average 100	N.A.	N.A.	N.A.	100	Not mentioned

S.No.	Name of Hospital	Area of Hospital	No. of Specialities	Total No. of Patients in O.P.D.	No. of patients treated free in O.P.D.	Total No. of patients in I.P.D.	No. of patients treated free in I.P.D.	Total No. of beds of beds in I.P.D.	No. of beds for poor patients
16	Sunder Lal Jain Charitable Hospital	3.14 acres	Multi-speciality	69782	69782	8158	1252	109	25
17	Veeranwali International Hospital	2.00 acres	Multi-speciality	7,627	7627	181	65	25	6
18	Mai Kamali Wali Hospital	375 Sq. Mtrs.	Multi-speciality	16,443	All free	440	204	9	5
19	Mool Chand Hospital	9 acres	Multi-speciality	44,152	N.A.	6258	492	262	75
20	Shanti Mukund Hospital	6907.64 Sq. Mtr	Multi-speciality	21,743	All free	6086	598	90	22
21	Khosla Hospital	9680 Sq. Yards	Multi-speciality	14210	Figure not available	652	426 (concessional)	100	10
22	Jeeven Anmol Hospital	1.162 acres	Multi-speciality	Established in 1999-2000.	Not much details provided			20	5
23	Bhagwan Mahavir Hospital	404 Sq. Mtrs	Multi-speciality	45,744	All free	2106	210	38	4
24	Janki Das Kapoor Hospital	1.5 acre	Multi-speciality	724	Concession to 15%	724	10-15%	45	Not clearly mentioned
25	Pentamed Hospital	135 Sq. Mtrs	Multi-speciality	550 approx	Not given	2374	Approx. 20%	24	Not mentioned
26	Jivodaya Hospital	0.84 acres	Multi-speciality	39,784	7437	2887	227	65	No demarcation of beds
27	Rajiv Gandhi Cancer Institute	4.17 acres	Oncology	7,002	2335	7263	401	139	10% free beds

Following hospitals have been allotted land by the Government but no information has been received to the Questionnaire

- 1 Indian Spinal Injuries Centre, Vasant Kunj
- 2 National Chest Institute, Neeti Bagh
- 3 Sita Ram Bhartiya Research Institute (A letter was received that the information is will be supplied shortly)

MINUTES OF THE FIRST MEETING OF THE HIGH LEVEL COMMITTEE
HELD ON 4.7.2000

The first meeting of High Level Committee was held on 4.7.2000 at 3.00 p.m. under the chairmanship of Justice A.S.Qureshi in the conference room of Dean, Maulana Azad Medical College, New Delhi. All the members of the Committee attended the meeting except one member Sh. O.P. Vaish, Advocate, Supreme Court, who had expressed his inability to attend.

1. The Chairman welcomed the members and after a brief introduction of members called the meeting to order. A paper with 13 points was drawn up by the chairman containing the details regarding suggested broad out lines of the enquiry. It was circulated to all the members to elicit their views, and to become the basis of discussion at the meeting.
2. The Committee decided to invite the views and representations of the general public through a public notice to be published in the three daily news papers of wide circulation in the NCT of Delhi to reach the Committee's office within 15 days of the publication of notice. The three newspapers selected were 1) The Times of India 2) The Hindustan Times and 3) Nav Bharat Times. The committee also decided to visit certain selected hospitals for site inspection, after the hospitals have responded to the questionnaire to be circulated to all the hospitals covered under this enquiry. It was noted that earlier a questionnaire was circulated by the low level committee appointed earlier to which some hospitals had responded. The questionnaire now to be circulated may either be modified or may be entirely fresh as determined by the Chairman.
3. The Chairman mentioned that the committee consisted of very senior and experienced members whose knowledge and experience will be beneficial to conduct an effective enquiry. The Chairman further mentioned that all material brought before the committee would be fully discussed in detail and that the enquiry would be comprehensive and will cover all the aspects of various issues before it. The Chairman also mentioned that the committee will adopt a policy of eliciting material in a co-operative and constructive spirit. As far as possible the conflict or confrontation will be avoided.

4. The Chairman mentioned that the present provisions of law will be gone into carefully to find out whether there are any deficiencies or lacunae which required to be corrected through amendments or whether entirely new legislative provisions will have to be brought in. In either case a draft amendment of legislation will have to be prepared by the committee. The Chairman clarified that in this respect the primary responsibility will be his.

5. With the permission of the Chair Sh. Ramesh Chandra suggested that the copies of the lease deeds should be made available to the members to know the conditions of allotment of land. The Chairman and members agreed to the suggestion. The Chairman pointed out the earlier some lease deeds did not contain any terms and conditions, but later the lease deeds did contain terms and conditions. The chairman mentioned that the committee would have to go into all these cases and consider whether uniform terms and conditions can be imposed on all the hospitals which have been allotted land on concessional rates for uniformity and in the interest of the poor patients.

6. Dr. K.C. Mahajan pointed out that some institutions were found to be allotted land without any conditions. They should be brought in line with other similar institutions and their compliance should be monitored.

7. Sh. Sharda Prasad, Commissioner, Land Disposal, DDA pointed out that if initially there were no conditions while allotting the land, imposing conditions now may pose legal problems. However, the chairman said that the committee will consider whether such conditions can be imposed now for the sake of uniformity and in the interest of the general public, especially the poor

8. Sh. R.K Takkar, Managing Director of IMCL offered that some of the members of this committee are associated with hospitals that have been allotted land. Therefore, the committee should go to these hospitals even without waiting for their response to the public notice. He raised three points as below:

- i) We may enquire from the progressive States if such conditions exist in the allotment of land and their experience.
- ii) Public notice may not evoke any response from the public, therefore, we may approach some consumer activists, individuals and other known associations.
- iii) The provision of free services to be provided, if it could be related to health insurance schemes.

9. The Chairman welcomed the idea of obtaining response from other State Governments regarding their experience with granting land, terms and conditions, whether they are followed or not, the problems they faced and how they are enforcing the conditions. Secretary (Health) agreed to write to other States and Director (Health) agreed to write to some consumer activists, advocates and other professional bodies such as DMA etc.

10. Commissioner, Land Disposal (DDA) Sh. Sharda Prasad and representatives of L&DO, Ministry of Urban Development took the responsibility of supplying the list of all allotments of land with or without conditions, their lease deeds and how far they have been complied with, to the Committee as early as possible.

11. The issue of fixing the date and day of next meeting came to be discussed. It was decided that Saturday, Sunday and Tuesday be avoided. Therefore, the next meeting was fixed for 12th July i.e. Wednesday at 3.00 p.m. in the conference room of Dean, M.A.M. College.

The meeting ended with vote of thanks to the chair.

Sd/-
(DR. R.N. BAISHYA)
MEMBER SECRETARY

Sd/-
(JUSTICE A.S. QURESHI)
CHAIRMAN

MINUTES OF THE SECOND MEETING OF THE HIGH LEVEL COMMITTEE
HELD ON

The second meeting of High Level Committee was held on 12.7.2000 under the Chairmanship of Justice A.S. Qureshi at 3.00 PM in the Committee room of M.A.M.College. All the members except 3 were present. Mr. A.L. Batra, Trustee of Batra Hospital sent a fax message showing his inability to attend the meeting. The other two members namely the representative of L&DO, Ministry of Urban Development and Dr. K.C. Mahajan, did not give prior intimation regarding their inability, therefore, the reason for their non attendance is not known.

The Chairman after welcoming the members called the meeting to order and took up the agenda for consideration.

Item No. 1

The Committee approved the minutes of the first meeting, held on 4.7.2000, with slight modification. Mr. R.K. Takkar, pointed out that Para 9 clause (iii) of the minutes required slight modification because what he meant was that provisions of free services to be provided could be related to the Health Insurance Scheme or any other similar scheme. The Chairman clarified that the apart from Health Insurance Scheme there may be some other schemes also that any such scheme would be complementary. With this modification the minutes were approved by the meeting.

Item No. 2.

It was suggested that the public notice already published in 3 newspapers should be published in some more daily newspapers also, with a view to reach out to larger number of people. The meeting decided that the public notice should be published in 2 or 3 more daily newspapers. Sh. O.P. Vaish, said that the notice should be published in one Urdu language news-paper also. The Committee thereafter decided that the public notice should be published in Dainik Jagran and Punjab Kesri (both Hindi) and Quomi Awaz (Urdu).

Item No.3

The Commissioner, Land Disposal, DDA, Sh. Shanta Prasad, submitted to the Chairman a list of Charitable institutions whom land was allotted for establishing hospitals/institutions etc during the period 1983 to 2000 along with a copy of Nazrul Rules under which the Govt. land is allotted to charitable institutions for construction of Hospitals etc. The Chairman after perusal of the list decided that all the allotments made for the purpose of Hospitals etc. before 1983 may also be submitted at the earliest. The Commissioner, Land Disposal, DDA, said that such information is being collected and a further list will be submitted soon. The Chairman took a serious view of the L&DO representative for not attending the meeting and not informing the reasons for his absence, because the said representative had undertaken to submit a list of allotment of land on concessional basis to charitable institutions for constructing hospitals etc. The Chairman also pointed out that in absence of the required information, the work of the committee would be hampered. The Chairman expressed hope that there would be better co-operation from the L&DO representative in future. The members desired that a copy of Nazrul Rules and the allotment letters containing conditions, for providing free treatment to poor patients should be circulated to all the members. The Chairman agreed and directed the Member Secretary to circulate copies of the above documents to all members as soon as possible.

Item No.4.

The members also desired that all the charitable hospitals and institutions should be directly approached to obtain information regarding grant of land and whether the construction was completed fully or partly. The Chairman agreed to the suggestion and pointed out that such information would be elicited through the questionnaire and that if necessary individual letters may also be sent to certain hospitals and institutions. After some discussion the members agreed that each member will furnish the names of individuals and institutions that may be approached directly. Regarding the text of the letter to be issued in this behalf was left to the Chairman and Member Secretary. The Chairman stated that such letters will be sent after the members furnish the names and addresses of the individuals and institutions whom they desire to be approached:

Item no. 5

With the permission of the Chair Sh. R.K. Takkar, suggested that the Committee might invite the details of free services being provided to the poor patients by the Govt. Hospitals

such as RML Hospital, AIIMS, GB Pant Hospital, LNJP Hospitals etc. The Chairman agreed to the suggestions and directed the Member Secretary to elicit such information from these and other Govt. Hospitals.

Sh. O.P. Vaish suggested that in future the Committee meetings might be held a little later than 3.00 P.M.. After some discussion on the point the Committee decided that the meetings may be held at 4.00 p.m. instead of 3.00 p.m. to suits the convenience of all the Committee members. Accordingly the next meeting is to be held on 31.7.2000 at 4.00 p.m. in the Conference Room of M.A.M. College.

The meeting ended with vote of thanks to the Chair.

Sd/-
(DR. R.N. BAISHYA)
MEMBER SECRETARY

Sd/-
(JUSTICE A.S. QURESHI)
CHAIRMAN

MINUTES OF THE THIRD MEETING OF HIGH LEVEL COMMITTEE
HELD ON 31.7.2000.

The Third meeting of High Level Committee was held on 31.7.2000 under the Chairmanship of Justice A.S. Qureshi in the conference room of Dean's office MAMC. All the members attended the meeting. The Chairman welcomed the members and called the meeting to order at 4.00 p.m. sharp.

The Chairman took up the agenda items at seriatum. At the outset the representative of L&DO submitted a list of 5 hospitals/institutions to whom the land was allotted. The representative of DDA also submitted the supplementary list of some more hospitals who were allotted land on concessional rates. The Chairman desired to know the names of Govt. hospitals/institutions also who have been allotted land by the govt. The Chairman was assured that the information would be supplied. Some members complained to the Chairman that the fax copy of the minutes of second meeting was not clear or complete. Some of them produced their copies, which were defective. Some members also complained that they had not received copies of Nazrul Rules and proforma allotment letter. The Chairman expressed surprise and directed that the Member Secretary to see that such mistakes do not occur in future. The Chairman further directed the Member Secretary would ascertain from the members on phone whether they have received the copies of the documents sent to them. The Member Secretary assured that this would be done.

ITEM NO.1.

The members unanimously approved the Minutes of the 2nd meeting held on 12.7.2000.

ITEM NO.2.

The Chairman had prepared a draft of the questionnaire to be sent to hospitals/institutions to elicit information regarding the subject matter of the enquiry. A draft questionnaire was circulated to the members a few days before the meeting to invite suggestions and comments. Accordingly Chairman asked the member whether there were any suggestions to make improvement in the questionnaire. Shri O.P. Vaish expressed his doubt whether

this Committee could issue such a questionnaire at all. He inquired as to what was the authority under which the Committee could issue such a questionnaire. Moreover he also said that the questionnaire was very comprehensive and some hospitals/ institutions may not have kept proper records or may not have wherewithal to reply to the questionnaire. The Chairman replied by pointing out that the terms of reference of this committee required information on the basis of which a report could be prepared and suggestions given to rectify, to regulate and to have a uniform policy regarding giving free medical service to the poor and deserving patients. The Chairman also pointed out that without the requisite information the whole purpose of the enquiry would be frustrated and effectively killed. The Chairman directed the Member Secretary to read out the Term of Reference, which he did.

The third point, which Sh. Vaish raised, was that the questionnaire may be sent only to the hospitals / institutions who are allotted land free or on concessional basis. The fourth point which Sh. Vaish raised was that the hospitals/ institutions should not be asked whether they have been given land free or on concessional rates. This fact, according to him, should be ascertained from the records of the allotting agencies such as L&DO and DDA. With regard to third point the Chairman pointed out that at the stage of gathering information it would be better to sent out the questionnaire to all hospitals, irrespective of whether they have been allotted land concessionally or not, because the information supplied by the hospitals who have not been given any land concessinally and yet, out of charitable motives, if they give free medical services it would be useful information for recommending a uniform policy. Regarding the fourth point of Mr. Vaish the Chairman stated that while the L&DO and DDA may supply information, but there is no legal impediment in asking the hospitals / institutions as to whether they have been so allotted land or not. They know better whether they are allotted land or not. Moreover the Govt. records may not be easily available. Sh. Vaish also felt that the Chairman was keen on the questionnaire being sent because he has prepared the draft. Therefore, perhaps, he is emotionally involved in getting it through. The Chairman stated that he was not emotionally or otherwise involved with the questionnaire and invited the members to submit their own questionnaires, if they so desired. Shri Vaish said that he will do the exercise in this regard and promised to give it by 7.8.2000 as the fourth meeting was fixed for 9.8.2000.

Sh. Vaish also stated that the questionnaire is very comprehensive and, therefore, in getting all the information and scanning it would take long time and the enquiry, which is to be completed in three months, may not be completed even in three years. The Chairman replied that the enquiry can be completed in four or five months, if there is

proper cooperation from all concerned. In any case the enquiry will be completed within six months.

Sh. Vaish further wanted to know what would be the method of deciding points which are discussed in the meeting. The Chairman stated that we are functioning in a democratic way and therefore, in the event of difference of opinions the majority view will prevail.

Sh. Ramesh Chandra felt that the hospitals/ institutions may find it difficult to give information regarding their functioning for last four years, because many of them may not have proper records of their own. The Chairman pointed out that if some hospitals have not maintained records properly or have some difficulty, they may say so. We shall be considerate. But those, who are willing to give, should not be prevented.

Sh. Sharda Prasad also felt that getting such detailed information may increase the bulk of work, which may require lot of work to collect and collate and it may take a long time. The Chairman pointed out that we have the computer and staff to get the work done promptly and efficiently within reasonable time. Therefore, we need not be afraid of the volume of the work.

Dr. K.C. Mahajan stated that vital information is necessary for the report. Therefore, the questionnaire may be sent to the hospitals / institutions.

After a detailed discussion agenda item number two was directed to stand over for further consideration in the fourth meeting to be held on 9.8.2000.

ITEM 3.

Dr.K.C.Mahajan gave a list of persons whom individual letters may be sent, the same was taken on record. The Chairman directed the Member Secretary to write to them. No other member gave any name.

ITEM 4.

The Chairman informed the members that the representations are being received from individuals and institutions in response to public notice and that some of those are quite important. They have been marked out for discussion in meetings and for appropriate

action. Some more representations are expected to be received in course of time.

ITEM 5.

Some members suggested that a list of members with their addresses, telephone numbers, fax numbers etc. should be circulated so that internal communication between members can be made easy. The Chairman directed the Member Secretary to prepare such a list and send it to all the members.

The date of the fourth meeting was fixed to be held at 4.00 p.m. on 9.8.2000 at the same venue.

The meeting ended with a vote of thanks to the Chair.

Sd/-
(DR. R.N. BAISHYA)
MEMBER SECRETARY

Sd/-
(JUSTICE A.S. QURESHI)
CHAIRMAN

MINUTES OF THE FOURTH MEETING OF HIGH LEVEL COMMITTEE
HELD ON 9.8.2000.

Fourth meeting of high level committee was held on 9.8.2000 under the chairmanship of Justice A.S. Qureshi, at 4.00 p.m. sharp in the Conference Room of M.A.M.College, New Delhi. All the members attended the meeting except Sh. O.P. Vaish who intimated his inability to attend the meeting. Additionally Sh. Kirtania, Dy. Land Development Officer alongwith a representative of L&DO attended the meeting.

The Chairman after welcoming the members called the meeting to order sharp at 4.00 P.M. and informed the members that Mr. O.P. Vaish had not sent the questionnaire as was promised by him in the last meeting. Instead he has sent a letter along with a request to circulate the letter among the members. The Chairman promised to take up the issue of contents of the letter last and took up the agenda of the meeting for discussion.

ITEM NO. 1

The minutes of the third meeting was taken up first and with two modifications that the name of Mr. Sharda Prasad was wrongly mentioned and the points raised by Secretary (Health) to be included in the questionnaire were not found incorporated in the minutes. The Member Secretary regretted the mistake committed in writing the name of Sharda Prasad and promised to include the points raised by Secretary (Health). The points raised were as under:-

1. The cost of free services incurred by patients and total costs involved.
2. Is there any internal monitoring mechanism of free services to be provided to poor patients.
3. If the institution has displayed the list of free services to be provided.
4. Whether the institution obtained any kind of benefits from the Govt., on extending free services.

With the above corrections the minutes were unanimously approved

ITEM NO. 2

Chairman mentioned that the questionnaire that Mr. Vaish had promised to give on 7.8.2000 was not received. Instead a letter was received on 8.8.2000 which Mr. Vaish wanted to be circulated to the members accordingly the Chairman got the copies of Mr. Vaish's letter circulated to the members. The Chairman asked the Member Secretary to read out the contents of the letter of Mr. Vaish and discussion was held on the points raised therein. The Chairman pointed out that there was no question of enlarging the terms of reference. The Committee has no power to enlarge it. However, the Chairman stated that at the stage of gathering information there is no legal impediment to sending the questionnaire to the hospital who have not been allotted land by the Govt. Mr. Sharda Prasad pointed out that under the terms of reference only those hospital were required to be considered who were allotted land. The Chairman pointed that at the stage of gathering information the questionnaire may be sent to all the hospitals irrespective of their being allotted land or not, however at the time of preparing report of making recommendations the Committee will strictly adhere to the terms of reference and restrict it to the beneficiary hospitals only. The Chairman also pointed out that those hospital who are willing to give information even though they may not have been allotted land should not be prevented from supplying information. If some hospitals do not responds or do not give full information the committee need not take harsh stand against them.

The Commissioner Land Disposal submitted a list of Govt. Institutions who are allotted land and gave a background regarding allotment of land to charitable societies and the terms and conditions imposed, however, added that there was no proper referral system from different persons for allotment of land. Dr. K.C. Mahajan pointed out that first we should collect information and then only the referral system can be suggested to which Chairman agreed.

Sh. A.L. Batra suggested that we should fix a time limit for gathering information, to which all the members agreed. A detailed discussion was held on each question of the questionnaire in part I and II and the members suggested some important modifications. The Chairman took note of all the suggestions and requested to re-draft the Part I & II of the questionnaire. Regarding Part III & IV the Chairman requested all the members to read them carefully and to bring out suggestions in the next meeting of the Committee, for finalization of the questionnaire. Dr. K.C. Mahajan suggested that since Shri O.P. Vaish was not present, he may also be requested to bring out suggestions regarding Para III & IV for this purpose. This item was directed to be carried over to the next meeting for further consideration.

ITEM NO. 3

The contents of the covering letter to accompany the questionnaire were discussed and the suggestions made by the members were incorporated therein.

The Chairman informed that he would be away for some time, therefore, the next meeting may be held thereafter. It was agreed by all the members to hold the next meeting on 28.8.2000 (Monday) at 4.00 P.M. in the conference room of M.A.M. College, New Delhi.

Meeting ended with vote of thanks to the Chair.

Sd/-

(DR. R.N. BAISHYA)
MEMBER SECRETARY

Sd/-

(JUSTICE A.S. QURESHI)
CHAIRMAN

MINUTES OF THE FIFTH MEETING OF HIGH LEVEL COMMITTEE
HELD ON 28.8.2000.

The fifth meeting of the Committee was held on 28.8.2000 at 3.00 p.m. sharp, under the Chairmanship of Justice A.S. Qureshi, in the Conference Room of Maulana Azad Medical College, Delhi. All the members attended the meeting. The Chairman welcomed the members and called the meeting to order and took up agenda items.

Item No. 1

The committee approved the minutes of the fourth meeting held on 9.8.2000.

Item No.2

The Chairman briefed that the Part I & II have already been discussed and the points suggested by the members have been incorporated. Part III & IV were discussed in detail and all the members contributed valuable suggestions for each of the questions. It was approved by the Committee that after incorporating the various suggestions made by the members the questionnaire may be sent to all hospitals and Nursing Homes registered with the Directorate of Health Services, including Govt. run Hospitals, for gathering information.

Item No. 3

It was also decided to collect year-wise information for the last three years instead of four, and the institutions may be given a month's time from the date of receipt to send the information sought in the questionnaire. If the information is not made available by some institutions within a month a reminder should be sent to them.

Item No.4

At the request of the Chairman the Member Secretary read out a note on the progress made so far by the Committee. All the members were satisfied with the progress. Some members opined that the copies of letters received in response to public notice might be circulated amongst the members, which was agreed to by the Chairman.

Item No. 5

One member suggested that the entire Committee may remain present at the time of recording the statements of witnesses so that different members may question the witnesses on different points. Another member suggested that the Chairman and two or three members only might remain present. Yet another member suggested that Chairman alone may remain present and ask such questions to the witnesses as he deems fit and there is no need for any other member to remain present. The Chairman stated that the normal practice is that the Chairman alone records the statements of witnesses. However, the Chairman also stated that if he has the assistance of one or two members who are conversant with the workings of hospitals it would be useful. Ultimately the Committee decided that the Chairman alone will remain present and record the statements of witnesses and ask such questions as he deems fit and proper.

Item No. 6

No member raised any other issue. Hence the meeting ended expressing its thanks to the Chairman.

It was decided by all the members to hold the next meeting of the Committee on 6th October 2000 (Friday) at 3.00 p.m. in the Conference Room of Maulana Azad Medical College, New Delhi.

Sd/-
(DR. R.N. BAISHYA)
MEMBER SECRETARY

Sd/-
(JUSTICE A.S. QURESHI)
CHAIRMAN

MINUTES OF SIXTH MEETING OF HIGH LEVEL COMMITTEE
HELD ON 6.10.2000

The Sixth meeting of the Committee was held on 6.10.2000 at 3.00 P.M. under the Chairmanship of Justice A.S. Qureshi in the Conference Room of Maulana Azad Medical College, Delhi. Four members had informed their inability to attend the meeting due to some other pressing engagements. However, no communication was received from Sh. Ramesh Chandra, Executive Director, Times of India. The Chairman and following members attended the meeting: -

1. Sh. R.K. Takkar, MD, IMCL
2. Dr. K. C. Mahajan, Sr. Consultant, Sir Ganga Ram Hospital.
3. Sh. Singla, representative of L & DO.
4. Dr. R.N. Baishya, Director Health Services.

The Chairman welcomed the members and called the meeting to order and took up agenda items.

Item 1

The committee approved the minutes of fifth meeting held on 28.8.2000 unanimously.

Item 2

The Chairman informed the Committee that the questionnaire is sent to all the hospitals and nursing homes in Delhi totaling about 450 including private and govt. ones by ordinary post.

The members enquired whether all of them have received the questionnaire sent to them. It was suggested that the confirmation may be obtained telephonically from the institutions and if the questionnaire has not been received by some institutions, another may be sent to them by registered post or by courier service. It was agreed that the name and designation of the person from whom the information is obtained on phone may also be noted.

It was proposed that representatives of about 10 government hospitals, and about 10 non-government hospitals and about 5 representatives from among the persons and institutions who have responded to the advertisement may be called for recording their statements. The numbers may be varied if need be.

Item 3

It has been covered in item 2.

Item 4

Regarding important points on which witnesses may be questioned, Mr. Takkar, volunteered to give points and Dr. K. C. Mahajan volunteered to assist him to which the Chairman agreed and appreciated the gesture.

Item 5

It was decided that only the important material would be circulated among the members. The rest of the material would be available for inspection for members.

Item 6

No other question was raised by any member.

The meeting ended with vote of thanks to chair after deciding the next date of meeting on 30.10.2000 (Monday) at 3.00 P.M. in the Conference room of Maulana Azad Medical College, New Delhi.

Sd/-
(DR. R.N. BAISHYA)
MEMBER SECRETARY

Sd/-
(JUSTICE A.S. QURESHI)
CHAIRMAN

MINUTES OF THE SEVENTH MEETING OF HIGH LEVEL COMMITTEE HELD ON 30.10.2000

The Seventh Meeting of the High Level Committee was held in the Conference Room of the Dean's Office at Maulana Azad Medical College, New Delhi on 30.10.2000 at 3.00 PM sharp. The meeting was attended by all members, except two. Shri O.P. Vaish was out of station and Dr. R. N. Baishya had sent the intimation regarding his inability to attend the meeting. Both were granted leave of absence.

The Chairman welcomed the members and took up the agenda of the meeting, item-wise.

ITEM 1

The minutes of the Sixth meeting were unanimously adopted.

ITEM 2

The Chairman informed the members that in response to the Questionnaire, the Committee has so far received a total of 32 replies. Out of these, 26 were from the private and 6 from the govt. hospitals. The govt. institutions had simply mentioned that they provide all treatments free. No details were however, supplied as required in the Questionnaire. The rest of the hospitals had given a single line answer stating that they have not been given land by the govt., therefore the Questionnaire was not applicable to them. The details provided by 6 institutions are being compiled on the record of the Committee. The replies are being received daily from private institutions.

ITEM 3

The Chairman appreciated the points suggested by Sh. R. K. Takkar and Dr. K. C. Mahajan for the purpose of questioning the witnesses. The points suggested by them are in some details. The copies of the suggestions were circulated to the members in the meeting. They were considered by the members and approved. The Chairman pointed

out that there are a few more points which are required to be included, such as the display or publicity given by the hospitals informing the patients about the free treatment being provided. The Chairman requested the members to make further suggestions, if any, on the points of enquiry from the witnesses while recording their statements. The members promised to add further points which would be considered in the next meeting.

ITEM-4

In the Sixth Meeting, it was decided that Committee office should find out individually from the hospitals / nursing homes as to whether they have received the Questionnaire sent to them earlier. Accordingly, the Committee office had enquired from the institutions and found that some of them had not received the Questionnaire. The members suggested that the Questionnaire may be sent afresh to those institutions either by Registered AD Post or through a reliable courier service to ensure that those institutions have in fact received it this time. Accordingly the Chairman instructed the office to find out a reliable courier service and send the Questionnaire afresh to those who have not received it. It was also considered that individual letters be written to those institutions to comply with the information sought in the Questionnaire, even by those institutions who have not received any land from the govt., either free or at concessional rate.

ITEM-5

With the permission of the Chair, it was discussed that some of the hospitals / institutions should be visited for the site inspection. It was decided that a list should be prepared of the institutions which may be visited for the site inspection.

No further item was raised for discussion. Therefore, the meeting ended with a vote of thanks to the Chair, after deciding that the Eighth meeting will be held on 15.11.2000 at 3.00 PM sharp.

Note: Sh. Ramesh Chandra drew the attention of the Chairman that he had communicated his inability to attend the Sixth meeting through his staff. The same was, however, received here late. It has been taken note of and his leave is granted.

Sd/-

DR. R. N. BAISHYA
MEMBER SECRETARY

Sd/-

JUSTICE A. S. QURESHI
CHAIRMAN

MINUTES OF THE EIGHTH MEETING OF HIGH LEVEL COMMITTEE
HELD ON 15.11.2000

The Eighth meeting of the High Level Committee was held in the Conference Room of the Dean's office at Maulana Azad Medical College, New Delhi on 15.11.2000 at 3.00 P.M. All the members attended the meeting. The Chairman welcomed the members and called the meeting to order. The agenda of the meeting was taken up item-wise:

ITEM 1 :

The minutes of the Seventh meeting were unanimously adopted.

ITEM 2 :

The Chairman informed the members that further responses to the questionnaire are being received. The Chairman also informed that there were certain hospitals who have not responded till date. However, they have been persuaded to reply to the questionnaire although they may not have received land free or on concessional basis. It is expected that more responses will be forthcoming in the near future. Some hospitals/ institutions who had not received Questionnaire were sent by special courier service.

Some members had raised a query that there were certain hospitals/institutions who had obtained customs duty exemptions and other concessions from the government. It was suggested that those institutions should be sent additional questionnaire to find out the quantum of free services to the poor and needy patients in lieu of these large concessions. The Secretary (H&FW) informed that the Government of India had constituted a committee to go into that question and make recommendations in that regard. The meeting was also informed that the enquiry committee is in progress and the final recommendations are expected in due course. In view of this information, we should restrict our enquiry only to those institutions who had been allotted land on concessional rates.

ITEM 3 :

In the Seventh meeting, the Chairman had requested the members to add some more

points to those suggested by Sh. R.K. Takkar and Dr. K.C. Mahajan, especially with regard to the display of information that free services are offered in the hospital/institution to create awareness among the poor and needy patients. Unfortunately, there were no suggestions offered. Therefore, the Chairman instructed Sh. R.K. Takkar to add some more points to the list.

ITEM 4 :

As per records available with the DHS, a list of 27 institutions was prepared and circulated to the members to finalize the names of the hospitals, which should be visited for site inspections. On seeing the list, the representative of L & DO pointed out that major part of the land to the St. Stephen's hospital was allotted by DDA. This fact was taken note of and the Chairman directed that the appropriate correction may be made in the list. Out of the aforesaid list 16 have not responded to the questionnaire. It was decided that over and above, the 10 institutions, which have responded, another 10 or 12 names may be selected for site inspection. One of the members proposed that names of 10 institutions out of those who have not responded to the questionnaire so far. The Chairman agreed that the proposal to visit the hospital/ institutions for site inspections may be increased or short-listed as may be deemed fit.

ITEM 5 :

No other item was raised for discussion.

The meeting, therefore, ended with a vote of thanks to the Chair after deciding that the next meeting will be held on 30.11.2000.

Sd/-
(DR. R.N. BAISHYA)
MEMBER-SECRETARY

Sd/-
(JUSTICE A.S. QURESHI)
CHAIRMAN

MINUTES OF THE NINTH MEETING OF THE HIGH LEVEL COMMITTEE
HELD ON 30.11.2000

The Ninth meeting of the High Level Committee was held in the Conference Room the Dean's Office at Maulana Azad Medical College, New Delhi on 30.11.2000 at 3.00 PM sharp. All members except 4 members attended the meeting. Sh. Charan Mohan, Secretary (Health & Family Welfare) informed the Chairman in writing that he has to attend the Court and would not be able to attend the meeting. The other three members viz. Sh. Ramesh Chandra, Sh. O. P. Vaish and Sh. Sharda Prasad had telephonically communicated their inability to attend the meeting. Their request for leave of absence was granted. The Chairman welcomed the members and called the meeting to order. The agenda of the meeting was taken up in serial order.

ITEM 1

The minutes of the Eighth meeting were unanimously adopted.

ITEM 2

The Chairman gave a detailed account of the responses which were received. The Chairman also informed that the Questionnaire having been sent out afresh to those who have not received it earlier. In their case, the reply may be received a little later. The Directorate of Health Services has been keeping in constant touch with the hospitals and nursing homes with a view to see that their response is received as early as possible. Sh. R. K. Takkar has suggested a few more points to add to what he had already mentioned earlier, as requested by the Chairman.

ITEM 3

The names of the hospitals to be visited stood at 10 hospitals, from those who have responded to the Questionnaire and 10 or 12 of those who have so far not responded. The names of a few more hospitals, may be about 4 or 5, added later on as soon as responses from the remaining hospitals are received.

ITEM 4

The meeting discussed whether it would be necessary to visit the hospitals and ap

them of the date and the time of the visit. The meeting decided that the time and date may be determined by the Chairman in his discretion and that the management may be called upon to furnish necessary material regarding the allotment and other terms and conditions. To finalise the text of the letters to be sent to the hospitals / nursing homes to be visited was also left to the Chairman. Accordingly, the communications will be sent.

ITEM 5

The Chairman informed that the statement of three witnesses of the Workers' Solidarity was received by this office. The persons who appeared before the Committee on 24th November 2000 were Sh. A. Srinivas, Sh. Rajesh Gupta and Sh. Nagraj. They have produced a pamphlet containing lot of materials on Moolchand Hospital and what they term is 'CRITICAL CONDITION', a report on workers' in Delhi's private hospitals. It is published in the name of 'Workers Solidarity, February 2000'. The basic information about hospitals which are covered are 8. They are :

S.No.	Name of Hospital	Year of Estt.
1.	Seth Jessa Ram Hospital	1952
2.	Sir Ganga Ram Hospital	1954
3.	Tirath Ram Hospital	1955
4.	Mool Chand Hospital	1958
5.	B. L. Kapoor Hospital	1959
6.	S. L. Jain Hospital	1986
7.	Batra Hospital	1987
8.	Indraprastha Apollo Hospital	1995

Although they have given detailed information with regard to some hospitals and have promised to give some more information when they come again.

Dr. Pundir, who appeared before the Committee on 25 . 11 . 2000 was also working in the Mool Chand Hospital as Ayurvedic Physician from 1989 to 1995. The detailed account of their statements can be found in their statements.

No other item was raised for further discussion. The meeting, therefore, ended with vote of thanks to the Chair after deciding that the next meeting will be held on 20-12-2000 at 3.00 PM.

Sd/-

DR. R. N. BAISHYA
MEMBER SECRETARY

Sd/-

JUSTICE A. S. QURESHI
CHAIRMAN

MINUTES OF THE TENTH MEETING OF HIGH LEVEL COMMITTEE
HELD ON 20.12.2000

The 10th Meeting of the High Level Committee was held in the Conference Room of Dean's Office at Maulana Azad Medical College, New Delhi on 20th December, 2000 at 3.00 p.m. sharp under the Chairmanship of Justice A.S. Qureshi. All the members attended the meeting except three members Sh. O.P. Vaish, Sh. Ramesh Chandra, and Sh. R.K. Takkar who informed their inability to attend. Their request for leave of absence was granted.

The Chairman welcomed all the members and called the meeting to order. The agenda of the meeting was taken up in serial order.

ITEM 1 :

The minutes of the Ninth meeting were adopted unanimously.

ITEM 2:

The Chairman gave an account of the responses received from some of the institutions to whom the questionnaire was sent by courier which are being compiled. he also gave the details of his visit to B.L. Kapoor Hospital where he found that the whole structure has been demolished and the trustees informed that a new superspeciality hospital with 220 beds would be built. The Chairman was not satisfied with the copy of the Trust Deed available therefore he directed the trustees to submit the details of original Trust deed for B.L. Kapoor and the mode of succession of trustees. The Chairman also wanted to ensure whether the changes in the trustees has been allowed under Societies Registration Act, 1860. The papers related to B.L. Kapoor hospital desired by the Chairman have now been received and are being examined.

It was also pointed out by the members that changes in trustees has been done in case of other institutions also like, Khosla Hospital and Jessa Ram Hospital. The Chairman suggested that in respect of charitable hospitals, a high ranking Govt. Official should be a member in the governing body to keep check on various activities of the trust.

The Chairman also suggested that in case of B.L. Kapoor Hospital the Govt. should intervene to stop the construction at this stage as the whole scheme is to be gone into and proper sanction has to be obtained. Smt. Asma Manzar, Director (Lands) DDA, informed that NOC has not been obtained by them from MCD & DDA and DDA may get a letter issued from Vice-Chairman, DDA to stop the construction. The Chairman welcomed this step.

The additional points given by Sh. R.K. Takkar were accepted by the Chairman and all the members.

ITEM 3

After discussion the names of 18 hospitals were finalised for visiting in the months of January and February. It was also decided to circulate the names of these hospitals to all the members.

ITEM 4

The draft text of letter prepared by the Chairman to be sent to the hospitals and institutions was read out by Member Secretary and it was approved by all the members.

ITEM 5

No item was raised so no further discussion took place.

The meeting ended with the vote of thanks to the Chair with the decision to hold next meeting on 12.1.2001 at 3.00 p.m.

Sd/-

DR. R. N. BAISHYA
MEMBER SECRETARY

Sd/-

JUSTICE A. S. QURESHI
CHAIRMAN

MINUTES OF THE ELEVENTH MEETING OF HIGH LEVEL COMMITTEE

HELD ON 18.01.2001

The Eleventh meeting of High level Committee was held in the Conference room of Maulana Azad Medical College on 18.1.2001 at 3.00 p.m. sharp. All the members except Sh. Ramesh Chandra, attended the meeting. The Chairman welcomed all members and wished them a very happy and prosperous new year and called the meeting to order. The agenda items were taken up in serial order.

Item 1.

The minutes of 10th meeting were unanimously adopted and approved without any change.

Item 2.

The Chairman informed the members about his visit to the Mool Chand Hospital. The hospital had not responded to the questionnaire, which was sent to them earlier. Therefore the DHS, who is the Member Secretary of this High Level Committee, wrote to them to which the Mool Chand Hospital authorities replied. A copy of reply was circulated in the meeting and read out by the Member Secretary Dr. R.N. Baishya. The Chairman pointed out that during the visit on 17.1.2001, Sh. Sekhawat newly appointed Vice President of the Board of Trustees and another member of the Management received the Chairman and the Medical Superintendent Dr. Ashok Kumar Rana. During the discussion the Chairman emphasized the need for replying to the questionnaire by all Hospitals and Nursing Homes irrespective of whether they were allotted land by the Govt. or not. The same was required for collecting the database. The Chairman also showed him a list of documents and information required by the Committee. The next day Director Health Services sent an official letter. A copy of the letter is attached herewith.

In the meeting there was a detailed discussion regarding who could seek information from hospitals and nursing homes. It was agreed that D.H.S., as a registering authority, has power to seek information from hospitals and nursing Homes as and when required. However, the D.H.S. clarified that the Directorate has been collecting information pertaining to the registration and that this Committee has asked for additional information such as the lease agreement etc. which comes under the jurisdiction of the

land allotting agencies i.e. DDA or L&DO etc. The D.H.S. further said that he may take such action as he is directed to but initiative must come from the land allotting agencies. The representatives of both the allotting agencies cited some of the provisions of the relevant rules and part of the relevant portions of perpetual lease deed. Sh. Sharda Prasad, Commissioner (Lands), DDA said that the perpetual lease is for 99 years. If an allottee wants to sell it to any other party he has to take permission from the Lessor and has to pay 50 % charge, as increase in market value since allotment. He further stated that the institutional land is allotted only to the Societies registered under Societies Registration Act, 1860, at the rate applicable at the time of allotment on the recommendation of the Health Dept. of Govt. of N.C.T. of Delhi or of Ministry of Health Govt. of India. A condition is inserted at the recommendation of this department to provide free medical service to the poor and deserving patients. But unfortunately they have no machinery to enforce this condition or to find out whether the free medical treatment is provided or not to the poor patients. In absence of such machinery there is no information whether any free service to poor is provided or not. Therefore, this High Level Committee is constituted to suggest method for monitoring and to lay down the guidelines for the future. The Chairman and some members felt that for formulating the proper guidelines and for recommending appropriate measures, the terms of reference of this Committee are unduly narrowed down. Therefore, the Committee is hampered in its work. Some of the defaulting hospitals and nursing homes are evading or resisting or objecting to provide the necessary information to the Committee. The Chairman expressed his view that the terms of reference should have been comprehensive as this Committee is High Level and consists of able and experienced members numbering as many as ten. The Chairman also felt that this enquiry should have been constituted under the Commission of Enquiry Act with the powers of a Civil Court to summon witnesses, compel the production of relevant documents and to do such other things as are required for covering a wider ground of going into different aspects of illegalities, irregularities and improprieties committed by the hospitals and nursing homes, to set right so many wrong things being done by them especially by those who have been allotted vast tracts of valuable, prime lands. It was finally agreed that in spite of the handicaps this High Level Committee should evolve a formula whereby the limited objectives set out in the present terms of reference can be carried out.

The Chairman suggested that the DDA and L&DO would do well to describe the lease deed as "Long Lease" rather than calling it "Perpetual Lease". Obviously the DDA does not create a lease in perpetuity i.e. to last for ever. In fact such leases are intended to be for somewhat longish period, which may be fixed or preferably defined to mean 30 years. This would have double advantage. Firstly the lessee would not g

the notion that it is lease for ever, being equivalent to the ownership rights including the right to alienate. Secondly it would be open to the Lessor (DDA or L&DO) to renew it every 30 years and impose such terms and conditions as may be applicable at the time of the renewal. Moreover in the Lease Deed the word "Sell" should not be used, because in law the concept of sale is associated with the ownership rights and not with the lease. In fact every lease should be made non-transferable. Otherwise the lessees of these Govt. agencies would transfer the lease hold right to undesirable parties in selection of whom these public bodies would have no choice. The provision that the lessee can sell his leasehold rights to another party on payment of half the amount of "sale price" to the allotting agency is legally untenable and morally reprehensible. Today many hospital managements comprising of the Boards of Trustees are claiming that they are the owners of the land and can sell the same to any other body of persons and that the allotting agency is bound to sanction the transfer on payment of half the amount of increase in the "price". In fact some of the hospital managements have already done so, illegally and surreptitiously, wherein crores of rupees are said to have changed hands. Their trustees are force fully pleading that the new bodies should be allowed to take over and change the existing charitable hospitals on the Govt. allotted lands to become super specialty hospitals. The Chairman opined that this situation has arisen due to the ambiguities in the Lease Deeds, which describe the lease as "Perpetual Lease" and the wrong use of word "sell" and the word "price", in respect of the transfer of lease rights. The Chairman further suggested that the Govt. land allotting bodies should closely examine the legal position in this connection and remove ambiguities and redefine the parameters of the leasehold rights.

One member pointed out that while the DHS & DDA may proceed against the errant institutions for contravention of the terms of lease, the High Level Committee should proceed with whatever information we have received so far without waiting for further information so as to prepare the report within the time limit and within present terms of reference. The Chairman assured that it will be done. The tabulation work of information so far received is already under way. It was also suggested that, if necessary, an interim report can be prepared soon for recommending immediate action against some erring hospitals and nursing homes to prevent commition of gross violation by them of the terms and conditions of allotment of vast tracts of prime land. It was also agreed that DDA would provide necessary help to the Director, Health Services to obtain relevant information from institutions who have deliberately failed to respond. It was further agreed that the DHS may inform DDA & L& DO of contravention or violation of the terms and conditions, which comes to his notice so that appropriate action may be taken.

Item 3.

Sh. Sharda Prasad, the representative of DDA informed that some of the allottees of land had not started construction so far. They were allotted land after 1995. They were within the period of exemption and have been given time up to 30th June, 2001. Their allotment will be liable to be cancelled, if they do not start construction before that date.

Item 4.

The Chairman informed the Committee that some alterations were required in the list of hospitals, which was prepared for site inspection. All the members agreed that the Chairman may alter the list of hospitals as he thinks fit.

Item 5.

It was decided that witnesses from about 20 institutions might be called to record their statements. A similar number of witnesses may be called from the public who has responded to our public notice or who may give relevant information pertaining to this enquiry.

Item 6.

No other item was raised for discussion. Hence the meeting ended with a vote of thanks to Chair. It was agreed that the next meeting may be called as and when the Chairman thinks it necessary.

Sd/-
(DR. R.N.BAISHYA)
MEMBER SECRETARY

Sd/-
(JUSTICE A.S. QURESHI)
CHAIRMAN