

Sri Lanka

Heart patients under a heartless capitalism

Ajitha Gunaratne
5 January 1999

At Colombo National Hospital, patients on the waiting list for heart operations have become the victims of curtailed health services. Even under the limited system of free health services over the past four decades the needs of heart patients were not properly fulfilled, as the system was in the process of breakdown. Plans initiated by the UNP government to abolish free health services have accelerated under the current Peoples Alliance regime, worsening an already dire situation for heart patients.

Disproving the PA government's slogan "Health for all in year 2000", operating dates for heart patients stretch out between the years 2000 and 2003. As a result of these delays, the hearts of most of the patients on the waiting become enlarged, rendering them unfit candidates for surgery. Scores of patients die needlessly every year from heart failure because they are not operated upon promptly.

In January 1998 the director's office of Colombo National Hospital came under sharp criticism because of the intolerable situation facing heart patients. At the end of 1997 heart surgeons, moved by the pathetic plight of the patients, had met with the health minister seeking a solution to the crisis. In 1995 resident heart patients marched from the hospital to the Health Ministry with a request to the newly appointed Peoples Alliance health minister, A.S.M. Fousi, to provide facilities to expedite the operations. All these attempts have been to no avail.

There is every indication that the PA government, which is trying to transform the free health service into a profit making business, has no solution to the problems confronted by the heart patients. It has also been revealed that the present health minister had asked the heart specialist surgeons to join Nawaloka Private Hospital or Sri Jayawardenapura Semi-government

Hospital if there were no facilities for heart operations at the National Hospital. This request had been made with a promise that half of the cost incurred by a patient for an operation in a private hospital would be covered by the President's Fund. Some patients who received money from this fund and underwent operations had to mortgage their properties to settle the balance of the money due to these hospitals.

One patient, J.A. Ranjith, a poor printing worker, told the *World Socialist Web Site* that he had to pay Rs. 135,000 (US\$2,750) out of his own pocket to the Sri Jayawardenapura Hospital for his operation. Ranjith had to mortgage his motorcycle and his family home to obtain the funds to settle the bill. He commented: "When the doctors found I had a heart problem I was admitted to Ward No. 25 at the Colombo National Hospital where I got a date for an operation in 2001. So I wrote to the President's Fund and asked for money to undergo the operation at a private hospital. I was given Rs. 90,000 (US\$1,500) from the President's Fund and I had to pay the rest. Although I have been cured of the heart problem, I am now burdened by heavy debts."

Factors contributing to the delays

The only government venue for heart operations is the Cardio Thoracic Unit of the National Hospital, which is subdivided into two units. There are only three specialist surgeons attached to this unit, who have thousands of heart patients under their care awaiting operations. The two sections of this unit consist of five small wards, and in these wards there are only 96 beds for adults and only 12 cots for small children. In addition to heart patients there are numerous patients for other thoracic surgeries there.

The male and female workers in these wards told the WSWs that there exists a grave shortage of nurses and other grades of workers, and that they are subjected to

the constant pressure of overwork.

A nurse explained that while there is only one operating theatre, there is also a shortage modern medical equipment as well as workers to assist in operations. Furthermore, the balloon pump machine, essential when operating on patients with weak hearts, is antiquated and frequently ceases to function. It is well known that during an operation in 1997 this machine suddenly broke down and a patient undergoing surgery died.

In the Surgical Intensive Care Unit there are only six beds for those undergoing major heart operations. No major operation is possible unless one of these beds is vacant. The unit is also plagued by the frequent failure of other equipment, such as the blood gas analyser, which causes delays. There is also a shortage of anaesthetics.

A doctor working under one specialist surgeon told us: "Of the three surgeons, the one who I work with has over 400 ASD patients registered for operations. Under the same surgeon there are about 200 patients waiting for mitral valve replacement, about a dozen patients in line for coronary artery bypass graft (CABG), an urgent condition, and approximately another 100 patients for other heart operations. However, the surgeon is only able to perform about 100 open-heart operations a year. Similar numbers of patients are on the waiting lists of the other two specialists. Even if one major operation were done each day only 365 patients would benefit." But even this cannot be done due to the aforesaid conditions in the operating theatre, the Intensive Care Unit and the hospital wards.

Poverty spreads heart diseases

As doctors in the Cardio Thoracic Unit pointed out, about 4 percent of babies in Sri Lanka are born with congenital heart diseases. Due to conditions created by capitalism, the majority of the population is confronted with extreme poverty. Due to lack of proper food and sanitary facilities children become victims of rheumatic fever, leading to rheumatic heart diseases, which necessitate surgery. Doctors say that patients with such acquired heart diseases account for about 35 percent of those who have joined the waiting list for operations. They also point out that the incidence of rheumatic heart diseases is less in developed capitalist countries than in Sri Lanka. The widening gap between the rich and the poor further aggravates this situation.

Provisions in the 1998 PA budget provide land free of charge to millionaire capitalists for the construction of private hospitals, and permit them to import drugs and medical equipment duty free. The allotment of money for free health services is a paltry 1.6 percent of the Gross National Product, resulting in serious curtailment of free health services.

Even the basic facilities that existed under the free health services are being cut back and gradually destroyed, with a view to their elimination. In an earlier period, money was allocated from the government treasury for health education, rehabilitation and other vital health services. But now the corporate bosses recommend that taxes on their profits should be lifted, and that welfare services dependent upon these tax revenues should be abolished.

Modern science and technology that can treat and cure heart diseases and other ailments has undergone a vast development in recent years. However, under the private property system these medical advances are utilised in the service of profits, not for the needs of mankind. Wealthy heart patients in Sri Lanka and other countries can receive needed operations upon demand, while the poor face delays and resulting hardships or even death.

See Also:

Drug companies profiteering at the expense of the National Health Service
[19 August 1998]

Private health insurance rebate: A further erosion of Australian public health care
[31 December 1998]

Â



To contact the WSWS and the
Socialist Equality Party visit:

wsws.org/contact