

TRADEOFF BETWEEN DOCTORS AND SERVICE DELIVERY IN KERALA GOVERNMENT HOSPITALS- AN ANALYSIS

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Abstract—Kerala’s public health system is worldwide acknowledged for its outstanding achievements like in the human development score of 79/100 in NITI Aayog SDG India index (2023-24) and the state's HDI is 0.758, with the highest PQLI value of 95.34 reflecting a high life expectancy and low infant mortality rates. Yet, under this success lies an acute crisis— a shortage of Medical doctors in public hospitals. This article investigates the data reported by the Comptroller and Auditor General of India (CAG) in report No. 6 on the 2024 performance audit, underlining how Kerala's advancement hides the growing inefficiencies resulting from workforce shortage. With doctors in some public hospitals treating over 200 patients in a day, and considerable inter-district differences in doctor-to-population ratios, the consequences are not just organizational but deeply on the public. This article focuses on these findings against Kerala's health indicators and fiscal position, including its Human Development Index (HDI), Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), birth rate, life expectancy, out-of-pocket expenditure, and its fiscal deficit status.

Index Terms— Doctor Shortage, doctor-patient ratio, CAG report, out-of-pocket expenditure.

I. INTRODUCTION

Kerala is continually praised in India’s health index as well as in all the indices on health. In the year 2024 Infant Mortality Rate (IMR) was 6/1000 live births, and the year 2024 Maternal Mortality Ratio (MMR) of 19/100000 live births, and a life expectancy of 75.2 years, Kerala was always above the national averages. Kerala also shows in social sector achievements, According to NITI Aayog's health index 2024 the Human Development Index (HDI) is at 0.790, ranking among the top in India.

Kerala scored the first rank for the sixth successive year.

Yet, along with these achievements, a major hurdle is pulling the health sector: a critical shortage of doctors in government hospitals. The CAG's Performance Audit Report (2024) on Kerala’s public health infrastructure shows that numerous doctors are facing workloads far above bearable limits. In many districts, the doctor-patient ratio is above the WHO standard namely Kozhikode and Malappuram Districts are above 1:7000. The WHO standard is 1:1000. Coming to consultation times have dropped to less than two minutes per patient (estimated). This paradox—of high health consequences amid system overload—forms the core of this investigation.

II. BACKGROUND AND CONTEXT

Kerala’s public healthcare approach is based on a web of Primary Health Centres (PHCs), Community Health Centres (CHCs), Taluk and District Hospitals, and a concentrated public-private partnership model. Nevertheless, the doctor-to-patient ratio, a whole measure of healthcare access, shows significant gaps in this infrastructure. According to the CAG Report No. 6 of 2024:

- The Indian Public Health Standards (IPHS) advise at least one Medical Officer per PHC and 28 to 66 doctors per District Hospital, depending on bed strength.
- In total, 614 doctor posts were needed in the 62 test-checked hospitals across Kerala.
- Only 513 posts were sanctioned, and of these, 484 were filled, leaving 29 sanctioned posts vacant.

- Beyond this, there was a shortage of 147 doctors compared to the IPHS norms, resulting in a 24% overall shortage in doctor availability.

This shortage is not merely organizational—it displays as overwork, declined consultation quality, pauses in diagnosis, and reduced patient satisfaction.

III. THE VOLUME OF OVERBURDEN

Doctors in considerable hospitals are pushed to handle unmanageable workloads. On average, the daily outpatient load per doctor was 55 patients in the 62 audited hospitals. Regardless, in 7 hospitals, this number surpassed 100 patients per day. In the Primary Health Centre (PHC) at Pallikkal in Malappuram, one doctor was seen doctoring to 208 patients daily.

The CAG report 2024 mentioned that as part of the audit across 67 hospitals found that 85 out of 185 doctors reported seeing between 100 and 400 patients each day.

Usually an OPD timing of five hours, the actual consultation time becomes dangerously low:

- If 150 patients per day, he doctor has only 2 minutes per patient.
- If 200 patients per day, the consultation time drops to 90 seconds per patient.

With this limited timing, the doctors have to diagnose, prescribe, and provide adequate patient counseling—raising serious ethical and clinical concerns.

IV. DISTRICT-LEVEL DISPARITIES IN DOCTORS' AVAILABILITY

The CAG report revealed extensive disparities across districts in terms of doctor-to-population ratios:

- In Pathanamthitta district, each doctor served approximately 3,754 people, considered efficient by national standards.
- Yet, in Malappuram, the ratio was a stunning 1 doctor per 7,103 people.
- In Palakkad, it was even worse, with 1 doctor for 8,722 people.

These numbers show that individuals in lower-income backgrounds and more populated districts face consequential burdens in accessing timely and quality medical care.

Moreover, only 12 out of 32 Family Health Centres (FHCs) had the required three Medical Officers as per the Aardram Mission norms of the Government of Kerala.

V. SPECIALIST DOCTORS SHORTAGES AND STRUCTURAL GAPS

Specialist doctors are necessary for non-primary care services. Yet, the CAG report says that:

- None of the District Hospitals (DHs) and the General Hospitals (GHs) had sanctioned posts for Pathologists or Microbiologists.. (The test-checked DHs and GHs)
- Radiologist and Psychiatrist posts were also vacant in many hospitals, including in the capital and the largest cities Thiruvananthapuram, Alappuzha, and Kozhikode.
- As per the standards, each Community Health Centre (CHC) should have six specialist doctors. Yet, out of 227 CHCs in the state, only 45 specialists were available in total, showing a severe shortage of approximately 97%.

This forces over-reliance on referral to tertiary centers and cuts decentralized care delivery.

VI. KERALA'S FINANCIAL HEALTH AND ITS IMPACT ON THE STAFFING OF DOCTORS

While Kerala ranks high in social indicators, its financial health is under strain: Kerala's state fiscal health index (FHI) score is 25.4. Rank 15th out of 18 states(NITI Aayog report 22-23). In the 2023–24 financial year, 3.5% of GSDP was the Kerala fiscal deficit, exceeding the 3% limit recommended by the FRBM Act. In 2023-24 is 34.2% was the Kerala's debt-to-GSDP ratio. Public expenditure on salaries, pensions, and interest payments eats up a major share of the budget, leaving little scope for new recruitments in health.

This fiscal constraint is an excuse for the stagnation in vacant posts despite rising patient demand.

VII. OUT-OF-POCKET EXPENDITURE AND EQUITY CONCERNS

Despite a well-known public health department, people in Kerala state face an increasing cost of healthcare:

- As per the comprehensive annual modular survey(CAMS) 2022-2023, the Out-of-Pocket Expenditure (OOPE) on health per household for hospital treatment was Rs. 8655 in rural and Rs 10341 in urban areas. This translates to an average of Rs. 2368 for rural per individual and Rs 2938 per urban.
- Medicine unavailability and doctor shortage in public hospitals force patients to seek care in the private sector.

VIII. DISCUSSION: THE MYTH OF SURPLUS HEALTH

Kerala's health paradox is evident. The state top performing in the human development score of 79/100 in NITI Aayog SDG India index (2023-24) and the state's HDI is 0.758, with the highest PQLI value of 95.34 reflecting a high life expectancy and has among the lowest IMR and MMR in the country, yet the health system keeping these outcomes is breaking under the stress of overburden and the fiscal debt. The doctor shortage and workload are not just working problems; they are structural threats to Kerala's public health system.

IX. CONCLUSION AND WAY FORWARD

Kerala needs to take immediate and strategic steps to maintain the hard-earned achievements of its public healthcare system. This includes:

- District-wise recruitment policy, prioritizing under-served areas namely Malappuram and Palakkad.
- Sanctioning critical specialist posts in labs, psychiatry, surgery, and women's health.
- Introducing incentives and hardship allowances to retain doctors in rural postings.
- Enhancing the budget allocation for the healthcare sector by prioritizing in state budgets.

Neglecting these gaps could damage decades of advancement and also deepen health disparities across the state.

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