Compassion in Primary Healthcare: here's what it looks like in India

Context and Significance

- **WHO's January 2024 report** highlighted **compassion as a transformative force** in primary healthcare (PHC).

- Compassion includes **awareness, empathy, and action,** and is key to quality care and system transformation.

- In India's vast but often overstretched **PHC system, i**ncorporating compassion can significantly **improve patient outcomes and trust**.

India's Primary Healthcare Structure

- **Sub-Centres (SCs)**: Serve 3,000–5,000 people.

- **Primary Health Centres (PHCs):** Serve 20,000–30,000 people.

- **Community Health Centres (CHCs):** Serve 80,000–120,000 people.

- **Total:** ~1.6 lakh SCs, 26,636 PHCs, 6,155 CHCs (National Health Mission).

Case Study 1: Clinical Courage in Rural Rajasthan (Amrit Clinics, BHS)

- **Dr. Vidith Panchal** treated a **22-year-old TB patient,** Tukaram, in a remote tribal PHC.

- Tukaram had failed treatment across 3 states; weighed only 23kg and had relapsed twice.

- **Instead of referral**, Dr. Panchal chose **palliative, community-based care**, reducing physical and financial burden.

- Termed **"Clinical Courage"** — prioritising patient dignity over system defaults.

- **Barriers to compassionate care**: Overloaded PHC doctors managing 40+ national programs.

- **Outcome**: Amrit Clinics saw footfall increase from 40,000 (2021) to 51,930 (2024).

- **BHS Model**: Emphasises staff dignity → better morale → more respectful patient care.

Case Study 2: Addressing Violence in Gujarat through ASHAs

- **Praveena Ben**, an ASHA in Gujarat, trained by **SWATI NGO** to support **violence survivors**.

- Used her **routine visits** to discreetly identify **domestic violence cases and refer survivors.**

- **Referral system**: From ASHA → Sub-centre counselling → Direct referral to district hospitals (bypassing PHCs).

- Protects **survivor identity** (PHCs are community-staffed, risking exposure).

- **Culturally sensitive, trust-based approach** improved survivor outreach.

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- Since 2012, **SWATI** has worked with **400+ ASHAs and counsellors.**

- **Recommendation**: Embed **gender-sensitive, trauma-informed care** into PHC protocols.

Case Study 3: Disaster Preparedness in Tamil Nadu

- Compared with Odisha/West Bengal, TN's PHC system is better integrated in disaster response.

- **Annual epidemic training** equips health workers for sanitation, outbreak control, and coordination.

- Example: **2004 Tsunami response** — swift corpse disposal, sanitation in shelters, food safety.

- **Tamil Nadu's governance model:**

    o **Defined roles** via Chennai Municipal Corporation Act.

    o Annual district-level planning meetings.

    o **Strong coordination** among technical staff, line departments, and elected bodies.

- In contrast, other states show fragmented responsibility and poor inter-departmental collaboration.

Key Takeaways and Lessons

- **Compassion strengthens** system responsiveness, especially in crises or vulnerable settings.

- **Trust-based human relationships** are foundational for quality care.

- Compassionate care includes:

    o Home visits

    o Respecting patient context

    o Minimising stigma (e.g., in abuse or TB)

    o Supporting overburdened staff (ASHAs, ANMs)

- **Structural support + empathetic delivery = resilient primary healthcare system.**

Policy Implications and Recommendations

- **Invest in training** for compassion and trauma-informed care.

- Recognise and reward compassionate health workers (like ASHAs, PHC doctors).

- **Formalise inter-agency coordination** (Tamil Nadu model) for public health disaster preparedness.

- **Address workforce dignity** as a system-level priority for sustained motivation and care quality.

- **Scale community-based models** like BHS, SWATI for wider reach.

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Conclusion: Though compassion is an essential component of quality care because of its human dimension and fundamental value for patients, families, clinicians, and policymakers there are a wide range of theoretical perspectives on compassion and compassion-related attributes in healthcare in the literature.

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Why are undersea cables important?

What are Undersea Cables?

- **Definition:** Fiber optic cables laid on the seabed to transmit internet and telecom data across continents.

- **Composition:** A few inches thick, armoured for underwater durability, containing high-capacity fiber strands.

- **Usage:** Carry ~90% of global internet data, ~80% of world trade, and enable $10 trillion in financial transactions.

- **Landing Points:** Terminate at coastal manholes and extend inland to connect to telecom networks.

Global Connectivity via Undersea Cables

- **Global Web:** Around 600 undersea cables interconnect the internet worldwide (Goldman Sachs).

- **Trade & Strategy:** Routes often mirror historical trade routes for ease of cable-laying logistics.

- **Bandwidth Boom:** New systems like 2Africa Pearls (Meta-backed) are adding terabit-scale capacities globally.

India's Subsea Cable Ecosystem

- **International Cable Systems: 17 cables land in India (mostly in Mumbai and Chennai).**

  - 95% of traffic lands in a 6-km stretch in Versova, Mumbai.

- **Domestic Systems:**

  - CANI (Chennai-Andaman-Nicobar Islands)

  - Kochi-Lakshadweep project

- **New Arrivals:**

  - SEA-ME-WE 6

  - 2Africa Pearls (adds 100 Terabits per second (Tbps) capacity)

Challenges & Vulnerabilities

- **Underdeveloped Network:**

  - India has only 1–3% of global cable landings.

  - Fewer cables than Singapore, increasing risk of disruption.

- **Red Sea Disruptions:**

  - Houthi rebel attacks in Bab-el-Mandeb strait have damaged cables.

  - Disruption risk: ~25% of India's internet traffic could be affected.

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- **Domestic Threats:**

    o Fishing trawlers frequently damage cables near coasts.

    o No domestic cable repair ships or storage depots.

    o Dependence on foreign repair vessels slows response time.

- **Regulatory Bottlenecks:**

    o ~51 separate clearances needed from multiple agencies to lay cables.

    o Delays in project execution and increase in capital costs.

Steps to Strengthen Infrastructure

- **Regulatory Reforms:**

    o Single-window clearance mechanism to ease cable landing permissions.

- **Diversify Landing Sites:**

    o Reduce over–reliance on Mumbai and Chennai.

    o Develop new hubs along the east and west coasts.

- **Build Domestic Capacity:**

    o Invest in Indian repair ships and cable storage facilities.

    o Set up dedicated maintenance bases.

- **International Partnerships:**

    o Collaborate with global tech firms (Meta, Google, etc.) for new cable systems and route diversity.

Key Takeaways

- Undersea cables are critical digital infrastructure, essential for economic, communication, and strategic resilience.

- India's limited capacity and geographic concentration make it highly vulnerable to disruptions.

- Urgent need for policy simplification, redundancy creation, and domestic capability enhancement to secure India's digital future.

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