**Abstract**

Doctors generally prescribe pills to make people feel better. Social prescribing is a relatively new holistic approach to wellness in which patients are encouraged to fit their lifestyle, interests, and special needs in ways that complement any pharmaceutical prescriptions. All this become more crucial when we discuss women's health. Overcrowded Obstetrics and Gynecology OPDs in India compromise the quality of care. Our results after implementation of the Multipurpose Behaviour Therapy Room (MPBT) project at Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, proved that many of the problems of women reporting at Gynaecology OPD can be resolved by non-medicinal interventions, e.g., appropriate behavior therapy, exercises and counselling.

**Keywords:** Health, Promotion, De-medicalization, women’s Health

**Introduction**

British Medical Journal reported in 2018 that doctors in India see patients for barely 2 minutes\(^1\). Such a short consultation adversely affects the quality of patient care. It also adds to workload and stress of doctors. In western countries, consultation crosses 20 minutes. Over last 15 years to address this issue, globally, new concepts have emerged about doctor-patient interaction, viz., Patient and family-centered care, social prescription, information therapy etc. There is focus upon active collaboration and shared decision-making between patients, families, and providers. Aim is to design and manage a customized and comprehensive care plan, giving more emphasis on the patients’ problems than on their diagnoses. Person-centred care is underpinned by values of respect for persons, individual right to self-determination, understanding, empathy, two-way communication and eye-to-eye contact.

Doctors generally prescribe pills to make people feel better. Social prescribing is a relatively new holistic approach to wellness in which patients are encouraged to fit their lifestyle, interests, and special needs in ways that complement any pharmaceutical prescriptions. This highlights the concept of patient self-care with ‘information prescriptions’ supporting them to take greater control of their own health.

All this become more crucial when we discuss women’s health. Overcrowded Obstetrics and Gynecology OPDs in India compromise the quality of care. Appropriate counselling, including behavior therapy, exercises can easily provide relief to women with PCOD, Dysmenorrhea, infertility, urinary incontinence, uterine prolapse, and menopause without using any medicine or surgery. Adopting a health promoting hospital approach can be useful in resolving this issue.

It is matter of coincidence that the above mentioned newer concepts in patient care were already being implemented in the Multipurpose Behaviour Therapy Room (MPBT) project at Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh.

**Keywords:** Health, Promotion, De-medicalization, women’s Health

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**How to cite this article:** Parashar P, Sharma R, Suri V et al. Introducing a New OPD based Patient care Approach in Indian Hospitals through Multipurpose Behaviour Therapy Room. Int J HealthCare Edu & Med Inform 2018; 5(3): 21-23.
Much of their time is also reduced. Simultaneously, this also helped to instil a sense of confidence among patients and their caregivers when they observed the positive results of their taking charge of their own health. Their concept of self-efficacy also improved.

Favourable results of non-medicinal interventions were reported. Around 5000 patients were successfully managed through this approach in three years (2013-2016). Out of 200 Menopausal patients referred to the MPBT room 164 were successfully followed-up. Among 750 UI and Pelvic organ Prolapse patients visited the room, 66% reported total relief in symptoms and 26% patients reported partial relief after following behaviour therapy. Around 3500 antenatal and postnatal care patients counselled reported relief in symptoms and satisfaction with the quality of counselling. They were also happy that they are being listened to patiently. More than 550 patients of polycystic ovarian syndrome/disease, Infertility and dysmenorrhea were also advised simple exercises, dietary changes and lifestyle modifications. This room has enhanced the level of satisfaction of patients and their relatives. Women are also happy that they are being listened to patiently.2,3

Social Impact and Replication of the concept of MPBT Room

The viable economic and social model developed through MPBT room approach had a multiplier impact. MPBT room idea has been propagated through more than 20 national and international conferences, social networking sites; newspaper coverage; Seminars/CME, Jyotirgamaya 91.2 FM Radio Station Panjab University, All India Radio FM Channel, Chandigarh, @ PGIMER, Chandigarh website. MPBT room set-up has even been replicated at Military Hospital, Nasirabad, Ajmer and at Military Hospital, Jodhpur. Three ICMR seminars on MPBT room related topics were organized (ANC /PCOD/Menopause).

This concept can be expanded to harness the potential of IT to empower the women in self-care. A smart mobile phone and computer based counselling system can be developed to educate and train women and their caregivers in OPD setting regarding management of Obstetrics and Gynaecology problems. For this, SOPs (Standard Operating Procedure) may be developed in the form of a booklet, posters, handouts and soft copy versions for managing the listed cases. Smartphone App may be developed in order to make the SOPs accessible to the users by clicking on the phone. Similar service may also be sought to be provided through establishment of kiosk based computer aided information counters (with counsellors in attendance) in OBG OPD. Here drop down menu approach can be used to provide customized multilingual guidance to women. Husbands and mothers in law and other escorts can be actively involved in such training to ensure that optimal care is received at home by the cases. Given the profile of Chandigarh as a model smart planned city it will be quite feasible to implement the information technology based

Data based Evidence of Utility of MPBT Room

Our data indicates that it is feasible to impart health promotion orientation in Gynaecology and Obstetrics OPDs through counselling of women for de-medicalization of management of their routine health problems. Doctors also reported reduced workload since they did not have to spend time on routine cases. Burden on family care givers also reduced. Simultaneously, this also helped to instil a
approach to tackle Obstetrics and gynaecology cases at PGIMER, Chandigarh to nurture it as a smart hospital. Demonstration of the efficacy of the de-medicalization philosophy inherent in the use of behavior therapy and counselling in MPBT room has a potential to help in empowering the women to control their reproductive health. This approach provides relief to them without resorting to any medication. This can also improve the socio-medical environment of ‘pill for every ill’ kind of medicalized life and mindset of citizens.

Conflict of Interest: None

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Date of Submission: 2018-12-05
Date of Acceptance: 2018-11-23