

EDITORIALS - 14TH OCT 2026

1. India's problem of overtreatment, overmedication (GS Paper III Science and Technology)

This editorial 'India's problem of overtreatment, overmedication' was published in **The Hindu** on 14th Oct 2026, highlights the drivers of unnecessary **medical interventions** and **measures** to promote appropriate care.

Drivers and Extent of Overtreatment

- **Overtreatment** follows a cascade from incidental abnormalities to further tests, diagnosis and permanent prescriptions or surgery; it coexists with **undertreatment**, leaving many without essential primary care, affordable medicines and timely treatment.
- **Excessive testing** generates false positives, anxiety, further investigations and overdiagnosis; a 2016 review in the **National Medical Journal of India** identified unwarranted tests in routine health-check packages.
- **Fragmented care**, centred on specialists and superspecialists, encourages separate treatment of individual conditions without reconciling prescriptions or considering the patient's **overall health**.
- **Polypharmacy** affected about 49% of older adults in a 2021 Indian systematic review; a 2025 study found roughly one-third taking five or more prescribed medicines and **potentially inappropriate medicines** in 28.8% of cases. Multiple medicines alone do not establish overtreatment.
- **Commercialisation** turns tests, procedures, supplements and monitoring devices into products, blurring medical need; **fee-for-service** payments reward intervention over restraint, while patients often expect medicines or investigations.
- **Health insurance** provides financial protection but can create **moral hazard**, discouraging prevention and favouring costlier interventions; insurer-borne expenditure does not remove patients' physical risks or justify procedures to recover premiums.
- **Patient expectations** favour tangible interventions over reassurance, observation or lifestyle advice; crowded clinics limit explanations, while **defensive medicine** encourages additional tests that may reveal harmless abnormalities and trigger further intervention.

Measures for Appropriate Care

- **Choosing Wisely** promotes scrutiny of low-value interventions; between **2012 and 2023**, nearly 80 specialty societies worldwide issued close to 700 recommendations identifying tests and treatments requiring reconsideration.
- Strengthen **primary care** and restore the **family physician** as the first contact for non-emergency needs, coordinating referrals, reconciling prescriptions and maintaining continuity to reduce unnecessary medicines and surgeries.

- Prescriptions should specify a **review date** and, where appropriate, a stop date; older adults and people taking five or more medicines need structured reviews of indications, benefits, duplication, interactions and **deprescribing** opportunities.
- Professional societies and the **Indian Council of Medical Research** should develop India-specific lists of **low-value care**, embed them in training, accreditation and quality improvement, and assess whether hospitals avoid unnecessary interventions.
- **Patient participation** requires four questions before intervention: Why is it needed? What happens if treatment waits? What are the benefits and risks? What are the **alternatives**?
- **Payment systems** and insurance should reward outcomes, clinical reasoning and **continuity of care**, ensuring that explaining why an intervention is unnecessary is financially supported.

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Wider Public Health Costs of Overmedicalisation

- **Antimicrobial resistance:** WHO reported in 2024 that 75% of hospitalised COVID-19 patients received antibiotics, although only 8% had bacterial co-infections requiring them, potentially accelerating resistance.
- **Financial burden:** Unnecessary procedures inflate treatment expenditure; WHO's 2018 guidance links high caesarean-section rates with substantial healthcare costs.
- **Resource diversion:** Avoidable interventions consume scarce capacity; WHO warns that unnecessary caesareans can divert resources from women needing lifesaving surgery.
- **Environmental burden:** Unnecessary injections and disposable supplies increase medical waste; WHO estimates 15% of healthcare waste is hazardous.
- **Preventable harm:** Unnecessary CT scans add radiation exposure without corresponding benefit; the United States Food and Drug Administration launched an initiative against unnecessary medical radiation in 2010.
- **Diagnostic labelling:** Screening can label harmless abnormalities as cancer; the International Agency for Research on Cancer estimated 90% of thyroid cancers among South Korean women during 2003–2007 represented overdiagnosis.
- **Prevention neglect:** Medicine-centred care can overlook lifestyle measures; the Diabetes Prevention Program reduced diabetes incidence among high-risk adults by 58% through lifestyle intervention versus 31% through metformin, compared with placebo.

2. Nobel lesson: value of stabilisation models (GS Paper II Governance)

This editorial '**Nobel lesson: value of stabilisation models**' was published in **The Hindu** on 14th Oct 2026, highlights the importance of household **behaviour**, **expectations** and **economic context** in designing effective stabilisation policies.

Foundations of Macroeconomic Stabilisation

- The editorial identifies Robert E. Hall and Michael Woodford as recipients of the **2026 Economics Nobel** for **microeconomic foundations** of macroeconomic stabilisation, placing household and business decisions at the centre of policy analysis.
- **Stabilisation policies** moderate business-cycle peaks and troughs through interest-rate cuts during weak demand and restraint during strong demand; the **1970s oil crisis** exposed models' limitations as inflation and unemployment rose while growth declined.
- Hall linked **consumption** to expected future earnings, while recognising that inadequate savings and credit prevent spending adjustments; Indian policy must account for **household heterogeneity** rather than assume an average consumer.
- Building on Keynes's stabilisation approach, Woodford's **New Keynesian model** connects consumption, inflation and economic activity; **sticky prices** and firms' expectations of future costs, demand and competitors' prices shape current inflation.

Implications for Indian Policymaking

- **Central bank credibility** and clear, consistent **communication** influence expectations of future interest rates and inflation, shaping current decisions; unpredictable signals or unfulfilled announcements weaken monetary policy.
- **Supply shocks** can simultaneously raise prices, reduce output and increase unemployment, requiring measures beyond **interest-rate adjustments** and caution against treating every disturbance as demand-driven.
- India's **stabilisation models** must reflect domestic conditions and combine strong monetary policy, responsible **fiscal management**, reliable data and targeted assistance for people most vulnerable to job losses.

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Structural Barriers to Monetary Policy Transmission in India

- **Informal borrowing:** Rate changes reach moneylender-dependent borrowers indirectly; Reserve Bank of India (RBI) priority-sector provisions recognise distressed farmers indebted to non-institutional lenders.
- **Uneven financial access:** Direct benefits from cheaper bank loans depend on formal credit access; ITC-supported women's self-help groups connect underserved borrowers with formal finance.
- **Lending-rate rigidity:** Despite a 110-basis-point repo-rate cut, fresh-loan rates declined only 29 basis points during February–August 2019, demonstrating delayed transmission.
- **Bank balance-sheet stress:** Bad loans impede lending and rate adjustments; an RBI study using 2010–2018 data linked deteriorating bank asset quality with weaker transmission.
- **Weak credit demand:** Cheaper loans cannot ensure investment; RBI's October 2019 report attributed slowing bank lending partly to weak demand and risk aversion.
- **Deposit-rate stickiness:** Funding costs adjust slowly; RBI's October 2024 report found savings-deposit rates largely unresponsive despite deregulation in October 2011.

- **Competing savings returns:** Attractive small-savings rates constrain bank-rate adjustments; these exceeded formula-based levels by 70–110 basis points in the third quarter of 2019–20.

3. CSR is at Rs 40,000 crore. Now, count the impact (GS Paper II Governance)

This editorial ‘CSR is at Rs 40,000 crore. Now, count the impact’ was published in **The Indian Express** on 14th Oct 2026, highlights the need to **translate** corporate social responsibility spending into measurable, equitable development **outcomes**.

Scale and Distribution of CSR

- Introduced in **2014**, Corporate Social Responsibility (CSR) mandates companies meeting any threshold of ₹500 crore net worth, ₹1,000 crore turnover or ₹5 crore net profit to spend **2% of net profits** on CSR.
- CSR mobilised **₹2.6 lakh crore** over 10 years; expenditure reached **₹40,794 crore** in 2024–25, with 29,500 companies supporting 72,000 projects.
- **Geographical concentration** favours corporate locations over **development deficits**: Maharashtra received ₹8,631 crore, Gujarat ₹4,549 crore, Karnataka ₹3,395 crore and Delhi ₹2,753 crore, together exceeding ₹20,000 crore.
- CSR supports education, health and livelihoods, but **project-level benefits** require assessment of their **aggregate impact**, including where funds flow and what outcomes they deliver.

Reforms for Greater Development Impact

- Combine expenditure-based **accountability** with standardised **outcome indicators** to assess development results rather than spending alone.
- Use legally permitted **corporate collaboration** to pool funds around shared themes and geographies for long-term interventions; 10 separate ₹10 crore projects could become a ₹100 crore district initiative under a **common results framework**.
- Align CSR with firms’ **core competencies**, deploying knowledge, networks and managerial capabilities for **scalable impact**; agriculture or food companies could support farmer productivity, value chains and climate-resilient agriculture.

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Community Ownership in CSR Project Design

- **Participatory planning:** Local consultations align projects with community needs; ITC involves women through participatory rural appraisals, household surveys and group discussions.
- **Inclusive representation:** ITC-supported Water User Groups involve women in decisions on water management, maintenance and sharing, widening community participation.

- **Local institutional involvement:** Tata Trusts strengthens Village Water and Sanitation Committees for planning, implementation and maintenance under the Jal Jeevan Mission.
- **Accessible grievance redressal:** Hindustan Unilever Limited's Prabhat community organisations represent women and marginalised groups, conveying concerns to implementing partners and site teams.
- **Community monitoring:** Tata Trusts' documented Pani Passbook records villagers' water-tariff contributions and maintenance expenditure, supporting local financial oversight.
- **Local capacity building:** Tata Trusts trained Matlam's village water committee to operate and maintain its purification plant, reducing dependence on external operators.
- **Maintenance financing:** Panbua's water-user committee in Tripura leads tariff collection, illustrating how recurring community contributions can sustain water infrastructure.