

Review of: "The Universal Accessibility Provisions in Hospitals of New Delhi, India"

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Potential competing interests: No potential competing interests to declare.

I appreciated the opportunity to review the article on the Universal Accessibility Provisions in Hospitals of New Delhi, India. Because I am from the United States, I have been involved with the Americans with Disabilities Act (ADA). This law was signed back in July 26, 1990. While I feel the research was valuable to know the level of accessibility in New Delhi hospitals, I could tell the time frame for review and completing accessibility work was too short.

Let me give an example. As I mentioned the ADA was signed back in July 26, 1990. A review by places such as hospitals was supposed to be completed in 2 years or July 26, 1992. After this evaluation, all accessibility barriers were to be removed by January 26, 1995. The time for completing an accessibility review was too short. Many hospital or other public entities did not have the knowledge, staff or plan of action on how to complete the review. So many did not even complete the review within the time period.

Secondly, those that did complete the review did not have the financial resources to complete modifications to remove accessibility barriers. Some access issues were easy to complete. Other access barriers required substantial capital to review these issues. The removal of those barriers were many years beyond the original due dates.

In the case of the New Delhi hospitals, The time frame of 5 years for review and removal of barriers I feel was too short. I think more realistically was a 7-8 year timeframe for the review and removal of barriers. In some larger hospitals I could see where up to 10 years might be more realistic for a review and removing accessibility barriers.

Another area of questions is, who did the accessibility evaluation? Was there a professional familiar with the accessibility standards that completed the review? I have as a professional have completed accessibility reviews full time for over 25 years. I have seen reviews by people who have not completed an access review before or are they are part of the organizations staff. Most of those reviews were not complete or comprehensive or if complete in house had many areas ignored by staff so as not to look as bad.

Another question, did the same reviewer do all the hospitals? If one professional reviewer did all the hospitals, the results would be more consistent and a better ability to compare where each hospital is at related to their level of accessibility. That consistency would allow for a more accurate picture of the level of accessibility at each hospital.

Lastly, are the hospitals publicly run or privately run? Who the owners are would also probably determine how they are reviewed as well as how to make accessibility upgrades or changes.



Overall I believe it is a good start and additional research would be needed to determine in these cases what additional factors might prevent a hospital from meeting the access standards from the Conventional on the Rights of People with Disabilities. With this additional research I believe it would be helpful for providing guidance on reviewing other hospitals or other public entities in the future.