

Speech by Shri K.K. Shah, Union Minister of Health, Family Planning, Works, Housing and Urban Development at the 7th Convocation of the Indian Academy of Medical Sciences held at Calcutta on the 21st December, 1969

It is indeed an honour to be asked to deliver the Convocation Address and give away the scrolls to the Fellows and Members admitted to the Academy.

One of the high objectives of the Academy is to promote knowledge of medical sciences in India and to devise practical steps for application to problems of national welfare.

The space age brings a new challenge and a new hope of what the medical profession can do for suffering humanity. Irrespective of race, religion, country or continent, the medical profession has to deliver the message of healing art and provide an answer to new challenges to community health. Medicine all through the ages has been a life long study, not merely in relation to scientific and technical problems but with regard to community health.

It should be the endeavour of the profession to influence society and the State to play their proper role in securing minimum standards for the teeming millions.

The development of the system of allopathic medicine in India dates back to a century and a half. From a small beginning it has acquired augmented technical and scientific skills in the diverse fields of medical education and care.

The postponement of the exposure of the student to render medical service to the community to the very end of his training, when it is being generally recognized that the battle of health, preventive and curative, must be fought more and more in the community, often leads to an undesirable reaction on the student when faced with problems of community medicine.

The present under-graduate training with limited benefits to meet the needs of the population is drawing global attention. The crux of the problems has been rightly felt in our country, in view of the non-availability of medical aid to rural population. The changing attitude towards the disease process and the heightening recognition given to the community leave us no alternative but to resort to the development of the community and comprehensive health care. The present system of medicine is only curative, both individual and institutional, but lacks the basic approach of preventive aspect of community health.

There has been a general disinclination to the part of young doctors to accept rural postings because of undue importance to specialist training. The basic doctor is fast disappearing or is not thought of. I know there is a considerable difference of opinion on the concept of a 'basic doctor'. Normally, a basic doctor should have a sound grounding of basic sciences, with a superstructure of clinical experience. He should have enough knowledge of preventive and curative sides of medicine and should have enough knowledge of social and psychological environments. To train such a basic doctor fundamental changes in his training become imperative. The Government of India, therefore, set up a special committee to make recommendations about the training of medical undergraduates and about the problem of providing adequate medical relief in rural areas. I am glad that, the Medical Council of India had set up a review committee which had made valuable recommendations. I hope the Academy will study this important subject in depth and assist us in finding a solution to this difficult problem.

The availability of qualified and experienced teachers has not kept pace with the rapid growth of medical institutions. No wonder then that there is a slackening in standards and absence of general excellence in performance. Under these circumstances some methods of training of teachers will have to be devised. The affluent countries are trying to rationalize methods of teaching. Their attempt is to make it more methodical and avoid details which can be left to students during

practical training. A change in the curriculum will look after this requirement, but something more will have to be done for training teachers to meet the demands of these changes. The Academy will be in a better position to explore the possibility of re-arranging Summer-Schools to examine the possibility of exchange of teachers from one institution to another and of utilizing services of senior visiting professors to stimulate the growing departments of colleges.

With the development of higher specialists the work of the hospitals has become much more complex and this calls for technically qualified personnel to handle sophisticated equipment. The medical bill has been progressively increasing. In spite of all this, I find that the patients are not satisfied. What is wrong with the working of our hospitals is a natural question that is foremost in the minds of everyone. In spite of heavy investments both in men and material why are our medical services criticized? I have also not been able to get a true picture of what it costs us to provide the various facilities in our hospitals, as there is no proper cost accounting in our hospitals. I have been thinking about all these matters for quite some time now and have come to the conclusion that to maintain a satisfactory standard of service we need a constant review of the working of the different departments and services in our hospitals. For this, we should develop a planning machinery in the institutions to evaluate the work of the different categories of the staff in the hospitals. As I have said on previous occasions also, you who are in the vanguard of this noble profession can develop a system of medical audit. Your opinions and views will be accepted by the members of your profession without reservation. This system of medical audit has been adopted in developed countries. It is not the intention to criticize the working of any individual without justification, but it is primarily meant to find out the loopholes which should be plugged in order to provide service of a high quality. A medical audit will be practicable only when it is possible to conduct autopsies on all fatal cases in order to establish the cause of death in each case. However, in the absence of a legislation for a compulsory autopsy, postmortem can be performed only with the consent of the relations of the deceased.

Another pre-requisite for a proper medical audit is the development of a satisfactory system of medical recording and maintenance of hospital records by providing the necessary staff and equipment. I am sorry to say that the progress in this respect in our hospitals has also been tardy. It is not realized by those who hold the purse-strings that the valuable time of the doctors should not be wasted by saddling them with a vast amount of clerical work and for this purpose they should be provided with stenographers. The third essential requirement is the cost accounting of the different departments. It is necessary to know what it costs to have a particular service in a unit compared with the same service in another unit. This work has also not been taken up by our institutions. The budgeting and financing of the institutions is being done without any study with regard to the cost for each individual unit. I would, therefore, earnestly commend to your association to take positive measures for establishing medical audit, a good medical record section and an adequate machinery for proper cost accounting in the institutions with which you are connected.

Another trend which I have noticed is that the young doctors depend more and more on the proprietary preparations advertised extensively by the pharmaceutical firms without prescribing preparations by their generic names. This makes treatment costlier and the drug bills in the clinics and in the hospitals are progressively rising. While ensuring that the patients should get the requisite treatment we have to see that the patients are not drugged unnecessarily. It is also necessary that the cost of medication should be within reasonable limits. This will be possible only if you as teachers and clinicians are able to wean away the young doctors from the habit of prescribing drugs by their proprietary names. In a poor country like ours, it is very difficult for a man of average means to afford costly treatment with proprietary preparations. I would, therefore, invite your special attention to the present trend of prescribing proprietary drugs and also over-prescribing. This has to be checked not only on economic considerations but also from the point of view of the health of the patient.

As I have mentioned already, the undergraduate medical curriculum continues to be mostly curative oriented and the young doctors who are being turned out from the medical colleges are unwilling

and, in fact, not fully suited to render both preventive and curative health services to the teeming millions who live in rural and semi-urban areas. To make a beginning in remedying this unsatisfactory situation, my Director General of Health Services has made certain proposals which are being considered by the Government of India. He has suggested that as a pilot project each State may select a suitable medical college and provide it a 'Mobile Training-Cum-Service Unit' with 50 beds fully equipped with the necessary vehicles and tents to render curative, preventive and promotive health services in rural areas. Hitherto only a teacher in social and preventive medicine from a medical college has been visiting a primary health centre with his students and interns but unfortunately this practice has not delivered the goods. According to these proposals a physician, surgeon, obstetrician and a gynecologist and a teacher in social and preventive medicine in the selected medical college will spend one month in the Mobile Training-Cum-Service Unit where they will train 15 to 20 final year medical students, 10-15 interns in curative, preventive and promotive aspects of health by carrying out the following :

- out-patient clinic and laboratory examination,
- home visiting for emergency medical care, imparting health education including motivation in family planning,
- ante-natal clinic,
- well-baby clinic including immunization,
- specific morbidity surveys to ascertain disease and malnutrition prevalence and to organize action programme for its control,
- collection of vital statistics,
- involvement in the national programmes for eradication or control of communicable diseases and family planning programme under the supervision of State Public Health and Family Planning personnel,
- gaining first-hand knowledge and practical experience about the curtailment measures to be taken in the event of outbreaks of epidemics of smallpox, cholera, enteric fevers, dysentery, etc.,
- domiciliary treatment of tuberculosis and leprosy and
- assisting in the implementation of the applied nutrition, school mid-day meals and school health service programmes.

It is important that these activities should be carefully supervised by all the senior and junior teachers in the concerned medical college and also the State Public Health and Family Planning personnel. By implementing these proposals, it will be possible to give training in comprehensive Community Medicine and Family Planning to medical and nursing students and interns by setting up the Mobile Training-Cum-Service Unit in tents in the midst of a group of villages. The staff members, students and interns will have an opportunity to live together in the camp and give a practical demonstration to the villagers of setting up sanitary latrines at a reasonable cost, preventing contamination of existing wells, tanks and other sources of water supply and avoiding gastro-intestinal infections by drinking boiled water, milk, etc. The teachers from the medical college may, with advantage, be assisted by all the medical and para-medical staff both in the public health department in the district as well as those in the Primary Health Centre. As a matter of fact, the Primary Health Centre doctor and para-medical personnel can benefit a great deal by working in close co-operation with the team of teachers, students and interns from the medical college while rendering comprehensive health and family planning service to the community. Thus, there is great advantage in pooling all our existing resources in men and material in this noble task.

After visiting every house in the villages in the vicinity of the camp and after completing the functions detailed above, the Unit should move to another area for performing similar functions there. In this way such a unit can cover a fairly large population in a year and assume total responsibility for patient care, family care, small family norm and community care in rural areas which have been sadly neglected so far. It is important to note that every one of the existing 4919 Primary Health Centres is expected to cater to the needs of 100,000 to 120,000 population and the existing medical and para-medical staff in the Primary Health Centre and sub-centres are not

adequate to render satisfactory service to such a large population in respect of curative and preventive medicine, public health measures and family planning programme. It is only by rendering first some curative service to the rural folks that medical personnel can win their confidence in order to motivate them to participate actively in our National Family Planning Programme, National Programmes for Eradication or Control of Communicable Diseases, Applied Nutrition Programme etc. The successful functioning of the proposed Mobile Training-Cum-Service Unit with the active participation of the villagers who can assist in various ways will boost up morale of the rural population. Thanks to the green revolution, they will contribute liberally if they are convinced about the real value of our approach. In course of time the rural community may undertake to maintain, on their own, Primary Health Centres or even Mobile Hospitals. In that event the load in the city hospitals will go down considerably and thereby improve their efficiency. Let us hope that the medical students and interns trained in Mobile Unit in rural areas will find it easier to work in Primary Health Centres after qualifying for the MBBS degree.

The greatest merit in the proposal for starting Mobile Training-Cum-Service Unit is that, like the quality of mercy, it blesses the student and interns who will get the necessary training in Comprehensive Community Medicine with a rural bias and also enthuses the large rural population who will benefit from the humanitarian service rendered by them under the supervision of their teachers. There are 9,000 to 10,000 final year MBBS, and 5,000 to 6,000 interns available every year for such service. Here is a challenge to all of you who are teachers in the existing 95 medical colleges and the four post-graduate medical institutes and private medical practitioners, as your combined effort will result in rendering curative, preventive and promotive health service to our rural population which has been neglected so far and this will also give a great push to all our National Health Programmes such as the Family Planning Programme, National Malaria and Smallpox Eradication Programmes, the Applied Nutrition Programme, etc. Lastly, but it is certainly not the least in importance, our medical students and interns, if they are suitably guided by all of you, will have job satisfaction and sense of fulfillment, apart from developing team spirit and discipline which will forestall student unrest in your medical colleges. I am sure you all accept this great challenge and make a firm resolve on this historic occasion to play your worthy role in this great march forward. As a matter of fact, it will be befitting your noble profession to blaze the trail in Rural India by launching relentless campaign against disease and ignorance and I have no doubt whatsoever that others will follow suit by launching other campaigns such as Adult Literacy Campaign, etc. in rural areas.

For some time past, the question of post-graduate medical education has been in our mind. Does it need re-orientation? Can some co-ordination be brought about? Can the labours of young intellectuals be utilized for the benefit of our vast masses? I have given vent to these thoughts as I feel that the Academy with the talent that it commands and with the experience that it has gathered can step in to fill-up the voids that have been created and provide the necessary expertise that the new responsibilities will need. A continuous dialogue with the Academy can yield fruitful results in the interests of medical education in India.

In order to give more incentives to talented persons a new beginning will have to be made in making appointments of specialists in teaching institutions. Age-long conventions and practices of giving promotions on the basis of seniority alone will have to be revised. Merit and sustained devotion to the cause of advancement of the specialty including creditable publications should be the future guidelines. The Academy can legitimately take pride in promoting talent by holding seminars on important topics. These seminars have unearthed young specialists. I hope that these will not be allowed to languish as glorious chronicles of achievements of urban intellectuals.

It is in the common interest of the general practitioners and the public alike that they keep in constant touch with day-to-day developments. This could be done by holding regular refresher courses at the State level in the larger and well established centres of medical training. I would like to suggest to the Academy to explore the feasibility of this proposal.

Last, but not the least important is the rapid acceptance of family planning. Unless the population explosion is effectively checked, most of our efforts for providing minimum medical care will fail. Unless institutions like this Academy succeed in securing family planning a worthy place in the social structure, the necessary upsurge will not be attained. I shall be grateful for any effective assistance from the Academy so that appropriate climate can be created. The Academy need not be reassured that Government of India value their contributions very much and would always give a high priority to their suggestions.

May I thank you once more for giving me an opportunity to begin a fruitful dialogue on the various problems confronting the country in the field of medical education and public health. I have great pleasure in extending felicitations to the new Fellows and Members receiving today the scrolls of the Academy.