

**Speech by Dr. Karan Singh, Minister for Health on the occasion of the 12th Convocation of the
Indian Academy of Medical Sciences on January 08, 1975**

The President, Fellows and Members of the Indian Academy of Medical Sciences, distinguished Guests.

I am here this afternoon in dual capacity, firstly as Minister for Health and secondly as a recipient of the Fellowship that this Academy has been good enough to confer on me. I must admit that it is in the second capacity that I feel more honoured because Ministership in a way is an occupational hazard for a politician.

I have had just one clear year as Health Minister and I must admit that I have found it the most interesting and exhilarating period in my public life because the problems that the Health Minister of India is called upon to meet are truly staggering. I have described this as one of the 2 or 3 most difficult jobs in the world, because in a country like ours, with its background of economic under development, its burgeoning population and the constriction of resources, the problems of public health are really extremely acute and quite frankly as a layman I had no idea of the dimensions of this problem until I was called upon to undertake the responsibility of Health Minister. In the course of this one year it is very clear to me that there are three major fields upon which progress will have to take place for the remainder of the century if we are really to achieve a major amelioration in the health situation of our people who constitute 1/7th of the human race. The first area of course is the area of medical research. Some very important work has been done by Indian scientists in India and abroad in the field of medical research. However, I am not satisfied with the present organization and structure of the medical research in the country. Only yesterday I was sitting down with the Director-General of the ICMR and some other distinguished scientists to find out ways and means whereby this whole question of medical research can be put on a better, surer and in a way on a more distinguished footing as it were. It seems to me that for various reasons medical research in this country has not really received the recognition and the stature or the status that it deserves. It is therefore one of my major consideration at present not only to restructure the Indian Council of Medical research but also to bring about closer coordination and collaboration between the ICMR and the various other institutions in this country which are working in the field of medical research. Institutions under my own Ministry, for example All-India Institute of Medical Sciences, PGI, Chandigarh and also other institutions. The CSIR for example is doing a good bit of work in the field of medical research. Then there are universities, I do not know whether the quality of research that is being done in the universities and the medical colleges in this country is really upto the mark but nevertheless there must be a broad orchestration, a broad coordination in all these fields of medical research. It is my view that as far as possible medical research should be directed towards those national priorities which are most urgent. It is quite clear to me that the three most urgent national priorities in this field are: firstly communicable diseases particularly malaria and leprosy. In malaria as you know we are suffering a very severe setback as a result of a recrudescence of the disease which we once thought was finally on the verge of being controlled and eliminated. Then there is leprosy which still takes such a terrible toll in human life and suffering. There are whole spectrum of communicable diseases in which research breakthroughs are urgently needed. The second field is reproductive biology – in the sphere of family planning. I have spoken such a lot about family planning during the course of 1974, the World Population Year, that I do not intend to dwell on it at all except to say that breakthroughs in research in reproductive biology are absolutely essential not only in the national interest but perhaps in the human interest itself. There are some promising fields and I hope that we will achieve some major breakthrough soon. Third is the problem of nutrition and the nutritional aspects of public health which is so vital to our welfare.

As I said the medical research in this country has got to be upgraded. Much more money has got to be put into it than is being done so far. The figures at present are unimpressive and it has got to be so structured that while the freedom of individual scientist to pursue his research, freedom from bureaucratic constraints and procedures, which are such a bane in every government in the world, is assured and the nation is also assured that the resources that are being put into medical research

are being used in those fields where a breakthrough is most important. Of course I hasten to add that the advance of pure research is also important, not only for the advancement of frontiers of human knowledge but also because solutions of some of our problems in science may not be possible only in applied field. Very often as all of you know it is something totally unexpected, something totally in other field which turns out to have the key of the breakthrough that we require, in the very mundane problem that we face. Therefore it is not my intention whatsoever in any way to discourage pure research and pure science but at the same time being a poor country we will have to lay down certain broad national priorities. So as I said the first sphere in which I feel a great deal is to be done is the whole question of medical research.

The second sphere is medical education. Here again there are two aspects. There is undergraduate education – the MBBS course where I think a certain restructuring is important. It is necessary to give a more deepening awareness of community health. It is necessary to inject some stream of the humanity of social sciences and psychology into the MBBS course and it is also necessary to make very much more creative use of the internship period than it is being done at present. For this, as you know for the undergraduate courses a group has been set up by me which is looking into the various possibilities. Broadly of course we turn out now as many as thousand MBBS doctors every month which is a very impressive figure and by and large I think our doctors are good doctors. They not only do good work in this country, they are also the backbone of the public health system of many of the most advanced countries in the world. I think we are producing good doctors but we certainly need to give the undergraduate course a certain new reorientation. Then there is the question to which the President of your Academy has referred. The whole problem of an All India examination. I am aware this is a very complex matter and I have in the last three to four months received a number of representations about it. The importance of All India examination is obviously there because the standard of the universities vary very considerably. However several questions arise. Firstly we do not want to denigrate or downgrade the universities. We do not want the universities to feel that their degrees in some way become the second grade degree as a result of creation of an all India degree. This is something with which we will have to carry the States with us, because ultimately health in our constitution is a State subject and the views of the universities will have to be given due consideration. There is also a question as to which body is best suited to organize these examinations.

Your Academy has put forward a very interesting and persuasive plea that we should grant statutory recognition to the examinations that you are at present holding. At the same time as Dr. Basu mentioned I have received a long request from the College of Surgeons saying that they should be allowed to run degree of their own and I have no doubt that similar request will come in from other specialist bodies. Now on the other hand whereas we have to carry the bulk of the specialists with us we have also got to be careful that we do not get into opposition in which an already complicated and somewhat confused academic picture is further confused. The whole idea of this exercise must be to try and bring about more order, as it were, more symmetry in this whole situation. So without in any way committing myself to either of these two views, I would like to say that, we, Government of India are very seriously considering both the suggestions that have been made to us. We will weigh all the arguments on either side and I am sure that in the course of 1975 we will come to what is a correct decision. It may or may not be fully acceptable to every body but we will certainly be more than fair in our judgment and we will try to do what is really in the broadest national interest.

The third aspect with which we are very deeply concerned – I have mentioned medical research, I have mentioned medical education – the third aspect of course is health care delivery system and this perhaps is still the weakest link in the total health structure in this country. I have myself returned very recently after a tour of Mountaineous area that I represent in Parliament and it is only when one is really out there in the biting cold in the villages of Himalayas that one realizes the total inadequacy of the whole medical health care system in the country. Living in big cities whatever complaint one may have here and there, generally I think citizens are in a happy position. Because they have at their disposal facilities that are as good as any in the more advanced countries. As far

as super-specialties are concerned, as far as the skill of our surgeons and the competence of our physicians is concerned, I think they are second to no body. But the real problem comes in the rural areas where 80 per cent of our people live and it is there that through the Primary Health Centre and Sub-Centre we have been trying to extend the health care delivery system. But I must say that the coverage is most inadequate and I think that while on the one hand we must continue to strengthen the network of the Primary Health Centres and Sub-Centres, I do think that this is a field where some new creative thinking is required. It strikes me for example that if it is not possible for all the villagers to come into this Primary Health Centre to get treatment, is it not possible for us to envisage some structure, whereby we take essential medical service to the villages? This is broadly the idea that lies behind my setting up of a group which will look into the creation of a new para-medical cadre, a new cadre of para-medical workers who will act as a link as it were between the MBBS and the Primary Health Centre and the village level workers and the villagers. Is it possible for example to envisage a worker of this nature who will go-out, not on motor ride transport because there are no roads in the villages to begin with and with the cost of petrol rising as it is any thing that is based upon a Jeep is almost certain to fall under the onslaught of the Finance Ministry. So I think that what we have to do is to envisage a total different kind of person who can go perhaps on a bicycle, who should have certain basic pharmacopeia, a basic kit of drugs which can be taken to the villagers so that at least basic services could be taken to the villagers instead of waiting for these poor people to walk miles and miles before they get to the nearest PHC. Is it possible for us to reorient our entire approach to the Medical Health Care delivery system in these terms because if we do not do this, I think it is going to be very many decades before we are going to be able to provide adequate service in our rural areas. So of the three major spheres of activities that I have mentioned – medical research; medical education and health-care delivery system, it is the third that is really giving me as Health Minister the most cause for worry and concern. I hope 1975 will be the year in which the insight and the ideas that we have developed in the course of 1974 will be put into operation and we hope that we will be able to progress on all these fronts. Of course this will require a national commitment for the achievements of certain health goals. Quite frankly if the people of India want better health services they will have to pay for these better health services in one way or the other. You cannot continue to give a low priority to health in the national plan and at the same time expect that the services in this country are going to be substantially improved. This I think is a bitter fact which the Government of India, of which I am a member, will have to realize. There is no way, without going into the theory of Mantras which may be very effective in some cases, I am afraid there is no way in which you can produce health service without at least a basic input of money and therefore when the 5th plan which is not still finalized, is in fact finalized, it is my hope that the provision for health and family planning will be somewhat more impressive than this has been in the previous plans and I can assure you as Health Minister, as the leader of the national health team, it will be my duty and my privilege to put up as stiff and as eloquent a fight as I can to get maximum resources for this sphere of activities. This distinguished Academy representing as it does some of the finest medical talent in India, I am sure can make a valuable contribution to the strengthening of the entire health system in the country.

There are certain problems which Dr. Basu had been discussing with me from time to time with regard to the financing of land so on. I do not think I need to go in detail except to say that I am aware of the valuable work that the Indian Academy of Medical Sciences has done since inception just over a decade ago and I can assure you of my close sympathetic consideration of the various problems you place before me. I have just been told incidentally that your next President is likely to be a woman. I think if I may say so, it is peculiarly appropriate because 1975 is International Women's Year and I think it will be a very good augury to have a distinguished and outstanding woman scientist as President of the Academy.

Finally Dr. Basu and friends, I perhaps might conclude with a few general views upon the human predicament as we enter the last quarter of the 20th century. It is my view that this is likely to be a crucial and decisive phase in the long and tortuous history of the human race upon this planet. Events are moving now with such speed in the field of science and technology, in the field of human

development, and in the field of human aspiration that I do not think mankind can go on very long in the same way as it has gone on for the last 10,000 or 20,000 years. I think that by the year 2000, we will either have emerged into some form of world order which ensures a more equitable distribution and consumption of world resource which ensure a greater awareness of the ultimate fragility of human life upon spacemanship earth which has brought about a certain tapering of, a leveling of all the tremendous and terrifying population explosion that we are witnessing either it will be that phenomenal or we will be all polking around in some kind of delivery and mankind will really probably out virtually on its way out of the stage of planet earth. Of course you know that in the long history of billions of years of this planet many species of life have come and they have gone. Also some peculiar features. We learn we read in our books landed over the earth familiar of the earth. They disappear comparatively quietly they did not create too much noise when they went, but homosapiens are likely not to go with such good grace because when we go we will probably take as much life from this planet as we can with us and probably leave this beautiful earth of ours almost entirely inhabitable. I think therefore that the next 25 years are going to see as it were the final confrontation between what one might call knowledge and wisdom. Knowledge has grown tremendously, has grown at a staggering rate over the last 4-5 decades. But human wisdom seems to have grown very little if at all. And when you have divergence between knowledge and wisdom, between what Upanishad called *Gyana* and *Vigyana*, you have a situation in which very continuance of the human experience does become problematic and in this entire context the tremendous role of science and technology is likely to remain. Science and technology are perhaps neutral. They are neither malign nor benign, depends which way they are used, and whereas there are many malign uses of science, medicine is a par excellence one of the benign uses. It is one of the ways in which human ingenuity, human skill and human intelligence is used to alleviate the suffering to help people to live fuller, longer and happier life. Therefore in a gathering like this which consist predominantly of people devoted to medical science, very distinguished people who spent best part of their life in the service of medicine, all I can say is that it is my sincere hope that the benign use of science will finally overcome the nerve reverse. I am aware that there is a momentum, there is a dynamism as it were of human history and the human destiny against which it may appear that the individual is hopeless but I think if our culture and civilization has taught anything it is that within the infinite mystery of the human personality lies more power than there is even within the heart.

It is ultimately in the human consciousness that the new humanity that is emerging will have to be creative. Some of us in this world will perhaps like to see 21st century. What the 21st century will be like will depend very largely upon what people like you who are collected here will do for the remaining of the 20th century. It is my sincere hope that the Indian Academy of Medical Sciences and the entire medical community in India will rededicate itself with hope, with courage, with confidence to the building of better India and better world.

Thank you.