

Speech delivered by Dr. P.C. Alexander, Governor of Maharashtra at the 38th Annual Conference of the National Academy of Medical Sciences (NAMS) at the Bombay Hospital, Mumbai on 27 March, 1999

Some problems before the National Academy of Medical Sciences

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Let me start by extending my felicitations and congratulations to all the distinguished doctors who have been admitted to the Fellowship of the National Academy of Medical Sciences and also the doctors who are being honoured today for their meritorious services.

During the last four decades the National Academy of Medical Sciences has grown into the most prestigious organization of those practicing or teaching medicine in our country. The word Academy connotes "Fellowship with excellence". The concept is that those who reach a particular level of excellence come together in Fellowship and continue to work together bound by mutual respect. That is why from very ancient times whenever Academies were established, they had set very high standards for admission and those who were admitted to the Academies remained in touch with each other in the spirit of Fellowship guided by mutual respect. During the first Academy of Athens established under the presidentship of the greatest philosopher of those days, Plato, the Academicians used to meet in the Olive groves near the city of Athens and engage in discussions on matters which only highly intelligent and educated persons could comprehend. From those days, down to the Renaissance period and later in the post Renaissance period when several new Academies came to be established in different countries of Europe, the name Academy continued to connote excellence. I cannot say that this tradition is being followed by all groups in our country which carry the name Academy these days. Unfortunately, several organizations use the word Academy without necessarily having recognized norms of excellence or the spirit of Fellowship or proper systems of induction to the group. I knew of a Tutorial College in my own home town in Kerala which had been using the name Academy and you can imagine from that how much this word had been debased or misused in our times. But I am very happy to note that the National Academy of Medical Sciences had always maintained the highest standards of selectivity. You have established credible systems and procedures for induction to the Fellowship of your Academy and that is why if some one is known as the Fellow of the National Academy of Medical Sciences, he automatically commands respect in any profession or intellectual group. I am very happy that over the years your Academy has taken special care to maintain objectivity and credibility in the selection process and I wish to congratulate you for maintaining this great tradition.

Prof. Bajaj in his speech invited special attention to the two objectives for which this Academy had been established – the promotion of knowledge and practical application of this knowledge to advance national welfare. Following the lead given by Prof. Bajaj I wish to make two points today relevant to these objectives.

The Academy aims at promotion of knowledge and practical application of that knowledge for National Welfare. Knowledge is promoted mainly through teaching and research institutions like Colleges and Universities. The first point that I would like to make before you is whether knowledge which is acquired either through educational institutions or through research is always applied at the practical level keeping in mind the interests and welfare of the nation as a whole. Here you will find certain problems which are probably faced by your profession in a greater degree than any other. The knowledge and skills you acquired in your educational institutions or through research are universal. A practitioner of the medical profession in our country understands the language of his counterpart any where in the world irrespective of difference in the type of education he would have had. However, when it comes to the application of that knowledge or skill at the practical level you will find that the conditions prevailing in our country are not the same as those in western countries. While knowledge and skills are universal and the level of knowledge and skills which you

have acquired may be of the highest standards comparable with the best in the world, you will come across, several problems special to our situation when it comes to practical application.

The most crucial difference between the socio-economic structure in our country and that in the west is the sharp rural-urban divide. There are 6.25 lakh villages in our country and the overwhelming majority of people live in these villages. In fact there are two worlds in our society – the rural world and the urban world, each one with its own distinctive features and problems.

A more complicated problem, particularly when we consider delivery of health services in rural areas is the very large number of very small villages, many of them having less than 1000 people. Census figures show that 2.87 lakh villages in our country have less than 500 people each, 1.45 lakh villages have population ranging from 501 to 1000 and 1.15 lakh villages have population ranging from 1001 to 2000. It is obvious that the size of these villages and their widely dispersed location make it difficult for them to sustain a health delivery infrastructure, the type of which has proved successful in western countries. The application of the knowledge and skills you have acquired to nearly 65 to 70 per cent of the population in our country becomes an uneconomic and impracticable proposition. Dr. Goyal or Prof. Bajaj who are internationally known authorities in their respective disciplines present at this meeting will readily admit that they will not be able to provide the benefit of their knowledge and skills to people in most of our rural areas because these areas lack the minimum facilities necessary to support their services. Practice of modern medicine requires certain minimum facilities and supporting services and since most of the rural areas are not in a position to support such facilities on a viable basis, the majority of our people living in such areas are not able to avail of the knowledge and skills of the qualified practitioners of modern medicine. The result is, and we have to admit this as a fact, that the knowledge and skills acquired at such heavy cost and such great efforts on the part of our physicians and surgeons are today confined only to a small segment of people living in the urban areas. This situation does not exist in the form in which it does in our country in the economically and socially advanced countries of the world. Most of you would have opportunities of observing the pattern of social development and health services in these countries. They do not have to reckon with this problem of sharp rural-urban divide. Even though there are areas which are classified as rural in these countries, the difference between such areas and the urban areas are never as deep as in our country. Often the differences are only marginal on points like level of education, facilities of communication and transport, access to information etc. The people living in such areas are seldom denied the facilities of modern health services, whereas in our country we have yet to devise a health delivery system best suited to our rural areas.

The question that has to be seriously addressed at this stage when we are stepping on the 21st century is whether we can continue with the present health delivery system which is almost exclusively targeted on the 25 to 30 per cent segment of the population and still talk optimistically about the goal of "Health for all".

Some years ago when China introduced the "*barefoot doctor's*" experiment in a situation similar to ours, we the educated class in India scoffed at this idea taking the perfectionist's line that health delivery should be by the best hands and therefore, those who are semi-qualified should not be trusted with the job of health services. But at least Chinese attempted to deal with the problem confronting them instead of ignoring it altogether. We have failed to face the problem squarely. In fact we have not attempted to develop a technology of health care which may be suitable to each area even on an experimental scale. There is not even a serious debate on the subject in our country and we seem to have swept aside the problem as if it is of no importance at all. We talk about and plan about health delivery in the context of the needs of the people living in the urban and semi-urban areas of our country. When we plan to expand the facilities in existing hospitals, increasing the number of hospital beds and supplying new equipment and instruments needed for modern medical services, we certainly are trying to improve the reach and quality of service, but the impact is limited to a small section of our population. Appropriate technology for health delivery is a subject which calls for intensive research by experienced people not only in the medical profession but by teams of researchers including sociologists, economists and administrators working in close

collaboration with medical men. It is here that an important Academy like yours can provide the lead.

The second problem that I wish to bring before you is that even in the so-called urban areas you are not able to give the full benefit of your valuable skills and knowledge to all those who are in need of them. Certainly some of our big cities like Mumbai have the best institutions of health services. They have some of the best-equipped hospitals and most highly qualified specialists comparable with the best anywhere in the world. But even in such big cities with ample facilities and expertise, the benefits of your skills and knowledge or of facilities cannot be fully utilized because health is not merely the function of the expertise of doctors or availability of facilities in the hospital, but also other factors like level of education, of hygiene and sanitation, clear air and water, adequate income to ensure the minimum reasonable standards of food and shelter. This reduces the effectiveness of your service to a small section of the urban population. We therefore come across the phenomenon of large-scale ill health in the midst of the best facilities for ensuring the highest standards of health.

Most of these problems of health care in the cities are due to causes beyond your control, but you can as senior leaders of the medical profession play a useful role in creating the awareness among the people and more especially among the decision-makers about the importance and urgency for providing the basic conditions for securing health for all. The rapid deterioration of the environment in our big cities has become one of the major causes of ill health and people do not seem to be even aware of this phenomenon. I am sure you must have read the recent report of the World Bank which lists Mumbai as one of the 15 most polluted cities of the world. The report states that in the great city of Mumbai only 3 per cent live in what can be called pollution-free atmosphere. Another very disturbing finding in this report is that the chest condition of an average Mumbaite is equal to that of one who smokes 2 ½ packets of cigarette a day. In our city 55 per cent of the people live in slum like conditions and to talk of modern health care facilities for them are simply meaningless. The population of the city today must be about 14m, and people from other parts of our country are pouring in every day to this already over crowded metropolis ignoring the fact that many people do not have access to good drinking water, and they have to breathe foul air and live in the midst of mosquitoes and flies. The skill and knowledge of the doctors may be of little avail in such circumstances, but still your voice will count if you raise it forcefully to create the environment conducive to good health.

The purpose in my mentioning these two problems is to request you to consider whether your Academy can appoint two Commissions, one on the appropriate technology for health delivery for all keeping in mind the rural-urban divide in our country and another which will bring out the urgency and importance of creating the basic environment for health in our country. The Commissions should forcefully send out the message that health care is not merely providing more hospitals, qualified doctors, nurses, good instruments and equipment and diagnostic tools, but that health is a total concept of wellbeing. I have no doubt in my mind that reports of Commissions of the type I mentioned, published under your authority will have the desired effect of making people aware of the seriousness and urgency of the problems in health delivery.

I feel very happy in having accepted the invitation of Dr. Goyal and his colleagues to deliver this Convocation Address.

Thank you.