

**The text of address by Prof. M.S Swaminathan, Member of Parliament (Rajya Sabha) at the 48<sup>th</sup>  
Convocation held on 1<sup>st</sup> November, 2008, Jammu**

Our very distinguished Guest of Honour, Prof. J.S. Bajaj, President, Dr. Prema Ramachandran, Vice President Dr. Madan, Fellows of Academy including those who are receiving the scroll today, Members of the Academy,. Ladies and Gentlemen,

When Dr. Prema Ramachandran invited me to come here to deliver the convocation address, I wondered what I would say to a gathering of medical professionals. Both Prof. Bajaj and Dr. Ramachandran, have outlined some of the serious challenges facing the medical professionals. I would like to add a few more. I am not a medical scientist but many in my family are bio-medical scientists and medical practitioners. My father was a surgeon. When he finished his MBBS from Madras Medical College, his Professor Dr. Pandale told him to go to Kumbakonam and provide health care to the town population. It is small town endemic for filariais. He set up his practice there and decided that his aim is not to make money, but to eliminate filariasis and in a year's time he succeeded. His strategy consisted of three steps. First he stood for the election for Municipal Corporation and became the Chairman so that he had some authority to mobilize the people. Secondly, he went to each school in the town where there was mosquito breeding and told them how to eliminate mosquito breeding by spraying oil emulsion. Thirdly he mobilized all the people and persuaded them to agree on eliminating the mosquito breeding pools in bus stand and similar public places. With health education and social mobilization he was able to tackle a very serious health problem in the short period of one year. I am mentioning this because several decades later, even today the country including Chennai, faces enormous load of malaria especially the serious falciparum malaria with fatal outcomes. The strategy in many urban areas appears to be getting more fogging machines and encouraging people to buy and use mosquito repellents- mostly synthetic pyrethroids; pesticides used over a long period of time may be harmful for human health. We have always taken this kind of soft option instead of finding the root cause of the problem and eliminating it. Dr. V P Sharma, when he was Director of Malaria Research Institute developed a programme for bio-environmental control of mosquitoes and demonstrated excellent results with it. We should really look for ecologically sustainable solutions instead of investing in what are at best temporary solutions, which unfortunately are also linked to adverse health implications.

I will next pick up Prof. Bajaj's point about medical ethics and conflict of interest. One of our major strengths is the billion plus population. If our large population gets health literacy then we can have a great alliance for good health. My daughter Dr. Soumya Swaminathan now working in Tuberculosis Research Centre in Chennai is exploring the HIV-tuberculosis linkages. She tells me the greatest problem she faces is lack of awareness about HIV infection in men, women and adolescents both boys and girls. Health education holds the key for success in efforts to control HIV infections.

I am happy that NAMS has the long history from 1961 onwards of conferring fellowships not only to scientists but also those who have contributed towards medical education and continuing medical education. I think these are extremely important today. When Prime Minister Jawaharlal Nehru inaugurated the Academy in 1961 he had hoped the Academy will become the flagship institution of science and health promotion in the country and you have kept up that tradition. It is important to remember Nehru's statement that future belongs to science and those who make friendship with science. NAMS has made friendship with science and has grown with science. I must also pay my tributes to the medical fraternity both those who are involved in curative medicine and those who are involved in preventive medicine who has contributed immensely to our health and wellbeing. Our life span has doubled - from 30 years at the time of independence to about 64 today. In states like Kerala and Punjab average longevity is over 70 years. They have shown that if you overcome health problems through essential health care, life span goes up and requirement for costly medical support goes down. I hope that the Academy will continue to emphasize on not only curative care but also preventive care, nutrition and health education. Good health, adequate nutrition and education are three pillars of productive life and a lot of importance should be given

to policies for providing access to health and nutrition care for all, based on need and not just on ability to pay. In the US elections last year, coping with the financial meltdown and improving access to affordable health care were both major election issues. In India too affordable low cost care based on the social inclusion has been receiving emphasis. Late Dr. K. S. Sanjivi, a Fellow of the Academy started the Voluntary Health Services over 50 years ago in Chennai with the wonderful idea of providing low or no cost but high quality medical care for all those who need them. Institutions in Vellore, Bangalore and several other cities have followed this path- if you can afford to pay do so, but if you do not have money, medical care will not be denied to those who need it. I congratulate the Academy for fostering this philosophy in the midst of growing commercialization and rising cost of health care. Prof. Bajaj has put it beautifully when he said money can buy any thing but not health. I hope that the Academy will continue to play a major role in promoting ethical medical behaviour and Dr Sanjivi's philosophy that it is the duty of the medical profession to care for the sick persons and ensure that every one has access to essential medical care. Of course medical profession alone can not do this; there must be a political commitment on the part of the State and Central governments to support these efforts.

We know that there is a large rural-urban health divide. When I was in Delhi I used to be very active in what I called '*lab to land*' programme; in all the villages around Delhi we encouraged farmers to grow new wheat variety and new rice variety. My daughter came for a holiday from Pune and I took her with me to these villages. The farmers and their family asked me who she is and I told them that she is my daughter and is studying in Armed Force Medical College, Pune. They all left me and got hold of her because they needed a medical person to advise them on health problems. The medical doctor was more important for them than an agricultural scientist who had worked with them for years. That kind of hunger for medical attention exists even to day. Now we have the National Rural Health Mission to improve access to health care. Over hundred thousand "ASHAs" are being trained to act as inter-phase between health personnel and community and helping the community to access appropriate care. It is imperative that ASHAs are well trained so that they can help the community and bridge the rural urban gap in access to health care and health indices. The government is consciously emphasizing the need to improve health indices of the population; the 11<sup>th</sup> Plan says mere acceleration in economic growth is not enough; improvement in human nutrition, health and education are critical for national development. I hope the National Rural Health Mission and its urban counterpart will play a major role in improving access to health care. As emphasized by Dr. Prema Ramachandran, nutrition is one of the important components of the National Rural Health Mission; NRHM also emphasizes the importance of convergence between health and nutrition programmes. I hope that in future, it will become the National Health and Nutrition Mission.

In the early eighties, when I was in Planning Commission Mrs. Indira Gandhi asked me to Chair two Committees - one to eradicate leprosy in India by the year 2000; the other was to eliminate blindness. I had a team of very eminent colleagues in these Committees. As recommended by these committees both the leprosy elimination and blindness control programmes were included in the 20 point programmes. Most of the leprosy patients were poor, had no family support and often had to beg for food. Under these conditions case detection, case retention and cure were very difficult. The report on leprosy emphasized the importance of improving access to food for success of the national leprosy elimination programme. Currently patients with combined HIV and tuberculosis face the same predicament. It is important to see these linkages between nutrition and health and create synergy between these programmes.

Continuing medical education is essential for every medical practitioner. In United States of America and many countries of Europe; graduation is considered as the beginning of learning. CME credits and recertification are mandatory for all medical practitioners. In our country the MBBS and MD become the end point. This anomaly should be corrected. Dr. D.S. Kothari a very distinguished Chairman of University Grants Commission used to say that PhD should be awarded only for five years and thereafter it must be renewed. I would request the Academy to ensure that life long learning and recertification become a part of every medical practitioner's life.

The current inequity in distribution of medical professionals /paraprofessionals and the population needing health care should be corrected speedily. We do need more medical professionals and paraprofessionals but if they are poorly trained they cannot provide essential medical care. Falling standards of Medical education is matter of concern for all of us. NAMS should firmly resist the attempts to relax standard of medical education. It is not very easy but NAMS which is the apex national professional academy and not dependant on or bound to any one can do it. I would strongly urge the Academy to look into the steep fall in standards of medical education due to proliferation of medical colleges and medical universities with poor infrastructure and faculty.

The need for medical ethics has been emphasized by Dr. Bajaj. The lack of medical ethics affects patient care and patient doctor relationships adversely. To day un-warranted use of diagnostic techniques, invasive procedures and unethical practices like prenatal sex determination and sex selective abortions are all pervasive. I would request the Academy to conduct CMEs and advanced courses in medical ethics for graduates and post graduates. Until and unless that is done we will not be able to derive optimum benefit from newer technologies. Medical research is essential for improving technology for preventing, detecting and curing existing and emerging diseases. Research and development in nano- technology and stem cell have immense potential to improve the health status of the population. It is important for research scientists and students to understand medical ethics in relation to emerging technologies such as cloning for reproductive purposes vs. adult stem cell derived therapeutic cloning.

Tomorrow there is a symposium on “Health effects of climate change”, in which I will be discussing the food and nutrition security related problems associated with climate change. There is a group under the Chairmanship of the Prime Minister charged with the responsibility of drawing up national action plans for climate change. There are eight missions under this group but of these none deal with health impact of climate change. I would urge the Academy to prepare a document on the basis of the symposium on health impact of climate change and present it to the Prime Minister for inclusion in the National Mission programme.

I hope that the Academy will bring out publications highlighting the emerging health problems in the country and how to cope with them. US Academy of Sciences produces annually over 250 policy papers and reports which are in public domain; these are often picked up by news papers and news channels and widely disseminated. I hope the Academy will bring out publications dealing with important topics such as medical ethics, climate change and its impact on health and National Health Rural Mission. These will provide the credible data base on which the national news agencies can rely and use.

I would like to conclude by reminding you that we are still a long way from achieving the goal ‘Health for all’ by 2000. We can take pride in elimination of small pox but that was a relatively easy task because of the availability of an effective vaccine. The mission to achieve health for all is far more complex and requires coordination between multiple sectors. To ensure health for all we need food and nutrition security, safe water supply and sanitation, good home and working environment and preventive, promotive and curative health care accessible at affordable cost for 1.2 billion Indians. My father believed that there are three fundamental steps for disease prevention and control – health education, social mobilization and regulation. NAMS can play a major role in all these. After 9/11 the US National Science Academy took as its mandate to hold consultations and come out with reports on how to cope with the aftermath of 9/11 and prevent future terror attacks. I am sure the Academy can take on the additional role of being the custodians of medical ethics and public health and contribute its might to ensure that ethical, professional and human values govern the practice of medical profession.