

**Address by Shri D.P. Dhar, Minister for Planning on the occasion of the 10th Convocation of the
Indian Academy of Medical Sciences on February 10, 1973**

Mr. President, Fellows, Members of the Academy and friends,

I feel greatly honoured to have been invited by the Academy to deliver the Convocation address and to meet the most distinguished medical scientists of the nation. Perhaps my main qualification for the privilege the Academy has conferred on me is that I have benefitted enormously from medical treatment. My personal debt of gratitude to the medical profession is thus very great indeed. I welcome this opportunity to add my own humble appreciation to that of millions of our countrymen of the noble contribution of the medical sciences in raising the health standards of the country.

This Academy, even though young in years, has played an important role in promoting the all round development of medical sciences in our country. Let us honour, on this occasion, those who have served the community so well in spite of so many difficulties and handicaps.

Perhaps we can best utilize this solemn occasion by taking a look at the broad direction of our future efforts. A stocktaking is good only if it helps us in locating our weak points, and in providing a sound basis for action. It does not serve much purpose merely to know that we have failed in such and such areas. The point is to know why, and further where do we go from here. We have a large number of people who can tell you what is wrong in a given area of national activity. But they seldom tell us how to put things right. The critic has a very useful role in a democratic society. However, in a developing society the function of criticism is not only to expose weaknesses but also to point towards remedies. Moreover, while criticism from the vantage point of an ideal situation helps us in preserving a sense of direction, in devising remedies we should not forget that we function in a given social and political environment.

We should certainly change this environment, control it, modify it, and adapt it to our needs. What we cannot do is to ignore its existence. Very often the critics do just this and then come to the conclusion that nothing can happen in this country. After having come to such a pessimistic prognosis of the situation, which is no doubt very satisfying to themselves, they feel they have done their job.

I am somewhat perplexed by this attitude. Not only because such a tremendous amount of work has been done in our country since independence. One sees evidence of this wherever one goes, and in whatever field one chooses to look at. Take the field of medical and health services. Let us compare the facilities that exist today, both in urban and rural areas, with what they were when we became a free nation. I am not going into the statistics regarding infant mortality, life expectancy, and death rate etc. Nor am I going to tire your patience with figures about medical schools and the number of doctors that come out of such schools every year. I am not very knowledgeable about the researches of medical scientists but whatever little I know fills me with pride about the work our scientists have done to advance the cause of knowledge. They are inferior to none in the world, and given opportunity and facilities they can make significant contribution to the ever-growing knowledge in different disciplines. Therefore, there is no ground for pessimism. There is no ground for thinking and feeling that we have come to some sort of a dead end. We have a record of solid achievement behind us. That should encourage us. It should give us hope for and confidence in our future.

We have, therefore, to look at present problems in this perspective. We have some difficult problems. Which country does not have problem? Even the most affluent societies have difficult problems in planning for medical and health services. Naturally our society has to look at its problems in the light of its own reality. We cannot expect to solve our problems successfully if we lose sight of the conditions and the circumstances that exert such a powerful pressure upon the thinking and the expectations of our people. Solutions which have been tried out with success

elsewhere have a strong appeal. But a blind acceptance of what has worked elsewhere may not be a satisfactory answer to the questions we have to face. So, I will beg of you to remember that in analyzing various issues in relation to the development of medical and health services over the next plan period and even beyond, we have to keep in view the compulsions of our social reality.

What are these compulsions? In many ways they are so obvious, and yet sometimes it seems that we do not comprehend them fully. Let me draw your attention to some aspects which are directly relevant to our work in the field of medical and health services. An eminent task force on medical education, training and research programmes has concluded that on the basis of existing facilities of medical education the country will have all the doctors it needs at the end of the Fifth Plan. Therefore, there is no problem of shortage of medical doctors as a whole. But the same task force also pointed out that at present the doctors are most unevenly distributed between the rural and the urban areas. Nearly 70 per cent of available hospital beds in the country are located in urban areas and only 30% in the rural areas. On the basis of population concentration, the ratio should have been reversed.

This has not happened. Whereas in the cities medical facilities are available to the common people, though not always without a good deal of harassment at the over-crowded hospitals, the picture in the rural areas is depressing. There are any number of villages today without even rudimentary health care. The contrast is glaring. At the same time the broad masses of people in the rural areas are on the move. They are no longer isolated from the mainstream of national life. The development of communications has brought them into contact with the life in the cities. They perceive the change that has taken place and that has benefitted their brethren who happen to be fortunate enough to live in urban areas. They desire the benefits of modern medical science for themselves. This imbalance between what is available on a global basis and what trickles down to the suffering people in the countryside produces social and political tensions. However, even more important is the fact that by denying medical and health facilities to vast numbers of people in the countryside we are damaging the productive potential of the country. Thus, whichever way you look at it, it is clear that the most important dimension of planning for medical and health services in the Fifth Plan is the fulfillment of the basic needs of our rural population. There is another aspect. Even in the countryside there is a class which can afford to pay for medical services. It is a small class but none-the-less a very influential segment of the national community. But there are millions and millions of people who are too poor to pay for the sometimes expensive medical help that they need to be free from disease. We have to reach these people in an effort not only to cure their diseases but also to make them less vulnerable to disease.

This is a task of gigantic magnitude. It is not easy to devise what in the jargon of the Planning Commission is known as the 'delivery system' of health care services to rural areas. There are many factors involved, financial, organizational and so on. Perhaps basically our attitudes are involved. The Prime Minister has articulated the needs of the poor, the deprived, and the disinherited because she is in constant touch with the over-powering reality of rural India. We have to think of new methods, new procedures and new organizations by which we can meet the expectations of our people. What is it that we can do now, today and tomorrow to take to the rural areas on a large scale the benefits of modern medical sciences? Do we need to change in some ways our system of medical education? Should we not emphasize more the area of social medicine as opposed to the almost exclusive concentration on curative aspect of modern medical technology? Should our research not take into account the widely practiced indigenous remedies? What kind of incentives do our doctors and other personnel need to serve the rural communities? What kind of organizations should be established to ensure that there is no frittering away of our limited resources through duplication of effort and through a compartmentalized way of looking at the health needs of the rural communities?

These questions do not admit of easy answers. It is for a distinguished body like the Academy to think deeply about these problems. I would like to suggest for your consideration a proposition that

seems to me to be a starting point for an investigation of the important issues in this field. Our economy as its present state of development cannot offer to its highly trained experts working in the rural areas incentives comparable to those which are available in the urban centres. Our financial resources are limited. Therefore, any scheme, any proposal that is based on improving the available incentives for transfer of medical manpower resources to rural areas will stand very limited chances of success. Living conditions in the rural areas have improved and will improve further as time goes by. However, it will be a long long time before we can approach the amenities that are available in the urban centres.

Does this mean that our doctors, nurses, and indeed other scientific experts in various disciplines have to be compelled to go to rural areas? Superficially, the idea is attractive. One can think of making some sort of a rule and saying that no one will be admitted to a medical college unless he or she signs a bond for service for a stated period in the rural areas. But is it possible to bring about rural development through a process of coercion? Real development starts with a change in our attitudes and values. It is a question of what degree of importance we attach to the work one does for improving the health of one's fellowmen and women in the rural areas. Do we honour those who sacrifice a great deal of personal effort, and the chances of rising in the medical profession, by working, in remote areas with poor equipment, with insufficient supply of modern medicines and amidst people who suffer due to poverty? Or do we honour those who spend their life time in administering to the needs of the privileged few?

What I am suggesting is that material incentives alone will not induce the products of our medical colleges to move to the rural areas. Other and more powerful incentives will have to come into play. These incentives can only be the product of a new way of thinking, of a new system of values. It is institutions like the Academy of Medical Sciences that alone can help in generating a new outlook, an outlook that proceeds from a sense of idealism and from a commitment to the vast impoverished masses of India. I am aware that this kind of thinking is often contemptuously described as unrealistic and is not welcome in quarters that pin their faith on the immutable and the inexorable laws of demand and supply. Before giving similar treatment to the suggestions I put forward, kindly consider who designed our present system of medical education and for what purpose. How does it profit us if a small fraction of the members of medical profession in India distinguish themselves internationally by researches in fields which are of immediate relevance to the needs of the affluent societies in the West while a vast majority of our people continue to suffer from diseases caused by the absence of safe drinking water? How does it profit us if a small fraction of our scientists win international acclaim while millions of children are doomed to stunted lives in their adolescence and maturity due to diseases that can and should be controlled with our existing resources of knowledge and manpower? In other words, is it possible to think of the concept of social medicine without thinking of a corresponding change of values that lie behind our present day medical curricula and teaching? It is farthest from my mind to suggest that this thorough-going change in attitudes and values is needed only in the medical profession. This has to be a total process covering all areas of national life. I need hardly refer in this connection to the deficiencies of the family planning programme. Only the other day my esteemed colleague Shri Uma Shankar Dikshit was telling the National Development Council that the benefits of the family planning programme have not percolated to the sections of our population who need them most, namely the working classes and the poorer sections in the rural areas. Why should this be so? Perhaps the reason may be that the strategy for communication we have devised is tailored more to the perceptions and values of the better-off sections of our society. Moreover, this important programme is implemented in isolation from other important programmes like health services and nutrition. There is one agency to tell the citizen how to limit his family, there is another to take care of his health needs, and still another to supply the nutritional deficiency of his young children. When we consider the difficulties involved in sending the right type of personnel to the rural areas, this type of administrative chaos seems baffling to an untutored mind like mine. A proper integration of health, family planning and nutrition programmes has to be achieved. This is necessary to make a more effective use of our limited resources both financial and organizational. Also it needs to be realized that our people,

particularly in the rural areas, do not regard the medical doctor simply as some one who has a highly valuable professional skill. They look up to him as a friend, as a guide who can perhaps show them a new way of living. Therefore, the medical personnel have to function in an entirely different social relationship. They are not dealing with people who know what their skills are and who are prepared to use those skills for their benefit. They are dealing with people who have to be motivated to perceive new possibilities, to change inherited beliefs and to believe that our environment can be controlled by human action. This is an altogether new dimension of effort, and this requires skills in persuading people to accept change. I do not know whether the existing system of medical education makes allowance for this. I am tempted to think that it does not, because had it been otherwise we should not have resorted to monetary incentives to get people to accept family planning techniques. Here again we have to evolve techniques and practices that suit the social and economic conditions of vast masses of our people. We keep on applying, on a large scale, techniques which have proved successful elsewhere and discover after protracted trials that they do not work here or that they work only with very limited success.

I am hopeful that changes would come about because the best minds in the medical profession are today engaged in seeking answers to these urgent social questions. It is a healthy sign that our eminent scientists are themselves raising these questions. I have every hope that the Academy would provide direction and support to our scientists in evolving a sound strategy for solving the crucial problems in the field of medical and health services.

I would like to give my good wishes to the fellows and members of the Academy. I hope that it would grow from strength to strength and its efforts for raising the standards of medical profession would be crowned with success. A challenging task awaits the fellows and members of the Academy, the task of contributing to the transformation of our society. For accomplishing this task all of us have to work with vision, courage and determination. I know we can do it.

Thank you very much.