

**Convocation Address by Shri L.K. Jha on the occasion of the 23<sup>rd</sup> Convocation of the NAMS on April 14, 1986**

Considering that in the past you have had some of the highest dignitaries in the land to address your Convocations. I feel very greatly honoured indeed by your invitation to be your Chief Guest at this the XXIII Convocation of the National Academy of Medical Sciences (India). Although at heart, like all sane human beings, I hope and pray that I should not have to seek any professional assistance from men of eminence in the medical field and would cheerfully eat an apple a day if I could only feel sure that it would help keep the doctor away. I must confess that I hold the medical profession and the medical science in the highest esteem. While much that comes out of the scientific research on which billions of dollars are being spent every month poses a threat of instant annihilation to mankind, of the medical sciences, it can be truly said that its efforts are dedicated to prolonging human life.

The contribution which Indians have made to the advancement of medical science and as practitioners of the art of healing through medicine and surgery is second to none in the world. Time and again, people who have gone for treatment to the best hospitals in America have found that the top man looking after them is an Indian. While I certainly feel proud of the contribution which they are making to the health of the mankind, I am even more concerned with thinking of ways in which their talent and services could help the well-being of the people of this country, particularly the poorest and those living far away from metropolitan cities like Bombay or Delhi.

It is not that the health of the Indian people has not recorded a substantial improvement in the years after Independence. The very fact that the average expectancy of life has gone up from less than 30 years before Independence to above 50 years today is an eloquent tribute to the progress that has undoubtedly been made. Even so, the fact remains that far too many people in the country are victims of diseases which can be somewhat easily prevented or cured. The rate of infant mortality is still too high. Although we have succeeded in eradicating smallpox and plague, our efforts to eradicate malaria have not been quite so successful and there are signs of a setback. Further, many of the ailments which still afflict the poor in India but are not known in richer countries are the result of poverty and malnutrition as well as unhygienic conditions which do not come within the domain of the medical scientist as such. Yet, in the evolution of policies to remove these weaknesses and shortcomings, the involvement of medical science is essential.

Indeed, the quest for health has to be a multi-disciplinary effort. The involvement of the medical profession is central to it. At the same time, many other agencies, some in the private sector and some in the public sector, some motivated by commercial considerations and some inspired by charitable motives must be involved in order to get the best results. Further, in a country of great poverty with severe limitations of resources, the whole exercise has to be carried out with due regard to economy. As a humble practitioner of economic science, in speaking to you this afternoon, I should like to dwell on ways in which the economic efficiency of the efforts to achieve the goal of health for all by 2000 A.D. to which all nations including India have committed themselves, can be ensured. In doing so, I shall be addressing myself primarily to conditions as they are in India, though even within our country, there are tremendous variations in conditions between one part of it and another.

I propose to dwell first on the problems of personnel, of finding the right men for the right jobs, and then I shall turn to some issues in the organizational field.

The basic problem we have to face is of bringing medical facilities within the reach of all. And when I say reach, I mean it in two senses. It has to be within the physical reach of people in far flung areas and it has to be within the financial reach of people who are very poor. The kind of effort needed for the purpose can only be made by the State. Unfortunately, there are far too many demands on the

very limited resources of the State. However, much we may emphasize that people's health must have the highest priority, the plan allocation will always appear to be much less than is needed. We have, therefore, to explore not only what is to be done but how to do it with the maximum economy.

One of the suggestions often made in this context is that we must like China, have bare-footed doctors. Sometimes when I hear this, I am tempted to retort that what is important about a doctor is not what he wears on his feet but what he carries in his head. I believe that top-notch medical scientists such as those who belong to this Academy can make a tremendous contribution to improving the health of the people by carrying on research in areas which are of special relevance to us in India but not of much interest to those engaged in research in the more affluent countries. The contrast between the economic conditions of the rich and the poor also reflects itself in the nature of ailments which afflict them. There are those who suffer the consequences of over-nutrition, such as obesity, hypertension, diabetes, gout and heart attacks. For the poor and the under-nourished, we get a wholly different kind of health picture. They are rickety and frail. Their mental and physical capabilities often do not develop adequately. Living in unhygienic conditions they fall victims to every kind of infectious or contagious disease. Their immunity deficiency syndrome is not acquired through perverted living but is a consequence of impoverished living. Intensive research, therefore, has to be done to evolve ways of treating them effectively and economically.

It is medical scientists in India who can and must play a key role in this. No doubt, some research in tropical diseases is carried on in the developed countries also. Often such research is undertaken by multi-national corporations. When successful, its fruits are sold to us at a very high price. It is of the utmost importance that our own scientists and our own laboratories should orient their research specifically towards finding remedies, or better still preventives, for the ailments that the poor suffer from. In doing so, wherever possible, cheaper alternatives should be preferred. For example, an identification of the less costly items of food from the point of view of their contribution to nutrition can provide a better solution to our problems than vitamin pills and tonics.

Having referred to and emphasized the role of the most highly qualified people at the top, let me now turn to the other end of the scale, the doctor which is expected to treat the patients in distant poverty-stricken areas. The medical profession has taken the view that the minimum qualification for any doctor to practice anywhere should be the MBBS degree. I have from time to time put forward the thought that perhaps we ought to review the old L.M.P. The higher standards of study and qualification which the holders of MBBS degree have are no doubt desirable. But if we face realities, we cannot fail to observe that very few of them go to live and work in the really backward areas.

To some extent, the problem could and should be solved by making pay scales and living conditions in the backward areas much better. As things are, there are city allowances available to government servants in urban metropolitan areas. What is not realized is that those posted to backward areas often have to incur much more expenditure in order to have access to certain basic amenities such as children's education, which are available at the door-step to those working in cities.

However, I have grave doubts whether by financial incentives alone we can solve the problem. The basic fact is that we are producing far fewer degree holders than the country needs. If we proceed on the assumption that only degree holders can practice, it will take a very long time and very much larger outlays on medical education for the doctor-patient ratio in the backward areas to come up to tolerable levels. One of the things I noticed when I was Governor of Jammu & Kashmir was that in the remote areas which get cut off by snows, not only do the doctors' posts often remain vacant, but even when they were filled on paper, the doctors did not put in an appearance too regularly except on the first of the month when salaries had to be drawn. What we have got to realize is that by insisting on a certain minimum standard of medical education which is rather high, we are compelling large numbers of people to get treated by those who have no medical qualification at all,

or are qualified in one system of medicine while the medicines they prescribe belong to a different system. It is against this background that I felt that the revival of licentiates would make it possible to augment the number of medical practitioners in the rural areas at relatively less cost and in a shorter period of time. The licentiates should be permitted to practice only in rural areas, though after a certain number of years of field experience they could be given an intensive course of training and allowed to seek the MBBS degree. Such a route to getting a medical degree would be far preferable than many of the diverse ways in which the privileged and sometimes those claiming to be under-privileged try to get a medical degree.

Side by side, efforts must continue to open medical colleges. The resource problem being what it is, I would encourage the opening of private institutions in this field provided care is taken to ensure that they maintain standards and while they cannot be expected to be run at a loss, they should not be permitted to start profiteering.

We should thus have a multi-tier system. Some, and their number has to be limited, will be at the peak of excellence. Others will be specialists who, after their MBBS degree, have done postgraduate work. Then there will be the degree holders and also the licentiates.

In addition, some supporting cadres will be needed. The entire staff in the hospitals, not just the nurses but all the other attendants also should be appropriately trained. Negligence on their part can cost lives. Indeed, if the performance of our hospitals seems to be not quite so good as in some hospital abroad, it is not because our surgeons and physicians are not as good as you can find them anywhere but because the care and attention which patients get in most of our hospitals is not up to the mark.

Outside the hospitals, apart from those engaged in the treatment of patients, we need people for other purposes, for immunization and for enforcing better sanitation. Prevention is better than cure. Most important, we have to make a very special effort to make the family planning drive a success. A sharper decline in the death rate while the birth rate remains high, can have explosive possibilities of a most unfortunate kind. The success of all the effort which is being made in the field of health depends on proper personnel policies. Otherwise, large sums of money allocated for the purpose cannot give us the results we expect.

The second issue to which I now turn is how best to locate different types of medical facilities in order to maximize the coverage at the minimum cost. The traditional approach has been to try and open as many hospitals as possible in the matter of their location. There are pulls and pressures of different kinds both from backward areas and from urban localities. In the event, while their number has been increasing steadily, many of the institutions suffer from deficiencies of one kind or another. In many of them, expensive equipment has been installed which cannot function because certain supplies necessary to keep them going are inadequate or not available. There are also problems in regard to supply of medicines. Some run short, while others deteriorate due to prolonged storage without refrigeration. One reform I would urge is that planned funds in the health sphere should be available for use not just for providing new facilities but also for maintaining and improving facilities established in previous plans. With such an approach, the funds available will be much more productive in terms of results than they are today.

However, the more important thing to my mind is how to evolve a plan for the location of medical facilities which could be most cost-effective. To evolve such a plan, we must balance the costs and benefits of taking a service to the place where it is needed or taking the needy to a place where the service exists. In considering this question, account should be taken of the mobility factor. Certain services can be made available at different places, not by locating independent centres in each but by making use of mobile clinics and dispensaries. Similarly, it may be both better and cheaper in many instances to take the patient to where the best services is available than to provide him with an indifferent inadequate service at his doorstep.

Upto a point, the principle of setting up centres of excellence for the treatment of certain grave ailments such as cancer or cardiological diseases stands accepted. However, in general, the trend is to open multi-purpose hospitals here, there and everywhere. Often they are inadequately equipped for the tasks they have to perform and at the same time, it also happens that often the equipment which is installed and the staff which is posted are underutilized.

A mobile clinic to go from place to place spending a fixed time each day in each locality can, I think, do a much better job at much lower cost than constructing hospitals and dispensaries for which large outlays had to be made. Similarly, it would cost the community much less and give much better results for those suffering from serious ailments to be transported to institutions where they can be properly treated than to provide them with less than adequate facilities nearer home.

Once full account has been taken of possibilities of two-way mobility, a more rational pattern for the location of fixed installations can be evolved. The prime factor should be the size of the population which the institution will have to serve. An attempt should be made to identify such ailments as may be said to be endemic in the locality and to provide appropriate facilities for their treatment. Better-equipped and more wide-ranging hospitals should be set up to meet the requirements of a larger area with facilities for transporting patients to them. Then for certain purposes, at the State, regional or even national level, some specialized institutions should be set up with appropriate arrangements including financial assistance for the patients to be transported to them even from somewhat distant places.

At this point, I would interject one more thought. It seems to me that the effectiveness of such institutions gets adversely affected, if they become departments of one omnibus institution. If instead they had their separate identity, their entire staff, not just the top doctors would begin to acquire a certain degree of specialization. Further, the administration of such institutions would not be too complex and can be entrusted to some one, not himself a specialist, who can look after such things as leave and salaries of staff, supply of provisions, purchase of stores and the like. The kind of hierarchy which exists in many hospitals in such that a top specialist wastes his time and talent performing chores which come in the way of his providing the best service that he is capable of in the field of his own specialization. In a multi-purpose institution, the situation can get even more complicated, if a specialist in one field is seen as lording over specialists in other fields because he is at the head of the institution. Further, if a multi-disciplinary hospital has an out-patient ward also, the care and attention which should be available in the specialist wards begin to suffer.

Let me now conclude. I have ventured to put forth thoughts and suggestions in a field where you are experts and I am an amateur. I have tried, as far as possible, to confine myself mostly to economic and administrative factors which should be taken into account but these have to be subservient to the more important task of healing which is your field of speciality. I can only assure you that my suggestions have been made in all humility and on all the points I have made, I shall bow to your superior judgment.