DEMANDS OF FEW *vs* NEEDS OF MANY

"The right to health is a fundamental right"

—W.H.O.

"A state of complete physical and mental and social well-being"

—W.H.O.

"Complete freedom from disease and from struggle is almost incompatible with the process of living"

— Rene Dubos

Health is different from pleasure and happiness. As opposed to health, in happiness there is hierarchy. A happy man wants to be happier; getting one measure of happiness, he desires to get a greater measure of happiness; getting one kind of happiness, he longs for other kinds of happiness.

The highest value held out in Indian thought is not happiness or 'sukha' because happiness necessarily presupposes its invariable concomittant, unhappiness: the two constitute a pair. One cannot be there without the other. On the other hand, peace of mind (shanti) is freedom from all opposites and is therefore, the highest objective. Peace of mind (shanti) is defined as that, obtaining which, one does not seek to obtain anything else. It results, when there is no longing and thus no stress.

There are no levels or kinds in peace of mind. A person who is content, does not aspire for more of it; if be does, he ceases to be content. Thus it eliminates rivalry, strife and stress. It is an attitude of mind that is cultivated, in order to preserve and promote health and to prevent illhealth.

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Peace of mind is within easy reach and can be attained by a large majority of people, irrespective of caste, vocation, knowledge of philosophical truths and so on.

Health is possible only for mortal beings, for we are born with the twin inherited and inescapable 'diseases-ageing and mortality'. To lack health is a misfortune than misdeed. Health is more beauty than virtue, more an aesthetic than ethical term. One does not condemn some one for 'no longer being healthy'. Then, are our goals for attaining health or prolongation of life? If we aim at the latter, we go after the diseases that are the leading causes of death, rather than the leading causes of ill-health. When we tend to evaluate in terms of mortality statistics, we invariably mean changing one set of fatal illnesses or conditions for another. Prevention and treatment of causes of ill-health may enable the prospective or actual victims to live longer.

Modern system of medicine, which is most widely respected of professions and which has never been more competent technically is in trouble. Its health is not too well. . The reasons are medical care is very costly and not equitably available. The average doctor sees many more patients than he should, yet many fewer than would like to be seen. In fact, a modern doctor is overtrained for the job he is doing, yet undertrained for the job he is expected to do. On the other hand, physician's powers and expectations from him have grown enormously, owing to explosion of knowledge and modes of diagnosis and treatment. His responsibility has grown as well. All kinds of problems now roll to the doctor's door from sagging anatomies to suicide, unwanted childlessness to unwanted pregnancy, marital maladjustment to learning difficulties, genetic councelling to drug addiction, from laziness to crimes.

It is ironic but not accidental, that the great technical power of medicine is under confusion about its standards and goals for guiding its use. When its power was fewer its purpose was clearer. In fact, medicine was considered the very model of an art in the past. Today, although fully armed and eager to serve, its targets are no longer clear. Now health is not the only possible and reasonable goal of medicine. There are other goals as well, *e.g.,* removal of womens' breast because it interferes with her golf swing, performing vasectomy, tubectomy as family planning for

non-medical reasons, artificial insemenisation etc. Hence happiness is a false goal of medicine.

Without a clearly defined end views, medicine may prove to be only a set of means, and doctor being reduced to a technician and engineer of selling his services on demand. This means transforming the physician into a helper for hire.

'Endless' profession is an 'Ended Profession'. A doctor should not be tyrant but neither must he be a servant. Doctor should remain as a leader and teacher. Public misperception of medicine is ultimately more dangerous than the doctors misperception of himself. The community must respect the fact that medicine is an 'art' and doctor is a 'docere'.

We need to advise better indices of healthiness than mortality and morbidity statistics. Thus the importance of epidemiological research in healthiness-about what promotes and what undermines health. Sophisticated studies in nutrition, exercise, rest, sleep, relaxation, response to stress are integral subjects of research. We need to identify and learn about health sub-groups in the community and to discover what accounts for their success e.g. change in eating habits and new treatment for hypertension has shown a downtrend in death rate from heart attack in middle age groups.

This approach would appear pedestrian in comparison with the dramatic style of high technology and therapeutics. One has the highest respect for noble prize winners for the discovery of chemical wonder of enzyme structure but surely he who suggested adding chlorine to drinking water or invented indoor plumbing system and closed drainage have contributed more to healthiness of human kind. What is actually important to note is that major improvements in mortality in Europe and USA occurred before the massive investment of the last few decades and before the advance of 'high technology' in medicine.

Mortality rates among children, young adults have continued to improve but not at an enhanced rate and gain in expectation of life at the age of 65 have been far from dramatic. In spite of enormous scientific development and availability of drugs and high technology machinery, the improvement in mortality has been disappointing. Complete eradication. of heart disease,

cancer and stroke-currently the major fatal diseases, would according to some calculations, extend the average life expectancy at birth only by approximately six or seven years, and at age 65 by more than one and a half to two years. Medicine's contribution to longer life has nearly reached its natural limits.

There are several countries, where spending on health services is not below 10 per cent of the gross national product (West Germany, The Netherlands, Sweden, USA). People are now working for a five weeks a year, simply to pay for their health services–less premature death, less illness and disability, less pain, more comfort and support and care when disability cannot be further ameliorated. There is a serious doubt whether richer countries of the world have in fact gained any commensurate benefits. There is a point at which people want to keep their own money to spend in their own way. Bulk of the money in health care goes to a small minority who are seriously ill. There may well be a limit on what the healthy are prepared to spend on the unhealthy.

CT scanner is the greatest development in radiology and has enormous diagnostic potential but between 1973 and 1977, UK installed 30 brain and 11 body scanners. In USA in the same period, over 760 scanners including 200 body scanners were installed—if each of these machines did 2000 scanners a year, at average charge of US £300, the annual cost would be $456 millions.

Being excessively impressed with the technological brilliance of big hospital medicine, mobilizing crusades and crash programmes against cancer and heart disease, the health politicians speak as if more money, more targeted research, better distribution of services, more doctors and hospitals, and bigger and better cobalt machines, lasers, and artificial organs should bring the medical millennium to every citizen.

Planning must not be vague, unless justified on economic grounds, increased efficiency or training, new and sophisticated equipments, and big hospitals can become 'white elephants', One approach to the problem of cost containment is to restrict the supply, both of hospital beds and of medical man power.

One view is that further preventive efforts may be more cost-effective than further investment in curative media. Equally important is the fact, that a section of intelligentia both in and out of medicine, have begun to wonder aloud, whether and to what extent medicines are doing good.

The countries that appear to spend the most on health services do not necessarily have the best health. Spread of free or nearly free health services to vast majority of the population does not seem to have narrowed relative social class difference in mortality risks. The 13 year increase in life expectancy from 1950 to 1970 for persons over 25 years old, who are non-smokers, is also most halved for those smoking more than 25 cigarettes a day. We are irrationally suspicious of any attempt to modify our personal behaviour, even if it kills us.

> *"A man who has built a fire to warm himself, but continues to fire it,until it begins to roast him"*
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> *—Plato*

Frankly, man seeks ingenious devices to measure his discomfort accurately and to cool himself down, dazzled by the roaring success of his life he fails to see that the obvious remedy is to put less wood on it. Modern medicine is often pictured as a stunning breakthough. Technologicl revolution have evidently fostered this image. 'Technology' reign as primary shaper of medical progress has been strongly challenged. not only in terms of the financial drain but also in terms of its outcome on the nation's health-its excessive use and the possible risks to patients and societies. Technological revolution has become a controversial issue. Now it is 'Technological Problem'. Therefore developed countries have a lesson to teach the developing countries from their experience—may be negative rather than positive 'Don't do it our way'.

The trend towards high technology evidently leads to a disequilibrium in type and distribution of services provided, with too much emphasis on acute institutional care and too little on more essential care, for huge segments of the population. In countries with more limited resources, it obstructs the development of priority health services, thus possibly contributing to a deterioration in the population health. The developing

countries should not be misled by developed countries. Gross attempts to transfer successful structures from one country to another, can lead to reactions out of proportion to the often minor adaptations needed to fit them to the recepient country's values.

Poverty is the key sector in the developing countries. Poverty creates illness and illness creates poverty. Health planning is a question of economic and social planning rather than medical planning. Industrial development would help a small urban elite.

There is relatively high expenditure on health services in urban areas, concentration of resources, hospitals and trends towards physicians based security schemes. Usually training included doctors and specialists, medical education of the curriculum of more developed countries, heavy expenditure on imported gadgets and pharmaceuticals, service heirarchially controlled and at the same time vast majority are denied science based service and spend heavily on herbal remedies and traditional practitioners. It is interesting the relatively low priority is given to health compared to other areas such as ornaments, hotels or air lines in developing countries. Health does not seem to be a priority.

Inadequate investment on the physical and mental well being of the people can only mean a proportionate decline in the economic development of the country, putting greater pressure on its resources.

Pharmaceutical progress eliminated suffering and sadness, has benefitted modern medicine by the saving within the health service itself, saving from the reduction of loss of working days and savings from the elimination of premature death. For the vast majority of the rural population, it is now accepted, that basic and generally well established medicines are what is needed e.g. vaccines and antibiotics.

A case in point is that there are nine million blind in India—3 out of 200 persons and 3 million of them are preventable. 25 lakh of children are estimated to go blind every year and 12.5 lakh need to be protected annually with vitamin A-50,000 units costing Rs. 2 per child with a total cost of Rs. 25 lakh as against Rs. 25 crore for feeding, educating and care of the blind and loss in terms of human happiness. Forty per cent of population suffer some degree of iron deficiency anaemia which could be rectified by oral

iron therapy, costing hardly Rs. 2 to 5 per person. Appropriate technology for health and rationing of services could lead to rational solutions—The need to eliminate waste and improve cost-effectiveness, and the principle of equal distribution of service in population.

In many areas of social life, policy and action still continued to be improved on the basis of prevailing beliefs rather than on informed appraisal of issues and alternatives. In meeting health needs, technology must be geared both to the problems to be solved and to local conditions. It should be scientifically sound, acceptable to those who apply it and to those for whom it is used and affordable to the nation.

Each country and each society has to decide its own health priorities. Good information is crucial to good decision making. Their use must justify the effect involved.

The stock of skill or human capital must be allocated in such a way as to reduce the cost of any particular treatment.

India has an abundance of men of intellect and aptitude for medical research, but they should be given all facilities and encouragement. The declaration of Alma Ata, proclaiming health for all by 2000 AD enjoins upon research, to gear its efforts to fulfil this goal. . The challenges have to be met by appointing TASK FORCES, comprising groups of experts in respective medical fields, who should formulate specific targets and time bound projects in the given fields and identify the priority areas with regard to their national relevance. IMA will also be happy to associate itself with this task and help the various medical research institutions with a proper feedback.

"May the whole world be healthy and contented".

References

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