

VIII. MEDICAL ASSOCIATIONS

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INDIAN MEDICAL ASSOCIATION (HQ)

ALL INDIA MEDICAL CONFERENCE

Chairman of the Reception Committee,
Distinguished Guests, Worthy Colleagues, Friends,
Ladies and Gentlemen,

I deeply appreciate the great honour you have bestowed on me, by electing me as PRESIDENT of the Indian Medical Association. There are undoubtedly more eminent men who could have occupied this illustrious chair, but perhaps the association's choice is a gesture of appreciation of my association with the IMA for more than three decades. I am grateful to Dr. (Mrs.) Lalitha Rao, our retiring President, for giving me the honour of succeeding her, after filling the chair with such distinction. I also wish to express my profound gratitude to all the members of Indian Medical Association (IMA) for having elected me to this august office.

They also deserve to be congratulated for electing my dynamic senior colleagues like Dr. C. E. Oommen, Dr. N. L. Aggarwal and Dr. Dilipkumar Roy as Vice-Presidents.

At the outset, I wish to assure all of you that we will make every effort to uphold the credibility of our great organisation and also take it to the pinnacle of excellence. Let us be judged, not by the stray rumblings of our failures but by our resounding successes.

The Indian Medical Association has played a key role in the medical annals of the country, since its inception in the year 1928. It is an organisation of dedicated practitioners of modern medicine, representing all facets of the profession. One of the great advantages of a national institution

like this, is that it forges unity amidst diversity and promotes harmony and goodwill. But the Association, one of the main tasks of which is to maintain the honour and dignity of the medical profession, protect its interests and end compartmentalisation in medical education and medical services, has in recent years, been facing a variety of challenges from both inside and outside the profession. It is upto us to take these challenges by the horn and harness them with courage and conviction, for the exclusive good of the profession and also to impart a positive and new image to our great organisation. This task calls for a lot of vigour and pragmatism on our part. This would also perhaps mean that the entire functioning of the organisation should be streamlined. We should strengthen our grassroots, by holding a number of zonal conferences and also giving adequate representation, speciality-wise, for up coming medical practitioners.

It is in the fitness of things that I should start my address with a few remarks on medical education in our country, which has become one of the burning topics of the day. Mrs. Indira Gandhi said :

“I certainly do not advocate or would countenance any lowering of standards of medical education but I do feel that there is a scope for dispassionate rethinking on the topic. We must have high standards.”

We are proud of the fact, that the standard of medical education in our country has been of a very high order, since the first batch of students graduated more than 150 years ago. The Madras Medical College, had also had the foresight, in 1875, to open its doors to Mary Sherlief, one of Britain’s first lady doctor who had been refused admission by the conventional heads of medical schools in England. At the time of independence, India had 27 medical colleges with an output of 1200 doctors per year. But over the past few years, partly to fulfill growing needs and partly due to commercialisation of medical education, there has been a disturbing proliferation of medical colleges.

(i) Health University

The medical colleges are attached to different universities in the same State, resulting in lack of uniformity not only in the standard of education but also in the pattern of examinations even from college to college. It is therefore imperative that a medical university is formed in each State to

establish uniform standards in medical education. This can be ensured by evolving a common curriculum and common methods of examination in all the universities in the country.

Lest we should be misunderstood, I hasten to add that we are not against reservations as adumbrated in the constitution, but we do say that the number of seats in the merit pool in medical colleges should be substantially raised. In fact, we would even say that the very criteria of merit, may have to be redefined. Apart from scholastic performance, the other guiding factors for selection of candidates should be the zeal to acquire scientific knowledge, concern for fellow beings, compassion and service-mindedness. In this context, I would once again quote Smt. Indira Gandhi who said :

“In admission (to medical college) the accident of a few marks difference seems to matter more than a young person’s aptitude, his capacity to train and his desire to serve”

Her observation is apt and highly relevant.

(ii) Medical Curriculum

The innumerable advances in medical knowledge and practice have resulted in gross hypertrophy of the curriculum and overgrowth of compartmentalisation. The syllabus is often drawn out and teaching time carved out to symbolise the prestige of a department rather than the requirement. Rigid curriculum and authoritarian teaching may produce good examination results, but they also induce premature rigidity of mind. The development of modern techniques of physical examination, shifted emphasis on to sophisticated investigations something which cannot be shown histologically or demonstrated electrically or chemically could not be accepted as important. The practitioner of today is overtrained for the job he is doing and undertrained for the job he is supposed to do. Several studies have revealed the sheer dismay of the students on being confronted with a sea of knowledge, with very few clues to help them navigate it. At present we are producing fine young physicians, who make excellent scientists, anxious to diagnose and manage even the most complicated and rare syndromes and produce research papers. But most of them, do not seem very interested in tackling the day to day problems of ordinary patients with the seriousness it deserves. The concept of the patient as a whole person seems to be honoured more in the breach than in its practice.

Medical education should be socially relevant and academically rewarding. The emphasis should shift from class room teaching to group discussions, integrated studies, information feed back, audiovisual aids and nonfactual learning through behaviour patterns and traditions.

Thirty per cent of our patients suffer from psychogenic morbidity, but it is distressing to find the provision for teaching psychiatry in our medical colleges is far too inadequate. Every medical college should have a chair of psychiatry with a full complement of competent teachers.

(iii) The Right Teaching

“A teacher can never truly teach unless he is still learning himself. A lamp cannot light another lamp unless it continues to burn its own flame.....”

—*Rabindranath Tagore*

Too often teaching and research are spoken of in one breath as if they are synonymous, but actually they are not. The whole art of teaching is to awaken the natural curiosity of the mind, so that learning becomes an enlivening and exciting experience.

A good teacher is endowed with vigour, originality and freshness and is capable of self-evaluation. One of the greatest assets a teacher can possess, is to make his student feel comfortable in his presence and impel them to voice their doubts and lack of understanding without inhibition. It is high time that teachers were appointed for their teaching ability than good conduct.

“I never teach my pupils. I only attempt to provide the conditions in which they can learn. “

—*Albert Einstein*

Since the gift of teaching is mostly an acquired skill, suitable refresher courses would help them grow to their full stature. In order to improve the quality and relevance of medical education and ensure uniformity of standards, more teacher-training centres should be established.

(iv) Internships

The houseman is very vulnerable, especially in the early stages, when he realises that all those splendid examinations he passed with aplomb are of little use now. He seldom gets adequate help, guidance, training and experience. If the period, of his internship is to serve any purpose, it should be more purposefully planned and coordinated. The consultant should have both the time and ability to design and execute the most appropriate methodology for the internee's training.

(v) Rural Bias of Medical Education

Thanks to the new trend towards specialisation, medical practitioners, many a time, tend to forget the fact that it is a human being who is ill and that what requires treatment is not just a malfunction of a particular organ. Our attempt should therefore be to orient our treatment to the rural norms of yore whose hallmark was humanism. Modern advances in treatment of medical and surgical cases have so far been confined mainly to cities and towns, but in a country where an overwhelming majority live in vilages and is used to a simple and healthy way of life, ruralisation of medical treatment is imperative. It can be a key to the health, prosperity and improved social status of the farmer and his family.

The medical facilities available in rural areas at present are extremely inadequate. Suitable conditions should be created to enthuse doctors coming out of medical colleges to stay within the country and serve the rural people. I wonder if, at least on an experimental basis, a few medical colleges should be shifted to rural areas in order to create the new ambience. Students would also live in a rural environment in that situation, so that on completing their education, they will be in a better frame of mind to serve the rural population. Such rural medical colleges can make their own contribution to the new socio-economic ethos, besides creating a new kind of medical graduate. The doctor of this culture, would not merely be a curative technician but a learned guide in health and hygiene to the common folk. He can also promote prevention of a number of diseases.

It is high time all traces of casteism in medicine were removed and a common system of medicine, taking advantage of the best in all systems of medicine evolved. I would also suggest, that a few hours of teaching

should be set apart for ayurvedic medicine at the undergraduate level as a step towards such integration. After all, no matter what form of medicine one practises, the doctor's basic material is human life and he should apply scientific means to relieve human suffering.

(vi) Post-graduate Education

The present criteria for selection to postgraduate courses are not uniform. There is no recognition of the aptitude of the candidate towards a particular speciality. To make it worse, there are not enough seats in our teaching hospitals, to accommodate all the aspiring young doctors. An opportunity should be given to them to serve in our hospitals in large numbers as senior house officers so that they may be encouraged to take the national board examinations and fill in the vacuum at no extra cost or burden to the exchequer.

Present postgraduate teaching, calls for a lot of improvement. Attendance at various scientific meetings should be made obligatory for all the teachers, house surgeons and post-graduates. Original contributions to science and research work should also be taken as criteria for selections and promotions at the postgraduate teaching level.

Mushrooming of Medical Education

The recent mushrooming of capitation fee-based private medical colleges is a very disturbing present-day phenomenon. Medical education, already ailing, is further crippled by politicalisation and commercialisation. New medical colleges are opened with utter disregard of the existing medical manpower and utter lack of suitable and adequate facilities for undergraduate training. The policy makers and proponents of new medical colleges defend themselves on the basis of the Mudaliar Committee report, which recommends one medical college for every 50 lakhs of people but in reality not only are there colleges far in excess of this formula but several colleges also admit 150 to 200 candidates a year, as against the Mudaliar Committee recommendation of 100 seats per year. The result is that a large number of sub-standard doctors are churned out by these colleges. Could a developing country like ours, where the health of the citizen is of paramount importance, afford substandard medical manpower? A disproportionate output of doctors, results in their gross underemployment/unemployment

and they end up as a burden on the profession and society. Nothing could be more demoralising for doctors, scientists and technicians, than lack of work. One of the lacunae is that the Medical Council of India (MCI) which is the licensing authority for these colleges, comes into the picture only several years after the college is started and after the first few batches pass out of the college. IMA however, is relieved to learn that the MCI is seriously contemplating amendments to the Act to overcome this deficiency. The government, instead of wasting its meagre resources on wrong planning and expensive but superfluous medical education, could profitably divert them to provide minimum facilities to the doctors in remote villages and thus help in uniform distribution of existing medical manpower. Providing adequate drugs and surgical materials and streamlining of the functions of primary and sub-health centres would definitely go a long way in improving the day to day health of needy rural millions. This becomes particularly relevant in the context of the fact that many well meaning national health programmes have utterly failed to reach their targets.

Health Situation

In spite of several intensive and specific drives against many diseases since the dawn of independence, the nation could not even scratch the surface of such epidemics like tuberculosis, leprosy, infantile diarrhoea and preventable blindness, apart from malnutrition and avitaminosis to name only a few.

A committee jointly sponsored by the Indian Council of Social Science Research and Indian Council of Medical Research has, in its report, said: 'the overall practice is a mixture of light and shade of some outstanding achievements whose effect is unfortunately more than offset by grave failures...'. Half a century ago, an average Indian could expect to live only for 26 years. Today he can look forward to a life span of 54 years. This is no mean achievement indeed. But to offset it is the disturbing fact that the mortality rate among women and children is still distressingly high. Infant mortality rate is about 113 per thousand live births as against Sweden 9, USA 16, UK 17, Thailand 27 and Srilanka 45. The maternity mortality rate is as high as 300 per one lakh live births.

Famines no longer take the toll they used to, small pox has been eradicated, cholera and malaria have been curbed and immunisation is protecting children from whooping cough, diphtheria, tetanus and polio. But

the overall character of morbidity has not changed appreciably. Diseases arising from poverty, ignorance, malnutrition, bad sanitation, lack of potable water, bad drainage, inadequate housing and low levels of immunity are still most common. Although an average Indian man now lives longer, his morbidity is only marginally less than that of his forefathers.

Malnutrition is a case in point. It is one of the major factors responsible for the high mortality and morbidity. The National Institution of Nutrition, Hyderabad, reports that 65 per cent of toddlers (age group 1 to 5) in the lower income levels suffer from moderate malnutrition and 18 per cent from severe malnutrition. The reason is not protein starvation but over-all calorie starvation. It is estimated, that two million toddlers die every year in India. Toddler mortality is a sensitive index. Although this group constitutes 16.5 per cent of the population, it accounts for 40 per cent of total deaths. Large numbers of this group are doomed to have retarded physical and mental development even if they survive childhood starvation. The real problem here is not the problem of either quality or quantity of food but of purchasing power. The pure and simple fact is that the poor have not enough money to buy the food they need. This is neither a medical nor health problem but an economic problem. It is a disgrace that we have nine million blind persons in the country and that a third of these cases were preventable. Infantile diarrhoea takes a toll of nearly three million every year.

The incidence of malaria which rose to 6.47 million (of which 742,247 were *P. falciparum*) in 1976 has been declining, thanks to the modified plan of operation, since 1976. Instances are not wanting where it is raising its ugly head again.

Filariasis is another major public health problem in India. As per present estimates, about 236 million people are living in the filariasis-prone areas; 62 million of them are in urban areas and 174 million in rural areas. While the filaria control activities are confined mainly to recurrent anti larval operations in urban areas covering a population of 24 million, there is at present, no viable control programme tailored to rural needs.

Leprosy is another of India's major health problems, affecting well over four million people. About 25 per cent of them are estimated to be in an

infectious state and an equal number are suffering from various deformities. Four lakhs of leprosy patients are said to be socioeconomically dislocated and of these two lakhs have become floating beggars. About 15 per cent of leprosy patients are estimated to be children below 14 years of age.

Tuberculosis is another major public health problem. It is estimated that nearly two per cent of the population is suffering from radiologically active tuberculosis of which nearly one fourth are sputum positive or infectious.

According to a World Health Organisation (W.H.O.) survey, 200million people suffer from Sexually Transmitted Disease (STD) in the world. Roughly 20 million of them are in India. It is found that teenagers form the second biggest group of STD patients in India. Popularisation of family planning methods has almost eliminated the fear of pregnancy. It is hence logical that sexual promiscuity is on the rise inevitably resulting in an increase in STD. This is the terrible price a permissive society has to pay. Whatever the methods adopted to control these diseases there must be enough medical facilities to fight them. The importance of sex education assumes a new dimension in this context.

India has the dubious distinction of having the diseases and health problems of both undeveloped and developed countries like systemic hypertension, Ischaemic Heart Disease (I.H.D.), diabetes mellitus, cancer and diseases produced by the innumerable number of modern epidemics year after year. Tobacco smoking and the alarming scale of water and air pollution are taking a heavy toll of people in the prime of life. We have to impress upon the Government and the public that if we do not take cognisance of these modern epidemics, we may soon reach a point of no return. Man made problems call for man made solutions both in the areas of research and remedy. Indian Medical Association (IMA) will utilise every resource at its command to contain and combat these—silent killers.

Health as an Investment

Aarogyam paramam labham

Of all the gains, gain of health is the highest and the best.

—*Buddha*

The IMA's stand regarding the health policy is quite clear. The right to health care must be a fundamental right of the citizen. The money spent by the State on health should be treated as an investment on its subjects. The health care system should be integrated with national development programmes as the health of the people is linked with productivity. I may be permitted to quote observations made by Prof. Meir :

“While investment in human beings has been major source of growth in advanced countries, the negligible amount of human investment in under developed countries has done little to extend the capacity of the people to meet the challenge of accelerated development.”

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. There has been a progressive decrease in the allocation for health in the successive five year plans (from 5 per cent in the first plan to 2.6 per cent in the sixth plan). This allocation is obviously very meagre. We appeal to the concerned authorities to give maximum priority to health in the seventh plan. Developed countries allocate 8 to 10 per cent of their budget for health. In India, the budgetary allocation should certainly be not less than 10 per cent of the annual outlay.

National Health Programmes

Implementation of any programme without a rational and comprehensive policy is self-defeating, especially when it concerns a serious and sensitive matter like health care of a community. An honest introspection will reveal that the main constraint lies in the thought process and management techniques of not only policy makers but also the medical personnel at large. The socio-political character of the country, its productivity and its level of education are relevant to any study of its health care delivery system. If there has been a failure to solve this vital problem in the past, it is because the problem has never been considered in its totality. We know that the problem is a gigantic one. We are also aware that there cannot be a rule of thumb solution to it. We would like to make it clear that it is time to take cognisance of the prevailing state of affairs in the country and understand the factors hindering the planning and implementation of total health care service for the masses. We earnestly feel, that the attitude of

the government, cries out for a change from top to bottom, not so much in planning as in implementation.

We, in IMA offer our helping hand to the authorities. The new role we envisage is one of co-operation and not confrontation with the Central and State Governments at all levels. We appeal to the policy makers and the concerned authorities, to kindly take note of this and take IMA into confidence in all its health plans, because the involvement of the medical profession in their implementation might make a world of difference to their success.

It is relevant to point out in this context, that our motto is to serve the cause of humanity. The voluntary service rendered by members of IMA in the Bangladesh Refugee Camps and during the natural disasters and calamities such as Andhra Pradesh Cyclone and Bhopal Gas tragedy, the scores of health check-up camps and immunisation programmes organised by us in both urban and rural areas across the length and breadth of the country and our consistent co-operation with family welfare programmes are but a few examples of IMA's open-hearted co-operation with the government during war and peace.

The government should not only consult IMA while formulating its health schemes but should also encourage and develop a rapport with IMA and, through it, with its individual members for the effective implementation of community health programmes.

Family Planning

Any form of birth control represents some form of imposition on the individual. The main source of failure of most contraceptive methods is not so much the defect of the method itself as the failure to use it consistently or correctly. There are thousands who take no contraceptive precautions either for lack of proper education or motivation or sheer lack of interest.

Today, with our population increasing at the rate of over 2 per cent, it is important that all the health agencies-governmental, non-governmental and voluntary-should participate actively in the National Family Welfare Programme. Through our various state and local branches, we have already

involved ourselves in this programme by imparting training to the members of the medical profession and carrying out various programmes. It will be IMA's earnest endeavour, to take up pilot projects, especially those oriented to education and service. These services should be extended to all the branches of IMA in the country, after they gain enough experience.

The family practitioner is ideally suited to play a pivotal role in the implementation of family planning. He/she should be specially trained in family planning methods like insertion of uterine loops and Medical Termination of Pregnancies (M.T.P's). The family physician should be liberally supplied with contraceptives for distribution among his patients. He has the advantage of knowing his patients both medically and socially and should recommend the contraceptive method most suited to the particular individual.

Health of Industrial Worker

We should accept that health care for the masses should get top priority, attaching primary importance to man-power rather than machines, so that industrial and agricultural power can be maximised. In spite of considerable planning going into health care at least in the organised sector, the health care system is far below the minimum expectation of the industrial worker. In order to provide much needed medical benefits to the industrial worker and members of his family, IMA has supported, in spirit and letter, the Employees Insurance Scheme. If there have been some failures in its implementation, it is certainly not the mistake of the system itself. In these days of ever-increasing inflation, the capitation fees paid to the doctor is very meagre and needs to be revised immediately in accordance with the price index. We appeal to the concerned authorities to give serious and immediate thought to this proposal.

The Life Insurance Corporation (LIC) of India is making huge profits on the basis of reports by medical examiners and laboratories, but its fee for such consultations is not commensurate with their skill and time. The LIC should therefore, revise the fees from time to time.

Role of Family Physicians

Private medical practitioners, who are the backbone of our profession,

are doing yeomen service to the community. Their zeal to acquire more knowledge and keenness to keep pace with the latest trends in diagnosis and treatment are evident in their sizable attendance at a number of refresher courses, seminars and symposia. Many of the general practitioners have also passed the higher Fellow of the College of General Practitioners (FCGP) examinations.

The very nature of medical practice, tailored as it is to individual needs, also makes a doctor highly individualistic. But his being highly critical of his professional colleagues many a time leads to an undesirable state of affairs. This is indeed unfortunate, because mutual tolerance, appreciation and interaction among medical men would positively elevate the status of the profession and lead to a better health care delivery system.

It is common knowledge that most of the doctors are not well to do. They have to work round the clock, every day in the year. Although a doctor is considered to be the custodian of public health, he has no benefits or perquisites whatever. For a doctor, disability and old age are an ever present threat. A doctor would also like to retire like others but cannot just afford to do so. To make it worse, a doctor qualified in the modern system of medicine, has many a time to compete with unqualified and unscrupulous quacks.

The government should help the doctors with free land and lend them money to establish and equip their clinics and build houses. It should also consider introducing a provident fund scheme and retirement benefits for private medical practitioners.

We would also request the senior and established practitioners in the profession to employ young doctors and guide them in practice.

Diversification

It is also time for the members of the medical profession to examine the feasibility of diversifying their talent collectively to such areas like manufacturing drugs, medical equipment, surgical materials and hospital needs. Apart from ensuring the availability of quality drugs and equipment at reasonable prices, this would also underwrite for him a constant income,

ridding him of insecurity. It would also forge unity among doctors and help them consolidate themselves. The IMA would be more than happy to advise and guide them in this regard.

Our Hospitals

We acknowledge the enormous work done by government hospitals and the sound contributions made by doctors and paramedical staff to their success against many odds including meagre facilities. Public acknowledgement of the good work done by medical and paramedical personnel would be a great encouragement to them. However, the fact remains that there is a crying need for improvement in the functioning of government hospitals. It is necessary, that the doctors in charge of all major hospitals, should be specially trained in hospital administration or hold postgraduate degrees in hospital administration.

A faculty for hospital administration should be opened in one of the medical colleges in every State.

A few beds in major hospitals in cities, district headquarters and other general and taluk hospitals should be earmarked for private medical practitioners. They could then admit and treat their cases, utilising the services of government doctors whenever necessary, conforming to the existing standards of the institution as well as keeping pace with recent advances in medical science.

Service Conditions of Doctors

The working conditions of our doctors in government service could stand a lot of improvement. They lack promotional opportunities. More posts should be created for them at higher levels so that a doctor in service need not have to wait several years for his promotion. In most of the cases of promotional vacancies, no extra expenditure to the exchequer is involved as the promoted is already drawing a high scale of pay. Many doctors in service have obtained postgraduate qualifications and are serving the public in district and peripheral hospitals. Measures to review the specialist status and creation of a separate cadre for them, would of course, be ideal, but till such time as this is done, they should also be entitled to a decent

specialist's allowance. As an urgent measure, we request both the Central and State Governments to constitute a high power committee to review the working conditions of doctors and recommend appropriate remedial measures.

Private Hospitals and Nursing Homes

The private nursing homes in the country have been catering to some sections of society, thus reducing the burden on the government hospitals and pressure on the exchequer. In view of the initial high cost of investment on land, building, equipment and maintenance the services in these nursing homes are apparently expensive for the common man. But while the government advances long term low interest loans to even hotels and small scale industries, private nursing homes and hospitals are being denied this facility. No nursing homes can do without a minimum standard of equipment and when they cannot be got on reasonable terms and when the government also does not help them by any other means, how can they be expected to be within the reach of the common man? Any move to bring out a legislation to unfairly regulate nursing homes will only result in unnecessary ill-will, misunderstanding and inconvenience to the public. We appeal to the government to make some arrangement to advance sufficient funds at reasonable rates of interest to private nursing homes so that their services may be economically feasible and available to a wider section of the society.

Medical Research

India has an abundance of men of high 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 A.D. enjoins upon research, to gear its efforts to fulfil this goal. The challenges have to be met by appointing TASK FORCE comprising groups of experts in the 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.

The recent National Workshop on Health Service research [involvement of general practitioners by the IMACGP in collaboration with ICMR and supported by WHO (SEA region)] amply delineates our desires. Implementation of its recommendations would augment comprehensive health care of our people.

Continuing Medical Education

IMA has been viewing with great anxiety the continued erosion in the standards of medical education and stressing the importance of continuing medical education to its members. Unfortunately, shortly after the medical graduate has received his degree, the decline in standard also sets in. There is neither scope nor incentive for him to brush up his knowledge and so his knowledge takes a nosedive with obvious jeopardy to himself and to the community.

IMA has all along been contributing its mite to promote advanced medical-knowledge among its members. The host of clinical meetings and scientific programmes arranged in each and every branch of IMA, bear testimony to our commitment to imparting scientific knowledge to its members. In recent years, both IMACGP and IMA Academy of Medical Specialities, particularly the former have been doing a fine job in imparting knowledge to the general practitioner to help him keep abreast of various advances in the medical sciences. The examination conducted by CGP is of a very high standard and the fellowship (FCGP) offered by this college needs to be recognised forthwith by the Medical Council of India.

Recommendation of the international conference hosted by IMACGP last year with the theme 'Family Medicine in the year 2000' as also this year's commonwealth conference on general practice with the theme 'General Practitioners (G.P.) services must be upgraded, need to be looked into and implemented.

In recent years, general practitioners have evinced a tremendous interest in acquiring knowledge about newer developments in medical science. Research is not a matter of bouts of inspiration but the result of patient observation, generally over a long period of time. A family physician's record of his patient maintained by him purely for the purpose of treating

his patient, could with a little foresight and modifications be used for medical research. With the explosion of medical knowledge and advancing technology, the doctor of modern times, finds it imperative to update his knowledge. Hence it is highly desirable that the registering body insists on every doctor producing a fixed number of hours of accredited learning every year.

Medical Ethics

The code of medical ethics, which was prevalent ages ago, has been revised from time to time to suit the changing needs and pattern of society. The international code of medical ethics has also been amended time and again. There has unfortunately been an erosion of the code of medical ethics in recent years bringing discredit to the profession. We are aware that times are changing and that in a competitive world, the word ‘nobility’ has lost its meaning. A careful analysis would reveal, that many a time, a wrong impression develops about the profession, more as a result of inadequate communication on the part of the doctor rather than due to his omissions and commissions. At times, the reasons are far beyond his control. However, if the profession has to regain its old glory in society, the only way open for it is to realise its obligations to society and discharge them with kindness, compassion and humanity.

There is no other profession in the world, which takes a pledge like the Hippocrates’ Oath and it therefore behoves us to honour and preserve the sanctity of this pledge.

Friends, we are professionals in the real sense of the word. A doctor cannot divorce himself from his profession. The medical man has no goods to sell, no land to till, his only asset is himself. There is never a right price for medical service. If he does not retain the quality of integrity of the profession, he is worthless. If he does, he is priceless. Let us not try to set a price on ourselves. Let us not be misers, hoarding our talents, abilities and knowledge, either among ourselves or in our dealings with our patients. Love, knowledge and talent are inexhaustible. It is our humble submission to the public, that the changing image of a medical man in this country, is a reflection of the changing ethos of life itself and so it should not be judged in isolation.

The public should appreciate the fact, that the doctor, while executing

his duties, often ignores his personal duties and obligations to his family. He gives more than he takes, and so is entitled to be treated with sympathy and understanding.

Drugs and Pharmaceutics

The drug industry should not be treated as a commercial enterprise but as a social obligation. It is mandatory that different drugs of good quality be made available to the suffering millions at reasonable prices but this can be possible only if the government adopts a positive and rational approach towards the drug industry. There is no dearth of raw material, but effective steps should be taken to develop sound technical know-how. Drug industries in India should chalk out continuous research programmes and devote a substantial part of their profits to research on drugs for diseases relevant to the country. The drug control order should be strictly enforced so that misuse and abuse of drugs are effectively curbed. There is also an urgent need for adequate supply of drugs and equipment to hospitals and dispensaries, so that doctors can discharge their duties satisfactorily.

Adulteration of drugs and food is a malady which every citizen must be ashamed of. It is a pity, that in a country where all religions have always propagated Dharma, equality and tolerance, a person does not hesitate to poison the health of fellow beings by food and drugs adulteration. The failure to check the unabating menace of this adulteration is a reflection not only on the government but on society itself. The medical profession should rise as one man against this crime and also mobilise strong public opinion against it. An honest and persistent effort in this direction is sure to produce quick results.

Equally important is the way we handle our food. This is even more important than providing pure drinking water and proper sanitation and sewage disposal. Clean and hygienic handling of food at homes, in restaurants and confectionery shops and in roadside bunks should be given national priority. Periodic medical check-ups of the kitchen staff and food handlers in restaurants and hostels should be made compulsory. Community consciousness on the need for public sanitation must be simultaneously built up. The state should make its citizens aware of its importance, through every conceivable media. Drug abuse and drug addiction has now filtered down to schools. Recent studies have established the high prevalence of

drug addiction among urban boys and girls. The problem is indeed very disturbing. We urgently need a concerted all-round drive to tackle this menace. There is an urgent need to understand the socio-psychological roots of this grave problem. The only way of saving thousands of children from this malady, is for teachers, educational authorities and parents to come together to wage a war on drugs. Just to depend on governmental measures would mean sacrificing a whole generation. Smoking, drinking, drug addiction or even ragging should be publicly condemned. IMA as a professional body has a duty to identify itself with the problem and render every moral and professional assistance to root out this social evil.

Quackery

Quackery is a menace to any society. The ever-growing number of quacks in our community is playing havoc in society besides posing a grave professional threat to our brethren. No country worth its name, should allow or encourage the growth of quackery. Persons labeling themselves as doctors or specialists and treating any disease indiscriminately or performing operations like eye surgery, have done enough damage to the country and the profession. Quacks are anti-social elements and should be brought to book through appropriate penal laws and, if the present laws are ineffective, they should be amended forthwith.

Voluntary Agencies

The role played by voluntary organisations is being increasingly recognised, not only by our society but also by the government. In recent years, the accent of our central government has been to encourage the voluntary agencies in taking part in health care delivery system. In fact, our Hon'ble Prime Minister Sri Rajiv Gandhi, while participating in the centenary celebrations of North Delhi Hospital on 25th November, 1985 has called upon voluntary organisations to supplement governmental efforts in extending health care programmes to the people as 'government alone could not do everything under its gigantic target of health for all'. The aims of voluntary health agencies in developing countries should naturally be improvement in health education, nutrition, hygiene, housing and working conditions and providing clean water supply, reducing food and vector-borne diseases and above all reducing the birth rate. They should provide promotional, preventive and curative health care and play a significant role in promoting, supplementing and supporting the health-related activities of the government. IMA intends to take the lead in this

and to call a convention of all the voluntary agencies in the country to chalk out effective programme which would be complementary to the efforts of the government.

A critical appraisal of the functioning of voluntary health agencies would reveal a lack of effective collaboration. Their resources and efforts would be mobilised more effectively if they forge better co-ordination amongst themselves and also coordinate more effectively with government bodies. Uncoordinated activities can be wasteful and may even damage the beneficiaries.

The government is determined to convert the dream 'Health for all by 2000 A.D.' into reality. The catalyst in the implementation of this programme could well be the voluntary health agencies and IMA, which in itself is a very large professional voluntary body, is most suited to spearhead the new movement.

We intend to organise on national/regional basis, programmes and also develop strategies on topics concerning the welfare of the community, such as medical ethics, medical research, medical education, rural medical relief, family planning, doctor-patients relationship, eradicating quackery, drugs for the million and war on drug addiction-drug abuse.

Membership of IMA

There is a grain of truth in the oft-quoted statement, that unlike American and British Medical Associations, where the membership is more than 70 per cent, IMA has approximately two thirds of the eligible doctors outside its fold. Hence the urgent need to accelerate its membership drive, so that it can make its voice both more strident and effective. A closer and more careful look would also reveal, that the situation in our country is different, compared to that in the developed countries due to historical and social reasons. It is not only the number but also the quality and performance that matter in India. In a country, while collective movements are still to adequity develop, it is natural that our colleagues expect personal benefits rather than collective gains. Thus the need for effective programmes which would help day-to-day professional practice and ensure personal gain. Medical men have the right to look up to IMA for succour during times of social stress and professional insecurity. It is the duty of IMA, to rise to the

occasion and gain the confidence of its members, whether they are doing private practice or in government service. We would, therefore, appeal to every branch of our organisation, not only to accelerate the membership drive but also to concentrate on programmes, which would directly help the fraternity so that more doctors are drawn to the organisation. They are welcome to contact IMA headquarters for any suggestions in this regard. The future of IMA depends upon the integrity of its members and their sincerity in handing it over to future generations of young doctors. Keeping this in mind, we will be initiating effective communication with thousands of medical students, through their respective deans and principals and motivating them to become the future leaders of the association.

Image of IMA

From the reports we have from several branches, from public opinion as well as from my personal visits to many branches, there is strong reason to infer, that the image of the IMA as well as the profession, is not only not good but is suffering a fast and progressive decline in the eyes of the public. It is ironic, that this should happen at this juncture, because the present day doctor, be it specialist or general practitioner, is rendering far better medical service both in terms of quality and quantity, than his predecessors. It is possible that the erosion of his image is caused by the impersonal approach of the doctor towards his patient, but also this change is true of all sections of our society. However, we firmly believe that a doctor is different from other professionals and has to strive, to retain his traditional image in society. We belong to a noble profession and should retain our pride of place in society. We need to recall what Krishna told Arjuna on the battle-field:

Dear Colleagues,

"atha chetvamimam dharmya sangraamam na karishyasi
tatah swadharmam keerthim cha hitva paapamvaapsyasi ||"

“Should we fail to fight this righteous war, we would be failing in our duty, and infamy would be heaped on our heads”.

—*Bhagavad Gita, Sankhya Yoga 2-33*

And posterity would eternally condemn us for neglecting to utilise our skill to help and heal our less fortunate brethren.

Let us pledge ourselves to champion the cause of the sick and the needy and serve the community at large both individually and collectively. The vital areas which the members should identify for special attention are prevention of blindness, family planning and health education. IMA (HQ) will provide the necessary infrastructure to every one of its branches to fulfill these and many other obligations. I am sure, some of these progressive measures will go a long way in restoring to our profession, a large part of its lost ground.

Public Relations Wing

More brickbats than bouquets, seem to be coming the doctors way, rendering him more vulnerable than ever. Even a minor lapse is blown out of proportion, cancelling out the enormous amount of good work he might have done silently. We are not suggesting that doctors do not sin, but they are more often sinned against. Many a time, the public does not appreciate the plight of the doctors, when their approach to a problem falls short of anxious expectations. 'The easiest of all the hunting expeditions is to find a scape-goat.' Perhaps a part of the blame lies with the medical profession itself for not educating the public about the doctor's dilemma. For example, when a person inflicted with a serious disease does not show improvement or when a person develops a drug reaction, it is the doctor who is promptly blamed, notwithstanding the fact, that it is the disease which is causing damage to the patient and any drug could produce side effects. We wish to direct all our local branches, across the length and breadth of the country, to start a fully equipped public relations wing from this year, for the benefit of all qualified medical men, sister associations and the public. Its kaleidoscopic aims should include counteracting unfair criticism of medical men, improving the image of the profession in the public mind and going all out to assist members in professional matters and serving the public at large.

"Om saha navavatu | saha now bhunaktu
 saha veeryam karavavahai
 tejasvinaavadheetamastu ma vidvishavahaii ||"

Let us live together, Let us consume together,

Let us toil together, Let us be the conquerors
of all obstacles, Let there be no ill-will
amongst us.

Journal of IMA

We wish to place on record the enormous service rendered by the Hon. Editor and Hon. Secretary of the Journal of the Indian Medical Association, despite financial and other constraints.

We have plans to bring about a change in the style and presentation of the journal from this year.

IMA Building

IMA has launched a project to erect a building at its headquarters in New Delhi and also at Calcutta to accommodate the office of its journal. Large sums of money are needed for the construction. Any delay in completing these works, would only entail further escalation in prices. We would therefore appeal to every member of our association to contribute liberally towards the building fund. Leaders in the profession in different states can play a vital role in mopping up substantial funds.

The Future

It should be borne in mind, that medical care and the philosophy of health delivery are not static concepts. They keep changing from time to time and sometimes move faster than what the health planner and the medical educationist plan. The increasing span of human life, addition of more and more man-created problems, the increasing volume of chronic diseases and emergence of more educated people with radically changed ethics are sufficient reasons for a change in the teaching schedule and health planning. Accordingly, any such change should take into consideration, the new challenges that medical practice has to tackle in future vis-a-vis more educated patients with radically changed ethics, more specialised secondary care and a cost sensitive pattern of care.

If the people genuinely concerned with these changes do not reorder the system according to changing needs, there is the danger of others who are less proficient and more autocratic, taking unfair advantage of

the situation.

Ladies and gentleman, we are being told time and again, that IMA should change its style of working and function on the lines of a trade union, in the interests of its members. Such a change might suit the changing socio-economic structure of our society, but I am sure, we all agree, that IMA in principle is against an agitational approach, unless of course other methods fail to deliver the goods. We should realise the efficacy of mutual dialogue, effective lobbying and sustained building of public opinion, through proper publicity in bringing about the much desired political will to solve our problems. If these measures fail, the correct alternative would be to examine the feasibility of fielding medical men of exemplary professional and educational excellence to constitutionally enter the policy making bodies at all levels under the banner of IMA. They can usher in the much desired change for the benefit of the masses who are the sole and ultimate beneficiaries of medical expertise.

Divided we perish, united we stand.

Ladies and gentlemen,

Let me now summarise the guidelines for the eventful year ahead of us.

- Medical education should be need-based and have a rural bias.
- Uniformity of standards in education and examination at the State as well as national level is desirable.
- Teaching should be of a high calibre. An aspiring graduate should not be denied post graduation.
- Hospitals should be centres of learning and research and should be equipped with modern amenities.
- The family physician has a greater role to play in preventive and curative medicine as well as in the implementation of family planning programmes.
- Quackery should be banished forthwith.
- The money spent by the State on health should be treated as an investment on its subjects *and not as an expenditure*. The health care system should be integrated with national development,

programmes as the health of the people is linked with productivity. But the realisation of any plan or programme directly rests on the success of family planning.

- Our attitude will be one of co-operation and support with the government, both at the Centre and State levels and the whole infrastructure of IMA will be utilised for the successful implementation of the health care delivery system.
- IMA gives a clarion call to all health agencies governmental and non-governmental- to participate in national family welfare programmes.
- IMA will spearhead the role of voluntary agencies in the country and evolve effective strategies for the implementation of national health programmes for the masses.
- We will take up projects to identify persons who suffer from deficiency disease leading to blindness and utilise the available support from the government in carrying out intraocular operations.
- We will give a feed back to various scientific and research institutions on medical and allied subjects.

We have already approached every member of IMA through the respective local branches to furnish his/ her views and constructive suggestions for formulating effective programmes of the association for this year.

- The functioning of IMA will be streamlined and consolidated.
- Every local branch will be encouraged and guided to establish a public relations wing.
- We will help our members by providing guidelines on tax laws, insurance, legal advice, plans for solo or group practice and for running diagnostic and hospital services.
- IMA will establish effective communications with all medical colleges in the country, so that its (IMA) future members will be given an opportunity to know about this great organisation.

Friends,

The future of the medical profession in this country, depends not on legislation or medical audits but on the inculcation of a proper sense of

devotion and dedication in one's practice.

A physician has long been considered a friend, philosopher, and guide. It is up to us to rededicate ourselves to these noble sentiments and work shoulder to shoulder to keep the banner of IMA flying high.

As the well-known and oft-repeated prayer for human welfare goes :

"Sarve bhavanthu Sukhinah
Sarve santu niramayah
Sarve bhadrani pashyant
ma kashchitdukhabhagbhavet"

Let us all be contented



ROLE OF JOURNAL OF THE INDIAN MEDICAL ASSOCIATION

IN UPLIFTING THE IDEOLOGY AND OBLIGATIONS OF INDIAN
MEDICAL ASSOCIATION

“When I divide the week’s contribution into
two piles - one that we are going to publish
and the other that we are going to return-
I wonder whether it would make any real difference
to the journal or its readers if I exchanged one pile for the

other?”

—“*Sir Theodore Fox*
Previous Editor of Lancet”

Being compelled by the editor of the Journal of the Indian Medical Association (JIMA) I venture to write on the “Role of the Journal of the Indian Medical Association (JIMA) in uplifting the ideology and obligations of Indian Medical Association (IMA)” a vital organ of Indian Medical Association (IMA) and voice the considered views of IMA. The main objective of the Journal are:

1. To project the interests of the medical profession and that of the public who are the ultimate beneficiaries of the health care delivery.
2. To publish scientific information and medical data.
3. To serve as a medium to express the views, constructive suggestions, appropriate guidelines by IMA on health policy, health education and

‘Sir Nilratan Sircar Memorial Oration’ - Journal of Indian Medical Association,
Calcutta, 5th September 1992.