Towards Health for All

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WE have said goodbye to 1986. Fourteen years from now and we enter an ushering era of 2000 A.D. Lies before us a wonderful theme of the WHO —Health for All by 2000 AD—a beautiful dream. But a few of many queries flash across one's mind, giving rise to both anxiety and hope. Health for all—a long cherished desire in today's unhealthful world-no doubt. But would it be possible to translate this fictitious ideation into reality specially in an atmosphere, where health care-is no more a human right but fast becoming an expensive and rare commodity? How could this be achieved? Who would perform this gigantic task? Or would it follow the same fate of equally worth-while but by-gone promises of WHO of health care and healthful living? These questions loom large in between the health-care-taker and health-care-consumers.

Facilities

Facilities for health-care have amplified beyond imagination. Health care institutions have multiplied over the years. The emphasis has been deliberately shifted from health-care to "medicare". Medicare resources have been with meticulous lavishness renovated and reequipped with sophisticated "hi-tech" products in extenso. The various national and international organisations deserve applaud for their resilient efforts in creating an atmosphere and goodwill of health. From time to time they have appeared before people with fresh promises. All these garnered high initial hope.

Today medical-science boasts of sky-high expansion. No stone is remained unturned to unfurl medical mysteries. No opportunity is missed to upgrade the standard of medical-technology. Medical wisdom has expanded and advanced beyond common man's comprehension. Each of the medical man is engaged in the arduous task of repairing and restructuring the human-machinery. No more, the medical men are the only provider of medical-care. Keeping pace with the technological elaborations more proficient, "computer doctors" have replaced the human-doctor in accomplishing complicated medical-operation. Pharmaceutical companies too have taken a vow in eradicating all health-maladies from the earth. They are engrossed in discovering the products and by-products of their highly salable commodity. Despite all these attempts, the goal "Health for All" could not be achieved. The whole health situation is virtually in crisis. The national and international scenarios reflect that of highly intensified health problems. Why this failure? Is it so that the medical-science is bypassing the human race by engaging itself in the crazry "rat-race" of technological innovations ultravires?

Delivery Pattern

The health-care-delivery system has been reshaped and remodelled again and again to meet the health-needs of people. Still the whole health-environment presents an absolutely desolate picture. The methods adopted to accomplish the process is both inadequate and ineffective. There is centralisation of the health institutions and health delivery organisations. Moreover in the whole process there is heavy infiltration of abnoxious bureaucratic interference. These are the hitches towards proper co-ordination which are also impeding the progress. There are some deep-rooted fundamental defects or series of defects. The health-delivery-pattern has not been set up revolving the health-consumers. A tendency to make the pattern medically-oriented is clearly evident in the existing process.

The health-care delivery system is also established centred largely around big towns and cities, which is erroneous as well as unfair. For medical-services are then available to a relatively small and privileged segment of the elite society. Thus the hordes of unfortunate people belonging to low social strata and also to the semi-urban and rural areas are deprived of adequate medical-care and their health needs are ever unmet. So far disingeneous attempts have been made to equip health-centres to cater to the need of this underprivileged section of population. But they even lack the provisions of basic-health-amenities. There is a breach in the promises made by the authority. There is also a discreet hint of common man's annoyance. If the situation continues it will not be far when the common people would stand up to their rights and question the validity of existence of such an unlawful health-care set-up.

The Barriers

There are many constraints causing partial or total sealing to the smooth and spontaneous flow of health-care. "Inadequate resources" places itself atop the list. In the health-care delivery system, most vital resources are manpower and materials. These two resources are incredibly less in quantity and therefore incapable of solving the health problems of ever-growing population. There are documented gaps between requirements and availability. These gaps are everwidening and it is unlikely that this hiatus can ever be bridged by fudging measures.

Preparation of the medical-men is a national investment. But the dazzling career abroad lures away many a medical-folk. Thus causing serious "brain-drain" which is itself a great national loss and adds to the problems of manpower shortage. An irretie-

vable situation of consistent imbalance between availability of manpower-resources and health-care-coverage persists.

Over and above "maldistributed resources" creates more anomalies in the process. There is a definite discrimination in allocation of resources. Qualified medical personnel expressed reluctance in exchanging a glittering and profiting "medical-business" in big towns with that of an unpretentious "medical career" in smaller towns and villages.

"Inapt communication" is another cause leading to insufficient information keeping the village folks in dark about the available provisions resulting in inaccessibility to the resources. The unutilised material resources are misused by incompetent and dishonest authority. Then to make the situation worse, the glaring eyes of "escalating cost" of medical care stares fiercely at the consumer leading a numb attitude to the medical assistance.

Today quality of medical-service is measured in terms of the rate of the medical-practitioner. A "lean purse" has a tight place in this highly expensive market of medical-care. Free medical service has almost become a stigmatic affair both for the giver and taker of medical-care. Even the consumers of medical care unable of paying a high rate accepts doubtfully the verdict of a less-dearer or free medical-care. These affairs keep the necessary care beyond the reach of many. Callousness has also crept into the whole medical process. Shortage of time and prevailing unhealthy situations in the medical-care-centres complete the appalling picture. There is no guard against carelessness In the process, it is the common man who gets the raw deal from all angles. The whole health-care industry is being astrayed to a precarious condition. This cannot but cause concern to a health-conscious community.

The Alternatives

A need has been long felt to search for apposite alternatives to retrieve the conducive health-milieu for all. The stereotyped health-care delivery set up needs to undergo a total change. The attention is to be diverted to explore innovative channels to bring out the whole health-system from the chaotic state. Efforts need to be directed towards sorting out fresh avenues to redesign the health-care set-up, with an aim to reach "health to all" with a greater emphasis on "health is human right". These alternate modes are to be tendered towards the protection of health of those who at present are abandoned by expertised medical-services. Installation of a rational strategy is the need of the hour to mitigate common man's health suffering. The technological achievements are to be equally harnessed in the interest of health and well-being of all the people. Vigorous move should be launched to remove incongruities and to eradicate disparities. Reconstructtve approach should be able to break through the vacillating process and strike a balance between requiremant and availability.

The health-managerial authority, with judicious diligence must be able to build a multi-faceted health industry. The dislocated attention must be swung back to explore the potentialities of the traditional system of health-care. Today all attention is concentrated upon the Allopathic science, with a deliberate disregard and inadvertent negligence to the equally beneficial fields of health sciences like, Homoeopathy, Ayurvedic, Unani etc. These conventional methods today exist in an utterly disorganised manner. The assets of these traditional methods of care and cure need re-arranging with genuine concern and expedient means which would help in systematic expansion of these scientific fields. The strengthening of these methods would accelerate promotion of health by increasing the fecundity of the health-science. This alternative modus operandi would make amends for the inadequacy and disillusionment of unfulfilled promises of good health.

Alongwith the development of the health-industry from all dimensions, a sense of involvement, a consciousness of responsibility, an awareness of participation in restoration and maintenance of own health must be inculcated amongst the common people. They must take initiave in safeguarding their own health. This is to be accomplished by recognising and re-organising the "inevitable and inescapable" level of health-care that is "self care"-more precisely-"Family-self-care".

Family-Self-Care

Self-care is not a recent issue. Several years ago only a few people were aware of health services by professional men. Even fewer had access to these which were more scanty. The idea of self-care originated in those days when in absence of experts people had to help themselves or seek help from family-members or neighbourhood in their health problems. Thus self-care used to be practised in abundance and even today this practice exists in the form of self-examination, self-medication and self treatment.

Family-self-care is only an extended idea of self-care. Since individuals belong to a family net work family-self-care is the right practice to fit the very fabric of our social-pattern. This evolves from the idea that the family-health-status should be the fulcrum for the health-care-delivery process.

Self-care through family-units can be a potent force for improving health-care-coverage and thus would usher a perceptible sense of relief on the part of the health-care delivery-authority. Family members can share information and experience in caring and curing the health problems. Family can be set as a model for "Self-care-unit" with its own shelf of knowledge, manpower and material resources.

The prospects of this ingenious venture look highly satisfactory. In this naive direction—the health-care would spontaneously reach each family. This system could be an ideal substitute against the persistent imbalance in the present health-service-distribution modality.

Family-self-care could be developed as a healthy way of life. The philosophy behind this novel method is that health-care-not necessarily to be provided by

some body but family can adopt suitable methods and implement appropriate measures in not-so-major house-hold-sickness. This practice would lessen dependence on medical-serviceman and promote self-confidence in people. This would also allow the family to adhere to halth priorities.

Family-self-care needs to be integrated and assimilated within the infra structure of health-care-delivery process and needs to be merged as an inseparable wing of the present health-delivery-set-up. This method would initiate smooth and quick health-services in all directions. This would definitely be a less expensive mode which could be a great relief on already encumbered world economy. This practice would be a promising offshoot in view of manpower deficiency. This could be the beginning of revamping the entire health-care-delivery process directed towards alleviation of health-crisis.

The Beginning

The idea of "family-self-care" is a challenge before both common people and health-community which is to be converted into an opportunity. Before introducing the "family-self-care-system" it is extremly important to obtain scientific data by tapping family talents. What are the abilities of a family for self-care? What reserve resources does the family have for self-care? Does the family have knowledge about the essential facts of the resources and minor sickness? How does family carry out prescribed therapeutic measures? How successful the family is in dealing with self-care? Could the family with adequate resources help itself efficiently and economically in self-care?

A systematic approach to the possibility of adopting family-self-care would determine the concept of this practice from scientific view point. It is also important to note the economic ability, literacy status and help-seeking behaviour which surely influence the knowledge and practices in self-care and thus in turn affect the availability of resources for self-care. It can be assumed that families belonging to high income group and high-literacy strata of society tend to have more self-reliance on self care and also have more resources. With adequate guidance these abilities can be accurately developed. Then the resources available in the health-delivery-set up could be channelised to the low income and low literacy groups.

On the other hand, knowledge plays a crucial role in collecting appropriate resource-materials and making their correct use. Thus if the knowledge of any of the influential family-members could be extended through series of guidance, the whole family could safely practise self-care. This knowledge could also be successfully transmitted to the younger ones in the family and also to the neighbours. The eager response from the commoners evoked by this new method would gear the society towards a healthful social living.

Nurse on the Scenario

Family-self-care would open up a new vista to the ambitious health-community. All the members of health-team would have ample scope to display their expertise in this new horizon. Amongst all nurses are in the most advantageous position to initiate this modest move.

Self-care provideds the main focuses of nursing practice. Nursing is cocerned with "men's need for self-care-action and the provision and management of it on a continuous basis in order to sustain life and health, recover from disease or injury and cope with their effects."

Nurses play a significant role in exploring the self-care behaviour and developing the potentials for self-care of a family. Be in a health institution or in a community nurses are in more intimate and prolonged contact with the members of family or to the whole family. The nature of their work allows them to monitor closely the nature of a family, its inherent qualities, its abilities, its deficiencies, its prejudices and its eager keenness towards a health-living practice.

Nurses are in a better position to make a speedy and effective implementation of a well-laid plan through a structured "family-nursing" system. Nurses' intimacy and understanding of a family would allow them to conceptualise the odds against this system and alter or reshape the process at any stage and adopt more effacious means to reach the goal.

Conclusion

The managers of health-industry need stirring their conscience in an attempt to comprehend the detrimental consequences, this deleterious state of affairs health can lead to. There must not be any reluctance to acknowledge that the failure of the present system has occurred due to the inevitable falliblity of the health-authority. This condition, if ignored any more, could lead to inescapable catastrophe.

To emancipate the health environment from such a perilous situation, the whole health set up needs to undergo total transformation. If the health authority is earnest about regaining people's confidence and reflecting the trust reposed on them, then the anomalies must be removed with true concern and realistic approach. The health-authority must arrive at a precise formulation with a composite health-module with concrete, tangible and practical approach.

The emphasis must be concentrated on "equal health to all". There should also be equal emphasis on stout determination and greater voluntary involvement on the part of both the health-giver and health-consumer. By mobilising the fountain of family and community resources an unending wealth could be explored which could provide a strong base for the health-care set-up. The practice of family self-care would also halt the spiraling cost of health-care and also help in setting a more appreciable trend of decentralisation and debureaucratisation of the whole system.

Delays might be encountered in this operation. But the health-community must not be despirited.