MANPOWER DEVELOPMENT INCLUDING SHORT TERM MEDICAL COURSE

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HEALTH is a positive attribute of life, which is characterised by a study of the complete physical, mental and social well being of an individual and not merely the absence of disease. The maximum attainable and acceptable level of health for all people should be the goal. Every citizen should be able to attain a level of health necessary to develop his mental and physical faculties to their fullest genetic potential. Health cannot be viewed in isolation from the overall goals and policies of national development. Development implies progressive improvement in the living conditions, and quality of life enjoyed by the society and shared by its members and the focus of such development is man. Thus health is both an important pathway to development as well as desirable and products of development. A wise use of the latent talent of the community can play a key role in supporting organised health services. A community achieves the highest level of health when it reaches a stage of least dependence on professional intervention and maximum reliance on its own resources and action.

According to statistics, about 40,000 doctors trained in the country have left the soil of India. The remaining 1.5 lakhs are currently working in the country. Out of which more than 60% are in urban and semi-urban areas. Majority of the rural areas are without medical aid. There are 1.30 lakhs institutionally qualified practitioners of Indian Systems of Medicine or (Traditional System of Medicine) and 0.231 lakhs of Homeopaths. Besides, 1.42 lakhs practitioners of Indian System of Medicine and 1.2 lakhs of Homeopaths non-institutionally qualified are practising in the country. These practitioners of Indian Systems of Medicine and Homeopathy have not been tapped and if properly approached, their services can be well utilised for the rural health needs of our country at all levels.

The Indigenous (traditional) Systems of Medicines like Ayurveda, Unani, Siddha, Yoga, Naturapathy and Homeopathy have, after years of comparative neglect, started coming into their own. While there need be no attempt to forcibly integrate allopathic medicine with the traditional systems of medicine, it is essential from the point of view of the optimum utilisation of national resources, that each system should realise the Indian condition, the limits as well as the potential of other systems and draw inspiration from them. All the systems should support each other mutually. This can be done only by a concern for other systems and understanding of their functioning.

There has to be a balanced development of Graduates and specialists in medicine of all systems as also other health personnel like Dentists, Nurses, Technicians, Health Workers, Health Supervisors etc. There is also a need to restructure the educational pattern. It is recognised by everybody that the present system of education is not relevant to the conditions prevailing in the country. While on the one hand there is an essential need to keep pace with the developments elsewhere in the world, there is an equal, if not more important need to make the medical education process serve the needs of the country and its population. The ideological differences among different systems of medcines need to be bridged. This can be done only by the leaders in the profession sitting together and evolving methods to learn from each other. It should be noted here that the quantitative norms such as Doctor/Patient ratio, Doctor/nurse ratio, Doctor/population ratio, etc. are not the real indicators of the health status of the country.

Most medical and health personnel are concentrated in the urban areas. Therefore, it implies that the services are not available uniformly to the population of the country. While urbanisation is a factor which has to be contended with, it is equally necessary to initiate efforts to equitably distribute medical and health personnel so as to be able to provide suitable health coverage. This should apply not only to Doctors but also to all other medical and para-medical personnel. Thus obligatory rural service can be sandwiched in the educational programmes or made to follow it.

SHORT TERM MEDICAL COURSES: The conditions in rural India are as they are. We have to provide medical practitioners to suit these conditions, and keeping in view the unwillingness of our doctors to serve in such conditions, one of the questions for the House to consider is whether a short term medical course could be introduced in our country as a solution.

In the fitness of things, a three year Diploma/Licentiate Course in all the systems of medicine should be started with

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at least 6 months of intensive internship at the Primary Health Centre or the Taluk Headquarters level. The syllabus should be so framed to cover preventive, promotive, curative and rehabilitative aspects of medical care. Such a person, after 5 to 10 years of experience in rural areas may as a matter of policy be given opportunities for persuing a full-fledged Degree Programme.

The Central Council of Indian Medicine has already approved the policy to have a Diploma Course of three years duration with six months of internship for Ayurveda, Unani & Siddha Systems of medicine.

The advantages of having such courses are: (1) It can be conducted at the District or Taluk level; (2) Preference to students from rural areas be given at the time of admission; (3) The total expenditure on training of a student is reduced to a minimum. After completion of training, such persons will be best suited for the rural atmosphere.

There is also a fear that after the Diploma or Licentiate training, the doctors may not go to rural areas, but set up private practice in urban or semi-urban areas. This group man constitute a very small percentage. Hence, an honest trial in reviving the Diploma or Licentiate Courses will be advantage in fulfilling the commitment of the Alma Ata Conference.

It will not be out of place if I say that medicines of Indian system of Medicines and Homeopathy are simpler, relatively inexpensive and readily available. I suggest that there should be full investment of the practitioners of Indian system of medicines and Homeopathy at the Primary Health Centre level downwards. This will solve most of the problems of rural health care.

PARA-MEDICAL MANPOWER SYSTEM: Pharmacists, nurses and technicians and other paramedical manpower should be properly proportionately developed. In the present context, the para-medical manpower is inadequate and is like an inverted pyramid. This inverted pyramid should be corrected and steps be taken to open schools or colleges for such para-medical personnel to fill this gap. The country, therefore, should strengthen the para-medical components of health service and look after their career promotion.

LINKING HEALTH EDUCATION WITH GENERAL EDUCATION: The 10 plus 2 system of general education should be linked with medical and health education including Family Planning and Family Welfare both for vocational, academic streams as well as for the different systems of medicine. Any system of education, in the country should be relevent to socio-economic realities and the health needs of the rural area so that simpler methods can be evolved to solve problems of the rural communities. Another important aspect of the linking of health education with general education is to prepare ones' mind to receive and accept the concept and theories of that particular system of medicine. Pre-medical education at the Plus 2 stage will be the only answer to this aspect.

CO-ORDINATION WITH OTHER SYSTEMS OF MEDICINE: Co-ordination and collaboration between various systems of medicine for maximum utilisation of resources in the country should be promoted. But at what level? Definitely not at the under-graduate level. This can be best achieved at the Post-Graduate level or the post Doctoral level. By doing so, the prejudice which now exists between the various systems of medicine will disappear and the community will get the best of all systems of medicine in the country.

APPEAL TO LIFE MEMBERS

TNAI has been facing the financial difficulties and is running under deficit due to hike in prices of all goods and high cost of production of Nursing Journal. The association has been supplying the NURSING JOURNAL OF INDIA to its members on subsidised rate as well as meeting all other expenses like affiliations, welfare activities and scholarships etc. without putting any burden on the members.

In its recent meeting, the Executive Committee of the TNAI has given a considerable thought to this big problem of meeting the deficit and it was decided to APPEAL TO ALL THE LIFE MEMBERS TO CONTRIBUTE GENEROUSLY TOWARDS GENERAL FUND TO MEET THE DEFICIT and help the association grow from strength to strength to safeguard the social and economic welfare of nurses in our country.

Secretary, TNAI.