HEALTH NEEDS AND DEMANDS

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THE health needs of our country naturally are identical with the needs of the rest of the world. Today a health is considered as a positive phenomenon in which every citizen has a right to attain the maximum level of health which he can and must be able to develop his mental and physical faculties to their full genetic potential and must be able to enjoy his life and indulge in the pursuit of happiness.

Alma-Ata declaration and its significance

The above goal has luckily been clearly defined by the international conference of the W.H.O. held in Alma-Ata. The declaration signed on 12th of September, 1978, has stated in unambigous terms what the signatory countries should set as their target by the year 2000 A.D. It exhorts that "The Conference strongly reaffirms that health, which is a state of complete physical, mental and social being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization required the action of many other social and economic sectors in addition to the health sector". Our country is a signatory to this declaration has to take active steps to attain this objective. This has to be done against a background of the full realization that there are only two decades in which we have to reach this goal.

Three decades of lost opportunities

It is now more than three decades since we have attained our independence. It is true that we have made some progress in certain narrow medicine rather than in solving the very many areas of medical service. But the overall picture of health care delivery in our country is not at all satisfactory and presents an unsatisfactory picture of lost opportunities and tardy achievements. The benefits of modern medical care or for that matter any type of medical relief has not percolated to the grass roots of the villages and rural population of our country who really constitute the backbone of our nation. It is all the more disconcerting that very often our targets have been ill-defined and even the direction in which we have trudged have been confusing and self-contradictory. This very conference is proof-positive that we have not enunciated a national health policy so far and have been groping in the dark. Hence the main demand of our people is that our national health policy must be clearly and unambigously spelt out and simple straightforward solutions must be found to our problems.

Our health pattern—an unfortunate legacy of the British

The pattern of health care delivery in our country was a legacy which we inherited from the British. In a way, the British system of medicine was good in parts like the curates egg, and this led our planners into an euphoria of self-complacency and they were dragged into accepting it as a substitute for a truly national policy befitting our traditions and culture and reflecting our genius, ambitions and aspirations. We are even today clinging desperately to the outmoded and anachronistic British pattern with a more loyal than the king attitude which it is hard to explain and harder to appreciate. The main defects of the system are:

a. It is heavily biased towards hospital—based on curative medicine and the stress is on sophisticated hospitals and centres of excellence more concerned with climbing the pinnacles of relevant but less dramatic day-to-day problems.

b. The sysetm is capable of working only in an artificial **milieu** which depends largely if not solely on sophisticated technology and complicated instruments.

c. It requires highly trained personnel with long academic and technological expertise for its implementation at all levels.

d. It is concieved as a contract between the doctor and the patient. Health has been considered for such a long time as an individual responsibility and the individual is in the position of a customer. There has been absolutely no involvement of the community as a whole.

e. Therefore it is available mainly or only to those who can economically afford it, i.e., we have to purchase health care. The concept that health is one of the fundamental rights of the people, and that steps should be taken to ensure that nobody should be denied that right, due to economic limitations has not been duly impressed.

f. Because of the factors mentioned above only the urban and semi-urban population (in fact only the elite among this group) get the full services of some type of health care.

The common man—His needs and demands

No health care programme in any country can be successful without the active participation of the people Apart from the passive acceptance of some health benefits, there has unfortunately been no involvement of the people in the health care delivery programmes.

In ordered to obtain the full involvement of the masses, it must be converted into a people's movement. All citizens must be made to feel that they are a part of this crusade and must be made to participate in it. Of course the leadership will have to be provided by the doctors and paramedical personnel and the social and community leaders. Nevertheless every member of the community must have a part to play in this national programme be it acquiring health education and knowledge of proper health practices, of taking active part in improving nutritional standards, improving environmental sanitation, encouraging preventive and social medicine including immunization programmes or atleast in improving personnel hygiene and cleanliness. Even people with little or no technical knowledge must be drawn into this movement so that the precepts of healthy living are spread to as wide a spectrum of the community as possible. Voluntary health services must be tapped to the maximum extent possible and individual families must be encouraged towards self-help as most medical relief can be met within the family itself provided they are taught well. In fact, it would be correct to say that, that society which requires least help from professional bodies is the best served society.

It should be accepted that the success of a health care system is to a large extent dependent on the socio-economic and cultural progress of the people and has to be integrated with national development, production and productivity of the people and to meet this end we must consider the expenditure on health not as consumption but as an investment of a long-term nature. In fact, the threads of social, political, economic and educational programmes should be woven to form the fabric of a national health care programme.

The focus of the health programme must be shifted from the cities to the villages. The doctors are still concentrated in the cities and nothing has been done to reverse the situation. The Alma-Ata Conference has stated that "recognizing that service in primary health care focussed on the needs of the undeserved requires special dedication and motivation, but that even there is a crucial need to provide culturally suitable rewards and recognition for service under difficult and rigorous conditions, recommends that all levels of health personnel be provided with incentives scaled to the relative isolation and difficulty of the conditions under which they live and work. These incentives should be adapted to local situations and may take such forms as better living and working conditions and opportunities for further training and continuing education." Whatever may be the incentives and whatever be the methodology adopted, it goes without saying that the shifting of the focus from the cities to villages and the correction of regional imbalances is long overdue.

Needs and demands—Immediate objectives and long term goals

Having listed the needs and demands it must be mentioned that a clearcut, straight forward blue print must be drawn to meet them. It seems that the best plan of action would be to draw up a crash programme on a war footing to meet the immediate objectives of socializing and ruralizing the health care delivery system. Only such a programme with an immediate impact will stimulate the common man and condition him to work towards the long-term goal of maximum possible and attainable health for all by 2000 A.D.

The long-term plan must include all the points mentioned above. Only such a multifaceted programme can satisfy the aims and aspirations of the common man of our country. It has to be remembered that India has a glorious and hoary tradition of medical care and it is only in recent times that the image has been tarnished and we have slid back into a temporary phase of indecision and hesitancy. It certainly deserved a break and the bright sun of renaissance is already discernible on the horizon. Let us pray like our ancient of yore when they said in the vedas

"Indra Sreshtani dravinani dehi,
chitham Asmai Rayinam Thanunam
....."

Let us all be endowed with beautiful bodies, good words, plenty of rains, good climate and above all maximum health—Let us dedicate towards this end.

Would You Not Wipe Those Tears?

The Trained Nurses' Association of India appeals to its members and the large number of readers of the **Journal** to come forward with as much help for the victims of floods and disaster as possible.

We may not be able to bring the dead back to their families, but our generous help might wipe some tears in the hours of calamity. Kindly send your donations to The Trained Nurses' Association of India, L-17, Green Park, New Delhi-110016 at your earliest so that the same could be sent to the affected areas without any delay.

Secretary TNAI