# Recent Trends in Pulmonary Tuberculosis Control and the Role of Nurses

**By Dr. H. B. Dingley***

THE LAST TWO decades have seen a remarkable change in the outlook on tuberculosis control. Previously it was considered obligatory to treat the tuberculous patients in an institution. Santorium treatment was considered best and these were put up in the hills or in areas with bracing climates. These ideas have now changed and the entire concept of the treatment of tuberculous patients has undergone a complete revolution.

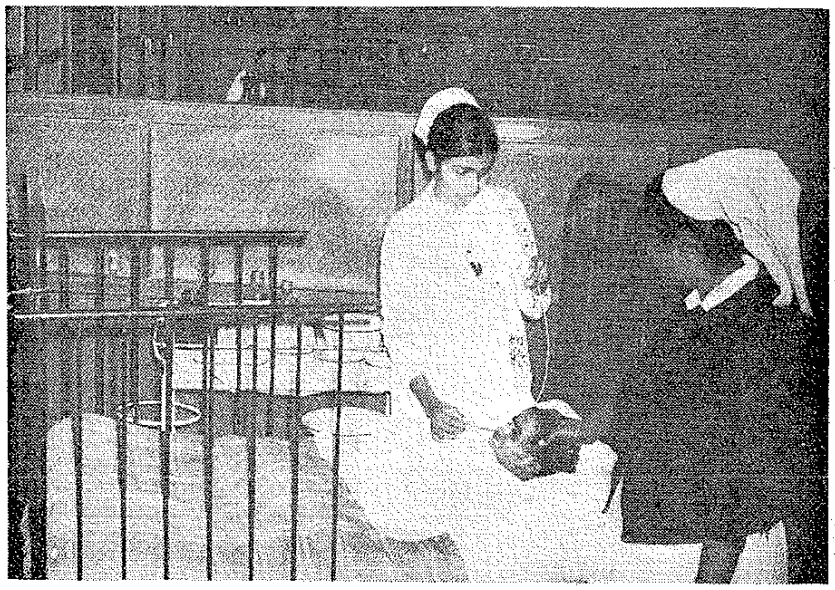
The discovery of anti-bacterial drugs has been mainly responsible for this change. We now know that it is possible to treat a large number of patients in their homes with these potent drugs and with reasonable chances of improvement. In fact, because of this a considerable number of well-to-do patients prefer to be treated in their homes rather than in the institutions, so much so that many of the paywards in the hospital and sanatorium are lying vacant. In our National Tuberculosis Programme, the policy has shifted towards the provision and extension of domiciliary services i.e. treatment of the patients in their homes. To achieve this there is need to set up more and more clinics and centres for diagnosis, advice and supervision of domiciliary services. To carry out these functions, the clinics should have adequate facilities for diagnosis viz. a good laboratory, x-ray and an adequate number of trained staff—doctors, public health nurses and health visitors—to advise and supervise the treatment of patients in their homes. Further, clinics should preferably be located in the slums or near the doors of slum dwellers so that these are easily approachable to save time, distance and expense. Eighty per cent of our population is rural. As such no anti-tuberculosis programme will be complete till such time the facilities are provided in the rural areas.

All the large towns and every district in the country has been provided with a District Tuberculosis Centre. Diagnostic and treatment facilities have been provided in the periphery, including the primary health centres. The expansion of the domiciliary services alone cannot solve our tuberculosis problem and we cannot dispense with institutions. Facilities for hospitalization will have to be provided for patients with positive sputum who are living in very crowded localities with poor socio-economic conditions or those needing surgical treatment or those with complications viz haemoptyis or spontaneous penumothorax or those who are drug failures and are excreting resistant bacilli in their sputum.

Though the extensive use of anti-bacterial drugs has made the expansion of home treatment possible, one should not get the impression that hospitals for treatment of tuberculosis are not needed any more.

In fact, the new drugs have actually increased the need of beds for treatment purposes also. Many of the advanced cases which would have died and which may not have been suitable for surgery are made to live longer by these drugs and large number of them become suitable for surgical intervention. The effective anti tuberculous drugs have made surgery more safe and effective.

Hence institutional facilities will be required and have to be provided. These facilities should also be in or near the crowded areas and not in out of the way places or in the hill stations because climate by itself has no place in the management and recovery from tuberculosis. It is



A 9-year old child with acute T.B. meningitis being attended to by nurses at the LRSTB Hospital, New Delhi.

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the treatment and the continuation of the treatment which play an important part in the cure of the disease.

So much regarding treatment, but what about prevention. In the past the main approach to the preventive aspect of tuberculosis was through education of the patient, his family and the public on the nature of tuberculosis, the mode of its spread and methods to be adopted to prevent it. In this the improvement of housing and living condition was emphasized. It was also considered that the most effective way of checking infection was by isolating patients in the institutions. These preventive methods have been applied and found successful in the economically developed countries. As for our country, when it comes up to that standard of living and the people get educated and follow the hygienic laws, we can also expect similar results. It is a recognized and admitted fact that the main object of the Five Year Plan schemes is the betterment of the economic life of the people and improvement in their living standards. But it may take a number of years before we can reach that level and problem in the country. We have, therefore, to take a practical view of the situation and introduce measures which are within our means and which are capable of implementation within the shortest possible time. Fortunately we have in B.C.G., a prophylatic vaccination which can bring down the tuberculous problem. This is a method which has been tested, advocated and adopted successfully in various countries. We have the benefit of accumulated experience of special investigations and expert studies in regard to this method of prevention. This is the reason why B.C.G. is advocated and extensively used in our country today.

Apart from these modern trends in the treatment and prevention of tuberculosis and the plans which the Government is making to meet the situation, an important part is played by the voluntary organizations.

It may not be forgotten that in India, as in other countries, voluntary organizations had been mainly the pioneers of anti-tuberculous movements. New problems arising out of the measures already mentioned demand constant and vigilant effort on the part of the non-official agencies. Thus in a way the responsibilities of the non-official agencies have increased. While the Government is expected to provide for the treatment of a large number of tuberculous patients, the voluntary organizations have to see that the treatment prescribed is carried out, continuously, uninterruptedly and regularly in the patients own homes and also have to deal with many social problems associated with the disease.

With the changing trends in the prevention and treatment of tuberculosis, the role of the nurses and the pattern of nursing training has to be considerably modified.

Effective drugs are available, but as the treatment has to be continued for a long period, drug default is also very common. Emphasis has to be laid on the need of continuation of the treatment uninterruptedly for which education and motivation of the patient and the family is very important. This can be achieved by the frequent visits to the patients' houses by the public health nurse or her staff. In the event of default, efforts will have to be made to retrieve the defaulter by her personal visit under certain circumstances.

Regarding preventive treatment more and more emphasis will have to be laid on raising the specific resistance i.e. by B.C.G. vaccination of all the new borns, or those who are in contact with an open case of tuberculosis. The public health nurse will also have to arrange examination of house-hold contacts of the patients.

Apart from the general health education of the family and of the patient, advice regarding adequate balanced diet will be another important function which she will have to perform. For an effective discharge of this very important role by the nurses, the pattern of training and teaching of student nurses will have to be modified by laying emphasis on community training also and by exposure of the student nurse to the public health training programme and the field work. □


**Re-orientation** —(*Contd. f. p.* 44)

nique i.e. sputum examination and simple preventive measures. These subjects must be included in their curriculum though the number of lectures and the period of posting in TB hospitals/clinics may be less than that for general nursing students.

Lastly, it may be pointed out that many of the teachers in nursing schools and colleges, being trained long ago, may not be fully conversant with the recent developments in TB control measures. This deficiency can be made good by holding special refresher-cum-reorientation courses for sister tutors, matrons etc. The New Delhi Tuberculosis Centre is holding one such two-week course every year and there is no reason why such courses should not be arranged by all tuberculosis training and demonstration centres periodically for senior personnel from their own states. □

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