A CRISIS OF PURPOSE : DILEMMAS AND OPPORTUNITIES

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We present here the keynote address by Dr. H. Mahler, Director-General of World Health Organisation. This address was given at the opening ceremony of the International Confederation of Midwives Congress held in Lausanne from June 22 to 28, 1975. —Ed.

"A Crisis of Purpose : Dilemmas and Opportunities". When choosing this title for the keynote address for the opening of the Seventeenth International Congress of the International Confederation of Midwives I was reminded of a quotation from H.L. Mencken used by one of the speakers at your sixteenth congress—"There is always an easy solution to every human problem—neat, plausible and wrong". It is my view that there are no easy solutions and I hope thereby to avoid neat, plausible and probably wrong conclusions.

The objective of the World Health Organization as stated in its Constitution is "the attainment by all peoples of the highest possible level of health".

These objectives are admirable but why, more than a quarter of a century after they were spelled out by the founding fathers, should we find it necessary to speak about Crises and Dilemmas ? I hope you will bear with me while I try to substantiate my belief that there is a profound crisis in the health care system of the world, one, moreover, that is not entirely based on economics. As Steven Muller, President of Johns Hopkins University has said about higher education, so it can be said about health care and the education of the health professions ; It is a Crisis of Purpose.

Where is the evidence of this crisis ? What are the dilemmas before the health professions ?

If we subscribe to the concept of health as a basic human right for all and of health care as a means of protecting this right, if we conceive of health as a vital component of development, as a means for the realization of the full potential of man, we cannot but question the sense of purpose of the health industry and the health professions when we look at the health situation of the major proportion of the world's population today.

Despite the strenuous efforts made over the years by governments to enlarge and strengthen their health services, despite the phenomenal increase in new technology, despite the proliferation of specialists able to apply this vast technological know how to ease suffering, eradicate disease, and increase longevity, it remains an incontrovertible fact that in many countries of the world less than 15% of the rural population and of such other under-privileged groups as slum-dwellers, nomads and people in remote regions have access to even the most rudimentary of health services. While there is a continuing downward trend in infant mortality throughout the world, there is still a dramatic difference between infant mortality rates within countries and between a number of developing countries and the rest of the world. There are even more marked differences when we consider deaths occuring in children aged one to four years. Nor should we overlook the fact that survival in misery is not within our concept of well being.

Data on nutritional deficiency as well as on low birth weight and immaturity indicate that the deficient nutritional state of the population is perhaps the most important single factor influencing the excessive mortality in developing areas. Mothers who have been handicapped since early life by nutritional deficiency and adverse environmental factors tend to give birth to low-weight infants ; of those infants who survive neonatal life many die from infectious diseases because of their increased vulnerability; and the survivors continue to be at high risk throughout life from the hazards of the environment. So a vicious circle is created ; ill health accompanied by deprivation, unregulated fertility and exhaustion, and worsened by social problems such as overwork and lack of education, leads to the birth of children who, if they survive at all, grow up in the same disheartening and hazardous circumstance to perpetuate the cycle.

As an indication of what is needed to grapple with such a problem an indication that has specific reference to the theme of your Congress. "The Midwife and the Family in the World To-day', I might say that data collected from sixty-nine countries in 1972 for a study on the role of the traditional birth attendant in maternal and child health and family planning revealed that the estimated percentage of deliveries attended by traditional birth attendants or empirical midwives varied from 60 to 80%. In the rural areas in some countries as many as 99% of women had their children without even the attendance of a trained traditional birth attendant. These mothers receive neither prenatal nor postnatal care and their infants, if they survive, are denied the health care and protection which is their birthright.

The health care system in the developed countries has concentrated its efforts and resources on the com-

plicated problems of the few, and professional education and training have inevitably followed the same path. The expansion of technology related to disease has led to such increasing specialization, and knowledge has been so fragmented, so much carved up into independent specialities, that it is difficult to see the wood for the trees, to select from amorphous whole that which is meaningful and applicable to the solution of the health problems that beset the majority of the world's people. Even if and when this can be done, there is an evident and depressing unwillingness by health professionals to become personally involved in the world beyond their immediate interests, unwillingness to play their part in bringing the necessary minimum of already known health technology to the suffering millions. Such genuine humanitarian caring and sharing would be a powerful force in relieving suffering and in improving the quality of life of the great majority of their fellow men.

But there is not only the dilemma of having health professionals whose education, attitudes and motivation make them unwilling to work in the areas of greatest need ; there is also, paradoxically, resistance on the part of the health professions, particularly the medical profession, towards the incorporation of their basic techniques in the training of non-medical health worker and towards delegating responsibility and functions to them. The history of the development of midwifery in many countries is a classic example of this phenomenon.

This brief review of the crises and some of the dilemmas will, I hope serve as a background against which you may wish to consider opportunities for action.

I might, however, if you will permit me, put forward a number of points for your consideration.

The first is that we should pay attention to the signs warning us that the present gaps and deficits in the health systems will no longer be tolerated by the people. As Wilson says in 'Sociology of Health", we can no longer view health within the traditional context of doctor-patient relations, professional activities and role organisation in medical institutions. Rather, we must learn to view the processes of health and illness and society's efforts to cope with them in the more comprehensive framework of living population groups, in other words, the community. If we accept the man-within-the-community concept to mean the human population in the family, at school, at work and within the neighbourhood, the setting of health care in the community framework becomes very germane to the interests of this Congress. There is no question that the highest possible level of health is best achieved when healthful living patterns can be fostered from the very beginning of life and, in fact, from before the beginning of any individual's life, through the health and health behaviour of his parents.

The second point I should like to make is that no professional group can function in isolation in the world of today. No professional group can divide up the population or indeed such basic life experiences as birth and death in accordance with what it believes to be its own territorial rights and traditional prerogatives. As John Gardiner has said so well :

"Professions are subject to the same deadening forces that effect all other human institutions ; an attechment to time-honoured ways, reverence for established procedures, a preoccupation with one's own vested interests, and an excessively narrow definition of what is relevant and important."

Finally, I should like to say that, as a professional group, you cannot entirely shape your own destiny, but you can take advantage of the available opportunities to determine the general direction in which you should go. This Congress provides you with the opportunity to re-examine your priorities, your goals and your values ; to consider how you can best develop the concept of the midwife and the family in the context of the culture and system in which you work ; to examine the relevance of training programmes and the staffing system through which midwifery care is being provided ; and to consider the ways in which you can broaden the scope and distribution of services, even in the face of many constraints and great scarcity of resources.

Let me close with this note on our most precious resource :—

"Man has re-discovered a third resource of the developing world, a prodigious resource which, if lovingly and rationally cared for and developed, is for more important than soils, mines or industry. The third, until now forgotten, resource is children.....All children have certain innate rights and freedoms. Because of their physical and mental immaturity they have the natural right to special protection by society ; to adequate nutrition, shelter, health care and recreation. They also have the right to special preparation by society for their future role as productives adult citizens." Your universe is then the univere of mothers and their young children living in the families, and communities of the world. The problems are great, the solutions are not easy—but the question I leave with is : Are we equal to the challenge ?

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