

The Fight Against Tuberculosis in 'Denmark'

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Denmark is the First country to successfully control tuberculosis. It has had the lowest rate of tuberculosis constantly for the last ten years and has eradicated bovine T.B. completely.

The reasons that have favoured the successful fight are :

1. Denmark, a country without mountains, has relatively easy communications which, in spite of the division of the country into the Peninsula and about 500 small and big Islands, make it possible for people to travel to centres for periodical physical examinations.

2. The living standard and the cultural level of the people is fairly high, one of the reasons being the great achievements of the Danish folk high schools and co-operative movements.

3. As the country is small and the constitution democratic though with a limited monarchy, the general understanding of the public is great. The problems regarding poverty and slums etc., are small and it has been easier to teach Public Health.

The secrets which have enabled rapid and comprehensive progress are :

1. The most conspicuous feature is the "team work" in the national fight against tuberculosis. There is close co-operation and co-ordination between the tuberculosis institutions and private medical practitioners.

2. The mentality of the people is such as to allow for the use of voluntary measures rather than compulsory. The voluntary contributions

are made without view to private gain or competition. No institutions for the treatment of tuberculosis patients are run for the purpose of financial gain.

3. "The National Fight Against Tuberculosis Association" has played the leading role since 1901 in the development of the anti-tuberculosis campaign, and the Association actually manages some of the sanatoria and other institutions with government subsidies.

The special institutional care and the control measures that are adopted :

1. A Tuberculosis institution usually has specially trained nursing personnel, an occupational therapist, a librarian, a physio-therapist, a social worker and a trained dietitian. The well equipped modern institutions and the efficient staff enable the tuberculosis patient to live in a happy and healthy atmosphere and to have good care and restful recreation.

2. After discharge the constant follow-up of the patient from 3 to 5 years by the public health nurses through the chest clinic, induces the patient to attend for regular check up and after care.

3. The organised mass examinations of the public, schools, hostels and factories and the increasing application of B.C.G. vaccination have brought about very good community control in Denmark.

The After Care :

The best social help that is needed is rendered to the tuberculosis person

and his family. It is considered in Denmark as essential to render the *maximum* social help to the patient and his family for a short time, rather than to give *minimum* social help over a long period, and it has proved to be a national economic factor also.

The theory behind this factor is that a patient cannot possibly obtain proper physical rest and cure as long as he is not mentally at ease. He cannot have mental rest as long as he has financial worries. If a bread winner is suffering from the disease, the family's status suffers very critically unless there is someone to support the family. Under such conditions there arises the need for helping the patient and the family. Primarily, this sort of social help relieves the patient of worry and thereby hastens his recovery.

The statistics have proved that :

1. The mortality and the morbidity rate is higher in town than in villages.
2. The incidence is more in men than in women.
3. The occurrence is common between the age 15 to 34 years.
4. There is not much distinction between the rich and poor though poverty is one of the main contributing factors.

The Special Social Law for Tuberculosis :

As Tuberculosis is a communicable, long standing and social disease, the treatment and the convalescent period differs very much from other forms of disease. It needs special attention and consideration during treatment and rehabilitation. In Denmark there has been a special law

since 1902 for rendering social help to tuberculosis persons and his family.

Every T.B. patient is well aware of this law and knows the contents by heart. There is a Social Welfare Office which decides the payment. The Tuberculosis Clinic or institution makes recommendations to the Welfare Office. The Public Health Nurse plays an important role in representing the patient and his family to the Clinic and in expressing the rules of the clinic and the Welfare Office to the patient.

The true contents of the Social Law :

The Social Law provides considerable financial assistance to a T.B. patient and his family. This aid may consist of maintaining the patient and his family during his treatment and rehabilitation ; it may pay his rent and taxes, and clear debts if necessary. It may maintain his insurance during illness and provide clothes, and domestic help if needed. Travelling expenses are paid to needy patients and family. Thus the patient and his family is spared the anxiety of financial worries during the bread winner's treatment for tuberculosis.

This national law made a deep impression on us and we could not help contrasting it with the situation in our own country. We hope that one day India will have a Socialised Health Scheme that will truly take care of the whole needs of people, especially the poor.

The year that we spent in Denmark studying and working in the tuberculosis field, has given us a broader view of the disease and our clinical experience will stand us in good stead in our nursing in India.

Pediatrics—(Contd. from page 381)

the simple addition of its component parts would indicate. Each successful effort, no matter how small, means that every child of India has a fairer chance for health.

References :

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- (3) Committee on Child Health, APHA. Health Supervision of Young Children, The American Public Health Association Inc, Ny. 1955.