

Address by The Prime Minister of India, Shri P.V. Narasimha Rao at the 32nd Annual Conference of the National Academy of Medical Sciences, New Delhi on April 02, 1993

It gives me great pleasure to be with you today at the Annual function of the National Academy of Medical Sciences. I have had a long association with this Academy since the time I was Health Minister in the 1980's. The Academy was set up as an outcome of extensive deliberations and a process of consultations with different State Governments, Universities and professional bodies. The promotion of knowledge of medical sciences in India and its practical application to the problems of national welfare are among its primary objectives. The broader commitments include the need for providing continuing medical education, the advancement of knowledge in basic as well as clinical sciences, the recognition of talent and above all a concern for the national priorities in the health sector.

Today we are meeting to give recognition and encouragement to those distinguished Members and Fellows who are being conferred that status by the Academy. It is indeed a small select band of medical scientists. In a country which has produced over 4 lakh doctors, a process of rigorous screening has led the Academy to admit just about 1000 medical scientists as Members and only about 600 as Fellows, which is the highest distinction that the Academy offers. I am told that today 50 Members and 21 Fellows will be further admitted to the Academy and I congratulate each and every one of them on this important day which they will cherish. I am glad that the Academy has been able to adopt and instill the highest standards in its selection process and has also been able to provide the kind of 'academic ethos' which has provided encouragement to merit and merit alone.

The Academy also has the responsibility to establish National Committees for medical-scientific subjects of national and international importance as they may be called upon to perform. The medical sector is dependent upon new discoveries and new insights in successfully dealing with special problems. We are spending vast amounts on research in this sector. Many positive achievements have been possible and it is important that the practical outcome of research which is capable of wider application is used fruitfully. I do expect that the National Academy will take special steps to provide for interaction which is pivotal to making the findings of research subserve public needs. Equally, the Academy should assign to itself the goal of gleaning out from the high level interactions it organizes what the basic needs of the health sector are, so that the research being done can concentrate on these areas instead of working in isolation.

The Academy was also expected to take an objective and holistic view of trends developing at a sectoral level. We have set up an impressive infrastructure of thousands of Primary Health Centres and Sub-centres. We need an assessment of whether these centres are meeting the real requirements of the public. There is perhaps much more scope for utilizing the existing facilities optimally and bringing about an integration of a multitude of services being offered particularly in the rural areas. The Academy would serve a useful purpose if it were to undertake a study of major implementational problems which are faced in the execution of the National Health Programme. This could form the basis for designing some of its future courses; the exercise would serve to highlight issues which need to be addressed both at managerial as well as technical level.

Continuing medical education is provided the world over and is perhaps the most successful means of exposing doctors and para-medicals to the new advances in their fields. The process of updating is now of paramount importance as new diagnostic and therapeutic techniques are emerging year after year. It is perhaps the only way for the practitioner to know what is new and relevant to his specialization by bringing into focus the outcome of recent publications and new techniques. But in doing this the focus cannot only be on specialization as the main responsibility of the health care system is to provide basic primary level health care to the people.

I am glad that the new undergraduate and post-graduate curriculum is on the anvil. That by itself should make a considerable difference to the orientation of our future doctors. Change in curriculum may perhaps be required for some of the Continuing Medical Education courses that the

Academy organizes. The test of a good CME programme must be its relevance to the work the practitioner does on his return to work. I am also concerned about the methodology of the programmes so that they are capable of enthusing the practitioners to systematize and modernize their outlook. While it is the duty of the practitioners to keep themselves abreast of what is happening, equally the programmes must be oriented in a way which opens new vistas, new opportunities through recent developments. I am glad that the Academy proposes to set up a Centre for preparing such modules and disseminating them widely. Their acceptance will depend upon the range of their applications. I also understand that a National Coordination Committee has been constituted for making long term as well as intermediate recommendations to meet the needs of continuing education in health and health sciences. They should give their report at an early date.

Sometimes the teaching of general practitioners is undertaken without reference to the resources which are available in a hospital, a dispensary, a health centre and most important of all the volume of patients who have to be seen by a practitioner. While I am aware of the courses that have been organized by the National Academy of Medical Sciences cover a wide range of clinical subject including super-specialties, perhaps much more could be done if priorities were decided on the basis of a situational analysis of where the real needs lie so that the returns on the investment of time and resources are most fruitful.

The mushroom growth of medical colleges was arrested with the issue of two landmark ordinances of 27th August last year which provided for prior permission of the Central Government to be obtained before establishing a new medical college or dental college. The Bills have since been passed by Parliament and with that let us hope greater responsibility would be brought to bear on those who seek to commercialize on medical education. Now the question which has to be looked at is how medical colleges should work in a merit-basis system while leaving freedom to the private initiative to function without too many fetters and hindrances.

The distributional differences in medical manpower sometimes belies explanation. I am told there is a shortage of specialists at the PHC level. The referral system at the State level also does not seem to work in a coordinated fashion with the result that hundreds of people frequent the crowded OPDs of district and government hospitals sometimes at great personal hardship; eventually some of them find their way to metropolitan centres and the capital's hospitals for treatment. Some of the larger hospitals have huge OPDs which hardly give a practitioner time to devote more than a few minutes to a patient. Having gone to a specialist, I wonder how much time is spent on getting investigations done leaving the patient and his attendant bereft of a working day's wages with each visit to the hospital. These are practical aspects which need to be considered. How can the basic practitioner make himself useful to the community in a manner that does not require a patient to go to the hospital for common ailments? How can he be made accountable to the population he serves? How can the referral system work in a way that enthuses a sense of confidence? Is the quality of monitoring of what happens to various programmes at the Primary Health Centre and Sub-centres effective? Does the District machinery and particularly the Chief Medical Officer of the district get time to look at all the components of what the system is claiming to provide? Is a greater degree of prioritization possible? In a country with such a wide range of information and so much of educated medical talent, by now it ought to have been possible to pinpoint the priority areas and see that the monitoring is designed in a way that the CMO at the district level is able to decipher round-the-month what is happening in the district and reassign tasks and responsibilities that are in line with public needs. Today many of these tasks are left to be performed at will and even the process of information collection is sporadic and weak. The training given by the National Academy should consider these gaps and special programmes should be devised for the district level functionaries to draw the best from the PHC/Sub-Centre system.

The Academy has another important objective which is to secure the coordination between the medical and other scientific academies, societies, associations, institutions and government medical and scientific departments and services. This requires providing a forum for interaction between

persons who represent different interest groups, different objectives and yet who are part and parcel of the whole process of trying to provide and improve upon the different sectors that have an interplay in the health scenario. The whole system of medical education rests upon an interplay between doctors, nurses, pharmacists, educators and administrators and not to speak of the patients; perhaps a forum where all the educators and administrators could be brought together for an exchange of views and definition of how programmes can subserve the national health needs to be provided. It is very easy to make statements of intent. It is far more difficult to implement them. We need to go into the details of implementation, the nitty-gritty of inter-relationships improvement – not merely a peripheral one. The health problems of India cannot be seen only through curriculum changes and lecture rooms. Nutrition, safe drinking water, environmental issues and pollution are very closely related with health care. Medical care is usually inaccessible and far too expensive for people to afford particularly where communications are difficult. We have a large number of practitioners from non-allopathic systems of medicine. Many of them are subserving a public need. Perhaps with a little orientation they could be specially equipped to go to remote areas to act as the first line of defence. Equipping them suitably might be a worthwhile goal. The Academy ought to address this issue and come up with a consensus that meets the needs of the people.

The Academy has the primary responsibility of promoting knowledge in medical sciences while addressing its practical application to the problem of national health. With the improvement in life expectancy a host of new problems have surfaced. AIDS, adolescent health, occupational hazards, cardiologic problems, problems of old age, have emerged which hardly called for any great attention a decade ago. The trends ought to be analyzed and commented upon by the Academy to enable the changes in strategy to be first discussed by medical scientists. If government policy is perceived as requiring re-orientation it is possible for the Academy to share its vision and experiences with those who formulate policy and I am sure those who formulate policy will be found responsive to all these suggestions.

We have recognized human development, in all its many facets, as the ultimate goal of the Eighth Plan which has been launched in April, 1992. Health and education constitute important strategies for the achievement of this broad objective. Indeed, both serve as the essential entry points for socioeconomic development. Poverty and disease constitute a vicious cycle. The sickness may arise as a result of impoverishment, while it may in itself lead to greater poverty. Major investments in primary health care, environmental sanitation, safe drinking water, stabilization of population growth, and provision of food security ensuring acceptable levels of nutrition, are obviously required and every effort has been made to adequately provide for them in the planning process although we cannot say that it is adequate. We may not have succeeded entirely in fully responding to the needs of these sectors, but we are consciously and consistently trying to prioritize our commitments in human health, recognizing its potential for overall socioeconomic development.

Health of the people is of direct concern to the society which has an obligation to protect and provide for the maintenance of the health of its members. Physician, as a health care provider, must respond with sensitivity to the changing needs of society, and he must, in turn, ensure that such changes are in a positive direction. It is in this context that the role of the physician as an instrument of social change and the catalyst of social transformation, needs to be emphasized. In its broader connotation, medical science is intrinsically a social science. Since antiquity, it has dealt with human beings. Irrespective of the on-going technological advances, the major objective of medical education has been, and must continue to remain, the appreciation of man, his behavior and his environment as a package and not in small bits and pieces. Thus the physician can no longer remain satisfied only by offering his services to the sick, but must accept the challenge to protect and assure the health of the people, by facilitating the development of behavioural attributes which lead to harmonious social interaction, and healthy life style and environment. Even while analyzing illness, the interplay of psychological and social determinants which may potentiate the action of biological and physical disease agents, needs to be constantly reviewed. This aspect is intimately linked with

the life style, family structure, work environment and opportunities and facilities for leisure and recreation. Thus, the role of the physician as an enlightened member of the society becomes not only obvious but sharply focused.

In recent years, there is an ongoing world wide transition from the communicable diseases which dominated the scene during the major part of this century, towards a broad spectrum of non-communicable diseases which are due to an interplay of a cluster of risk factors essentially related to life style changes. The prevention of communicable diseases entirely rested on mass vaccination programmes, and eradication of small pox is an example of the effectiveness of such strategies. In addition, the treatment of communicable diseases mostly warranted administration of antimicrobial agents and continuing research efforts over the years have provided more potent antibiotics which would effectively treat those micro-organisms which may have developed resistance to first line of such drugs.

In contrast, there are no vaccines as yet for most of the non-communicable disorders such as cardiovascular diseases, diabetes, and strokes. Nor are there any magic bullets such as antibiotics for their treatment. Indeed, there is no permanent cure for any one of these illnesses. It is for such diseases of the 21st century that the essential approach must rest on the revival of the traditional wisdom of our societies wherein a vegetarian diet, occasional fasting, daily meditation, plenty of physical activity, and abstinence from alcohol and smoking must once again become the norm, and any deviant behavior must necessitate remedial action through communication and intensive education. This is already happening in most of the advanced countries. Smoking has been effectively prohibited and the manufacture of cigarettes is coming down sharply, except in countries like India which produce tobacco. We have been breaking our heads with producers to bring down their production, which they are not in a mood to do. It means that right from the field where the cultivation takes place we have to bring about a change, a transformation in attitudes. I can tell you with personal experience that I have been trying to bring about this change in their attitudes but the success is only partial right now. We will have to intensify our efforts to see that this is done. The cultivation of tobacco just cannot go with the modern trends of bringing down smoking. I don't see what other use tobacco can be put to except smoking. So, this has to be seen as a whole package, a package right from the production onwards and going right to the social problems as we face. A physician must, therefore, act as a role model so that it is both by precept and persuasion that he can produce the requisite behavioural change in those who seek his advice and counseling.

Is the physician of tomorrow suitably attuned to the new needs? Has he developed the requisite competencies to successfully fulfill his assigned role? As a natural extension of this thought process, may I suggest that the leaders of the medical profession who are distinguished Fellows of this Academy must deliberate upon these issues, so as to provide a think-tank which would contribute to the development of rational policies and programmes at the national level. The Academy must also address larger issues which take care of policy formulation for CME for the large number of institutions that impart medical education in the country.

I am stressing this point again and again because I beseech you to consider this. You are part of a bigger whole, a part of the society which is now more or less in a state of flux with one element probably working at cross purposes with every other element. We have to bring that harmony, not only between various sections of the people but between knowledge as a whole, and the several compartments of knowledge as we have. They have to be harmonized. This seems to be the greatest need of a developing country because the experience of developed countries where compartmentalization, looking at things by bits and pieces leading to overspecialization, with each expert trying to only care for his own ideas of what should be done, not caring for any other idea which is equally relevant and important in the life of a human being, the holistic approach being totally absent. Now, we have seen the results of that. They are now looking back, turning back to the holistic approach which we had centuries ago and perhaps which is still there inherent in us; we only do not realize it, we only try to bypass it. Please let us start the new process of not bypassing

what we already have and running after what they had and which they are discarding. It is a very peculiar situation. This has to end and there must be a meeting point amongst the scientists of the world who have to look at the problems of mankind as a whole and I hope the National Academy of Medical Sciences in India which is best suited to do this job to be the bridge between one attitude and another, one approach and another, both being perhaps valid in their own way. Therefore, this harmonization is eminently possible by India, by the people of India, by the experts of India, the doctors, engineers, philosophers, the politicians, everybody in India has to build into the system the approach of harmony and this has to be brought out in full measure so that the problems of mankind as a whole are looked at in a holistic manner and if all try, if all look at it that way, I am sure solutions will emerge.

I wish all success on the occasion of the Annual Day and hope that those who have been awarded the Fellowship of the Academy would achieve even greater success in the years to come. My congratulations to the Academy, its Chairman, the illustrious Members of its Council, Fellows and Academy Members.

I thank you once again for conferring on me the Honorary Fellowship of the National Academy of Medical Sciences, and for the opportunity to share with you some of my thoughts.