

■ *Guest editorial*

Sound of Silence

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A string of unsavory events concerning Medical Education, each event rivaling in vigor with the preceding one shook the conscience of sensitive individuals not in the least because it was a surprise but by the extent of its width & breadth, culminating in the arrest of the President of the Medical Council of India, the sole regulator of medical education & medical practice in this country. Electronic and Print media carried graphic details of the volume of corruption, its reach and the areas that are a source of illicit lucre to the guardians of medical ethics! When the initial noise died down and media glare became imperceptible, many concerned souls started airing their views on the state of affairs in the areas of Health Education, Health Care & Health Research. An impassioned search of the qualitative and quantitative aspects of these areas, even after a lapse of more than six decades since the British left the shores presents a dismal picture. The statistics are appalling. India ranked 35th among forty nations in the quality of research which included all disciplines of science. Stand – alone health – research data must be even more depressing. For the years 2004 – 09, a total of 162100 article submissions were recorded of which citations from Indian published work was restricted to 87512 papers only, registering a percentile of about 64 in comparison to a score of 75 of Denmark. The other Asian giant fared no better; china stood at 33rd rank, if it is any consolation. Health – care did no better. Little access to basic health care and patchy distribution of health – care – providers is only one of the many maladies that plague the health care delivery system. Corruption wedded to poor standards in social and academic benchmarks is an affliction that characterizes the

way of life of many Asian nations. The declared objective of a welfare state of providing universal health care through the public health system and the actual level of expenditure for its sustenance are not congruent at all. Fundamental weakness of the system is the absence of an accessible basic doctor at affordable cost. The result is no surprise; nearly 70 percent of public health care is provided by unqualified practitioners. Insurance supported adequate basic health care, irrespective of economic and class differences are seldom available to those who need it the most. If at all the deprived sections of the society is ever attended to for their health needs, it is only when they pose a threat to the elite class due to sufferance from an exotic or dangerous infection that does not care for economic dissimilarities in the catholicity of its transmission. On rare occasions, they are wooed for political reasons if they can fetch votes during elections. Even when the state is obsessed with altruistic notions of uniform basic health care at the door step of all, insurmountable impediments do remain. This phenomenon is not just the bane of developing economies alone. For example, ‘Patient protection and Affordable care Act’, a health reform legislation whose strong adherent was Barack Obama, was vehemently opposed by pharmaceutical lobby by spending six lakh U.S. dollars a day against the bill for six months!

Cuba with a per capita income much less than a fifth of the US has a state funded system that yields better health outcomes than US. 80 percent of health expenditure in India is in the private sector while in developed nations bulk of the health care cost is borne by the state. Health care needs should be determined based on local, regional and national data and not on imported data and purposeless priorities. Such a focus on nation’s health inevitably turns attention to the quality of the health care provider.

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Alas! The regulator of medical education has miserably failed the laity and the cognoscenti alike. Election and nomination based constitution of the regulatory body has resulted in acquisition of this seat of power by a process of 'tamasha' and frequently inundated by profit – seeking private practitioners with political maneuvering skills rather than educationists concerned about the Nation's health. It is often comprises of personnel with narrow perspectives and conflicts of interests. Representatives of diverse specialties thrust their own limited agenda often missing the objective of the health care needs of the nation; and this edifice was supported by an archaic curriculum that is seldom ever revised and forbids innovation in pedagogy and evaluation. For example, amphibian and mammalian laboratories are mandatory components of the Physiology department notwithstanding the fact that a governmental edict bans animal experiments! Compounding the problem further is the deluge of new medical knowledge and the birth of new specialties. Unplanned introduction of these newer areas in the curriculum of under graduate training program lead imperceptibly to a focus shift; undergraduate education no more remains a training program for the creation of basic doctors to manage common diseases based on competencies and skills. It lays emphasis on learning theory and is heavily knowledge oriented.

Capitation fee, concentration of colleges to certain restricted strategic locations, fewer patients and improper exposure of trainees, yield a product that is indifferent to the needs of the tax – payer who funded his education. This is further aggravated by the incredible variation in the quality of the graduate produced by different institutions depending on their location, financial stability, strength of the permanent faculty, supporting staff, patient load etc. What useful purpose is achieved by the production of a breed of rural countryside – hating, elitist urban club-membership loving, semi – literate egocentric professionals, blissfully unaware of the limitations of their education, yet nurturing an illusory notion that they are God – incarnate!

Violation of medical ethics is on the rise. Clinical trials for multinational drug companies without patients' consent in return for monetary gains and

foreign junkets, vaccine trial on unsuspecting tribal population have become disturbingly frequent. Profit – oriented corporate health care is creating a system bereft of human values, necessitating legislative measures to compel all clinical establishments to provide medical care and treatment to stabilize any person in an emergency condition. The way out of the present morass is not too easy.

Health care, health education and health Research are a continuum. Medical, nursing, dental, Pharmacy, Public health, Allied medical sciences, and rehabilitation services should freely collaborate and achieve greater coordination with the objective of freeing an individual of his affliction and restoring health as its central theme, breaking the barrier between borders and erasing the line of controls, through sacrifice of individual ego and inflated self – importance.

China, Korea and Japan are countries where traditional medicine is integrated in the country's health system. Hippocrates is believed to have practiced only four humoral therapies which was also the basis for Unani system. European nations too practiced this system with their respective area names, as Natural medicine, Alternate medicine etc. until the evolution of modern medicine under British.

Changes in the thinking about aspects of health must accompany measures encouraging innovation in medical sciences, including the introduction of unconventional courses which are already taking shape. For example, Medical sociology, Clinical Research & Regulatory affairs, The Physicians' assistant and others shall provide skilled manpower to fill the gap between Physician and Nurse. Technological institutions such as IITs aspiring to initiate MBBS course must be encouraged, for after all the material body of a human is but a mechanical device obeying the laws of physics & chemistry. Who can appreciate a pump called heart, better than a mechanical engineer?

The present - day disconnect between health care needs and the capabilities of the care – giver, churned out by the inappropriate photocopying of the Westminster model has only widened this chasm. Little surprise then, the period of internship/

houseman ship is treated as a preparatory holiday for migration to Utopia!

Sustaining optimal health makes better economic sense too. Each hour of health extricated for the life of a citizen is a contribution to nation's productivity. This should be linked to avoidance of politically expedient wasteful expenditure such as importing cholera vaccine during an outbreak of this disease, rather than the provision of potable drinking water and proper sewage disposal.

Globalization and inequitable wealth distribution has contributed little to bridge the gap between the

minuscule who figure in Forbes list of millionaires and the multitude, casually labeled "below poverty line". Civil society boasting of liberal values and modern thought will continue to wallow in this empty jargon echoed in air – conditioned seminar rooms, if the reticence of the deprived remains unheeded. They are part of this society, the revulsion induced by their pastoral rusticity notwithstanding; and the sound of their silence must be heard. They are not compact discs to be inserted into the slot of a multimedia PC and browsed for the music of choice. They are Radio – boxes; you have to develop a taste for the song broadcast at the moment.