

**STATE CONVENTION OF  
MODERN MEDICAL DOCTORS**

22

**DRAFT MANIFESTO FOR DISCUSSION**

AD JONATHAN'S STATE

ADDITIONAL INFORMATION

ADDITIONAL INFORMATION

The Medical profession along with other spheres of the society in many countries is in the grip of severe crisis. Rising cost of medical care, increase in the incidence of iatrogenic diseases, over-medicalisation of the society, the inability of modern medicine to contain the major killers in the developed and developing countries, the technological supermacy and its dehumanising effects and the role of multinational drug companies, the exploitation of the labour power of a large section of the medical profession, and the erosion of the academic standards and ethical values of the medical profession and the inherent sexism in medical practice are some of the facts of the deepening crisis of modern medicine.

It is in this context that the relevance of the present health delivery system in the developing countries and its limitations in meeting the health problems of the developed countries are being discussed in several circles. As a result there is an increasing awareness about the socio-economic determinants of health. These modern trends are making their impact in the medical profession also and the medical profession itself has started what is described as "a house cleaning campaign".

A number of explanations are offered to explain away this crisis. A number of books are written and a number of remedies to solve the crisis are advocated. Attempts to demystify the medical profession are being made by several workers. These attempts and the alternatives suggested vary from sheer reformism to ideologies that are definitely radical in content. It is the duty of the progressive section medical profession to study the various aspects of this crisis in its totality and to offer democratic and people oriented alternatives to tide over the crisis.

Some of the present ideological basis of modern medicine should be examined in this context. The present tendency is to treat health as a purely individual or personal, biological phenomenon, whose problems are to be solved at the individual level through medical technology. The slightest scraping of the surface of this notion reveals the fabric of health with its interwoven biological, physical, social, economic and political threads. To understand health issues we must first explore some of the prevailing myths around the concept of health, health services and their evolution. The generally accepted belief that health is biologically determined and medical technology is an outcome of objective value free science needs further analysis.

It is seen that depending upon the available knowledge and consciousness of the people and the culture of the dominant class the concept of health and the approach to health problems popularly accepted varies from time to time. Historically from the **magico-religious** overtones of the earlier epochs, the concept of health evolved into a more scientific one. The initial multi-dimensional approach to health, however, got lost in the mechanical model of the industrial era. This naturally led to the individualistic and curative approach to health problems where medical technology alone was considered sufficient to handle the problem. The limitations of this approach brought back the environmental or the ecological approach to health. It was conceded that the health or physical status of the individuals and groups is largely determined by their social, biological and **physical environment**.

In spite of this, however, the emphasis, on the biological basis of health continued with little effort to bring out the significance of its social basis. The contradictions of the capitalist health service system, the growing class consciousness of the working class and the establishment of a more egalitarian health service in the socialist countries have finally brought the social dimensions of health into focus.

The health services are used by the ruling classes for procuring efficient labour and for investing their capital into health industry. This brings them high profits and also give respectability to the social system. As profit oriented production progresses and leaves increasingly dire health hazards in its wake, the technologically oriented system of medicine tends to mask the origins of the morbidity by treating illness as an individual disorder through the use and purchase of commodities, in such situations the health service itself is converted into health industry and 'Health' is treated as a commodity that can be purchased from the market at a price.

There has been increasing evidence of occupationally and environmentally induced cancers and indications are that they will continue to increase with growing suspicion about the definite or suspected carcinogenicity of wide variety of occupational chemicals, environmental pollutants and food additives. Based on the available data from the Western Industrialised Societies environmental factors are the cause of approximately 80% of all cancers. By labelling people into the Medical categories of 'diseased', 'handicapped' and

'retarded' health services hide the real nature of the social system which leads on to these problems.

AND so along with other institutions such as educational system, mass media and organised religion, medicine promulgates and ideology that **helps** maintain a class structure and pattern of domination.

The majority of the **under developed countries** were colonised by the imperialist powers which brought **with them** their own western system of medicine. Since the main interest of the western imperialist powers was to expropriate local resources in order to enrich their own economies, the growth of western medicine in these countries was not only not backed by a general betterment of the living conditions but was accompanied by the definite, disruption of the economic and social life of the people. The result was that under-nutrition and insanitary conditions which promoted diseases became prevalent and so communicable diseases continued to persist together with nutritional diseases. They constituted the major causes of ill health in these countries.

The developments in the health field during the period of India's colonisation follow the same trends as discussed for the third world in general. India was a signatory to the "Alma Ata Declaration" adopted by the World Health Assembly in 1978, which gave the call "Health for all by 2,000 AD". Today a decade after the Alma Ata Declarations the state of health in India makes the Country one of the most backward in this respect. The facilities in some of our hospitals may be among the best in the World and the same can be said about our doctors. This, however does not determine the health of a nation.

The only true index of the nation's health is the stage of health of the vast majority of people, and not that of a privileged few. In this regard the Governments own "Statement on National Health Policy" (1982), States "The hospital based, diseases and cure-oriented approach towards the establishment of medical services has provided benefits to the upper crusts of society specially those residing in the urban areas. The proliferation of this approach has been at the cost of providing comprehensive Primary Health Care Services to the entire population, whether residing in the urban or rural areas".

One of the principal reasons for the poor state of health of our people, lies in our wrong priorities as far as resource allocation is concerned. There is a progressive reduction in the budgetary allocation for health in successive Five Year Plans. Moreover, even this meager resources are not equitably distributed. 80% of the resources is spent on big hospitals and Research Institutions which are situated in metropolitan cities and large urban centres. They cater to less than 20% of the people. On the other hand just 20% of the resources is spent on primary health Care, which caters to over 80% of the people.

Of the total number of physicians in the country, 72% are in urban areas. Further, only 15.25% of all health personnel work in the rural primary health sector of the Government. As a result of the highly inadequate Govt. intervention in the health sector people are forced to take recourse to the private sector in health care. By this kind of an approach, health has been converted to a commodity to be purchased in the market. Only those who who can afford it can avail of the existing health facilities. It is thus clear that health is perceived by the government as a low priority area with grossly inadequate resource allocation, and a skewed pattern of utilisation of these meager resources. This is a fundamental problem in the health sector which calls for rethinking regarding the whole developmental process in this country.

Here another trend needs to be mentioned. In the last few years there has been large scale investment by the private sector on curative services. With encouragement from the government, for the first time in India big business houses are entering the field of health care. In addition to the fact that they are exclusively meant for the elite, the trend is also an indicator of a certain kind of philosophy within Govt. circles regarding health care. It is the kind of thinking which draws inspiration from a World Bank report which says "present health financing policies in most developing countries need to be substantially reoriented. Strategies favouring public provision of services at little or no fee to users and with little encouragement of risk-sharing have been widely unsuccessful". This, in other words, is a prescription for increased privatisation. The National Health Policy Statement says "With a view to reducing governmental expenditure and fully utilising untapped resources, planned programmes may be devised, related to the local requirements and potentials, to encourage the establishment of practice by private medical

professionals, increased investment by non-governmental agencies in establishing curative centres....." This is tantamount to an abandonment of the Govt's duty in providing health care to all. Increased privatisation in health can only serve to exclude the most impoverished sections, precisely the section who need health services the most! The answer to the Govt's inability to find sufficient resources for health programmes certainly cannot lie in taxing the community for provision of health care.

Health services, in the traditional sense, are one of the main but no means the only factor which influence the health status of the people. Today the concept of social medicine recognises the role of such social and economic factors on health as nutrition, employment, income distribution, environmental sanitation, water supply, housing etc. The Alma Ata declaration states "health, which is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector". Flowing from this understanding, health is not considered any more as a mere function of disease, doctor and drugs. Yet even today the existing public health infrastructure in India is loaded in favour of the curative aspects of health. As in other walks of life, health services are a function of the political system of a community. They reflect the needs of the ruling sections, in terms of resource and manpower allocation and in regard to the choice of technology. A holistic approach towards health care, taking into account the socio-economic factors influencing health, demands a level of consciousness which is lacking in our planning process.

The role of multinational drug industry in the developing countries including India has been subjected to severe criticism recently. The Pharmaceutical Industry today is one of the most multinational of modern industries. While the huge expenditure by trans-national drug manufacturers on marketing, research and development was borne by poor consumers of the developing countries it contributed little to the real health needs of the majority of the people of these countries. Drugs not authorised for sale in the country of origin and withdrawn from the market for reasons of

safety or lack of efficiency are exported and marketed in the developing countries including India. And the third world is being used as a testing ground for new drugs developed by the multinationals. Even though many individual and people's science movement groups have come out to expose and attack the anti-people policies of the multinational drug companies, it is saddening to note that the Indian drug industry is still being controlled by the multinational companies. As early as 1975 the Hathi Committee has recommended that Multinational drug companies should be nationalised and that the public sector drug companies should be strengthened so as to make essential drugs available at low price to the people. Instead, the Government in its New Drug policy announced in 1986 further gave away concessions to the multinational companies and allowed them to increase the price of essential drugs.

The people of Kerala have achieved a high health status compared to the people in other Indian States. All the targets fixed at the national level for 2000 AD have been already achieved in Kerala. However, a number people in Kerala still suffer from both the so called "poverty diseases" like tuberculosis, leprosy and diarrhoeal diseases and the diseases of "affluence" like cancer and psychiatric diseases. Kerala is facing a problem described as "low mortality high morbidity syndrome". Unless the health problems of Kerala are specifically studied and suitable corrective measures are taken we may slide back to the situations existing in other Indian States. The strengthening of private sector, increasing inefficiency of Govt. Sector, poor academic standards of the medical colleges are some of the disturbing recent trends. Taking all these and other social factors into consideration a people oriented health policy for Kerala has to be formulated urgently.

Apart from these social issues the medical profession is facing its own internal problems also. The service conditions of the majority of the doctors, both in the Govt. and private sector and those of junior doctors like post-graduate students and house-surgeons are extremely poor. It should be realised that even though a section of the medical profession is provided with riches, a large section is being exploited by the ruling classes along with other scientific manpower in our country. Even the junior doctors in the central government institutions were forced to strike work recently to get their salary revised. Expecting the rising tide of unrest among the exploi-

ted section of the medical profession the government has already formulated the hospitals and other institutions bill which will curtail the freedom of the medical profession to initiate activities to improve their service conditions.

In this era of knowledge explosion the academic standards of the doctors should be regularly updated. In the place of the promotional materials supplied by the drug companies the medical profession should be provided with independent and scientific drug information. The recent spurt in the litigation and police harassment against doctors for alleged professional negligence should be tackled with more tact and also by taking people into confidence.

The health care activities are now being used by social and political workers as entry points into a community in various part of the world including our country, because of the ready acceptable nature of the health care activities by the people. After entering the community the health worker or doctor acts as a change agent who initiates a desired social change. These desired changes vary from spreading religious and divisive ideas to initiating radical socio-economic changes. This revolutionary and reformist roles of health worker or doctor as change agent should be taken note of by the progressive forces in the medical profession.

The two areas which offer tremendous potentialities for the progressive forces in the medical profession are:

1. Analysing the crisis of modern medicine as part of socio-economic crisis and the possibilities to offer radical alternatives to the present crisis ridden medical care system.
2. The role of health worker or doctor as a change agent for initiating radical revolutionary activities in a community with the help of health care activities.

The Medical profession is already responding to some of the challenges outlined above both at the national and international level. The fight against apartheid by the South African Doctors, the resistance of British doctors against the attempts to privatise British National Health Service, the movement initiated by the American doctors for social control of their health services, the involvement of

a large number of doctors in Soviet Union, U S A and other countries in the peace movements the heroic fight against the exploitation of multinational drug companies by socially conscious doctors like Dr. Zafarulla Choudhary and the late Dr. Olle Hansson indicate the changing trends within the medical profession. The involvement of a number of doctors in the various Peoples Science Movements in India and their campaign for a Peoples Health and Drug Policy and the recent successful strike by the junior doctors indicate that similar approaches are developing within the medical profession in our country also. It is obvious that due to organisational and other constraints the already existing doctors' organisations cannot tackle these problems.

It is therefore, a historical necessity, to form a new organisation of doctors who generally agree with the ideas outlined above. Such an organisation once formed should work for improving the health status of our people and should also uphold the high academic standards and ethical values expected from the medical profession.

---



