UPDATE

News and Notes

Defining Quacks

CONSUMER Week this year was celebrated by meetings organised by several organisations such as the Consumer Guidance Society of India, Grahak Panchayat etc on health and health related issues like medical care and quackery, responsible medical practice etc. While these are commendable efforts at consumer education, the process can never take off unless certain uneasy questions are confronted.

Is it enough to define quacks as those who do not have appropriate degrees and qualifications? Such practitioners are, of course, quacks. But there are also those who practise 'quackery' even though they possess requisite qualifications and degrees. These are the properly registered doctors who pursue irrational practices and therapy. We illustrate this with just two instances :

(a) Several surveys and our own experience shows that a majority of patients who approach doctors receive injections regardless of their ailment. Is this rational practice? Medically, injections are given only in three situations—life threatening conditions; when the patient has severe vomiting and cannot retain oral medication and; when the drug is not available in oral form, such as insulin. Aren't these doctors who prescribe injections indiscriminately also 'quacks' of a sort?

(b) Such quackery became even more visible during the recent controversy regarding high dose estrogen progesterone (HDEP) drugs. No standard text book of medicine or pharmacology recommends such HDEP drugs. Moreover, they are known to cause serious harm to the foetus when taken by pregnant women. And yet, this drug with a multicrore-rupee market was freely prescribed and used by doctors not only for pregnancy testing but even to induce abortions. Further, when the Supreme Court ordered a public enquiry to decide on whether the irrational and potentially harmful drug be banned, some of these doctors chose to give glowing testimonials in support of the drug. Is this responsible medical practice or is this 'quckery' to help the drug industry?

The Medical Council of India is charged with the responsibility of regulating medical practice which includes curbing quackery. What has it been doing? It has never come out against irrational practices such as the propogation of the 'injection culture' by doctors; it has kept a dubious silence on the issue of the doctors' role in pushing hazardous drugs; and even worse, it has not bothered to take action against the doctors which the Lentin Commission had named as being responsible, by their negligence, for the tragedy at the J.J.Hospital. One may legitimately ask: Is this a body to enforce medical ethics or a body to legalise quackery?

Of course, the MC does take prompt action on certain issues such as promptly de-registering a non-practising filmstar doctor for advertising. Or more recently, the Maharashtra Medical Council issued a statement 'threatening' the doctors who supported Dr Bal in his fight against victimisation with 'dire consequences'. His supporters, it will be recalled are agitating against the sinister role played by Dr Sudhakar Sane in his personal capacity as Vice President of the Managing Committee of Dhanvantri Hospital from where Dr Bal was dismissed. Dr Sane happens to be the current president of the Maharashtra Medical Council and so the MMC sought to provide protection for him for his personal ill-deeds.

Why was Dr Bal victimised by Dr Sane and his friends in the managing committee of Dhanvantri Hospital? Because he is the secretary of ACASH, a consumer organisation which along with others sought to get the HDEP drugs banned, started a campaign against the unscientific claims made to sell analgin by the industry and so on. Thus so-called qualified doctors and their premier body have chosen to victimise those who are fighting against the quackery of medical professionals.

It is really ironic and tragic that in the consumer week the president of the Maharashtra Medical Council was invited by the CGSI to speak on Consumer Education in Medical Practice. Not only that, the CGSI which supported Dr Bal and the drug consumer movement till recently has decided to dump both Dr Bal and the campaign for rational use of drugs in favour of such medically-organised quackery. We cannot help wondering at the kind of education that this protector of the high priest of medical quackery will give to lay people. In any case, do people who either indulge in this sort of 'quackery' or give them protection by refusing to confront the issues have any moral right to be part of consumer meetings? They are really the 'accused' and not the 'educators'.

Isn't it time to take the bull by the horns and confront the medical establishment with these issues?

(Press release from Medico Friend Circle, Bombay Group on March 18, 1989.)

Rural Doctors in Thailand

IN accord with a world-wide change in attitude about health services the government in Thailand has adopted a health policy centred on community services and a better balance between prevention and cure. However there are problems with the implementation of the policy. These problems were raised at a seminar held recently in Bangkok about the role of community hospitals in public health development. Jointly organised by the Rural Doctors' Association (RDA) and the Ministry of Public Health (MOPH), some 400 rural doctors attended the seminar.

The government policy, as laid out in the previous Fifth (1982-1986) and current Sixth (1987-1991) National Health Development Plans, talks of participation in development, basic minimum needs, primary health care, decentralization and intersectoral collaboration. Nobody disputes the soundness of the policy. And few would dispute the progress made to date. The number of doctors in the rural areas has more than doubled over the past six years. This year 63 per cent of the health budget will be spent on rural services, compared to 43 per cent in 1981. All villages have local village health personnel, and almost all districts have hospitals. In general, the government's policy is well approved of and is having some positive results.

The RDA though is critical of the actual implementation and argues that the potential positive effects have been hampered by a budget that does not adequately reflect the policy, and poor education for all health personnel about the principles of primary health care.

As already mentioned, over the past six years the number of doctors working in the rural areas has more than doubled. However as the chairperson of RDA, Dr. Supatra Sriwanichakorn pointed out, "This still represents less than 10 per cent of the more than 14,000 doctors nationwide while more than 80 per cent of the population are rural residents." Thus in the north-east of Thailand, the poorest region, the ratio of doctors per head of population in 1984 was 1:15,554 while Bangkok could boast a ratio of 1:1,321.

In addition to this only 45 per cent of these rural doctors have worked there for more than two or three years. The government currently requires medical graduates to work in a rural hospital for three years after graduation. Thus the majority are relatively inexperienced and rush back to the city after their compulsory rural service.

A further concern of several speakers at the seminar was the dehumanising effect of the modern medical system. Several speakers reiterated the need to inject 'spirit' into the practice of medicine. Contemporary medical education is often centred on accomplishing skills at utilizing medical technology, ignoring the inter-dependence of body, mind and spirit. Thus, training of all health personnel is inadequate in instruction on both the principles of primary health care and the dependence of physical health on social and spiritual well-being.

While it is true that considerable gains have been made towards achieving equity in health expenditure, further redistribution is essential if the health status of the poorest Thai people is to improve.

A former chairperson of RDA and now a member of the Health Planning Division, MOPH, Dr. Suwit Wibulphonprasert explained this further. "If the proportion of the health budget spent in rural areas, now a relatively fair 63 per cent of the total, is dissected further it can be seen that half of it goes to provincial hospitals and more than two-thirds of the remainder goes to district hospitals." Thus the vast bulk of the budget is used for hospital services.

Now is the time to concentrate on health services at sub-district and village level. The projected 9 percent increase in the 'district/sub-district' item of the health budget will almost all go to the sub-district level. There are plans to employ nurses in all the Health Centres as well as to increase the availability of Mobile Health Teams for weekly visits to the Health Centres. However, should this become merely an outreach extension of the hospital it cannot be considered a true diversion of funds towards primary health care.

The RDA is also advocating more autonomy of district hospitals so that decisions about implementation of policy can be made locally with local conditions in mind. Decentralisation is the key-word. "But you have to differentiate between delegation and decentralization" Dr. Suwit cautioned. Delegation is handing down the responsibility for some decisions from one officer to another. Decentralisation should go hand-in-hand with full community participation. That is, power should be devolved to the recipients of health services.

The Rural Doctors' Association is certainly not disputing the general direction of the government's public health strategy. They do believe though that much more could be done to accelerate the health development of Thailand— for all of its people.

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