

## The Heroes of the Health

**Vasudev S. Rawal**

Professor, Community Medicine Department, SBKS Medical College, Waghodia, Vadodara, Gujarat.

**Correspondence:** Dr. Vasudev S. Rawal, E mail: rawalvasudev@gmail.com

A teacher is like a mother in certain aspects. Both love their children / students. They are more sympathetic to the weaker ones. This soft corner is only to bring equality amongst them. They wish that the good quality of these apparently weaker children is better understood and they are motivated for the best results in their life.

A situation is often seen that a highly educated son moves abroad to earn name and fame leaving parents in India. The parents may receive financial help from this brilliant son but the other son who is not so progressive, may actually take them to the doctor and do all that is required to be done to these old parents. Both children are very good but the villagers may well receive the NRI one with a lot of enthusiasm in his occasional winter visit.

Medical education is a replica of this story. As a medical teacher, I am proud of all whom I taught but I extend my sincere appreciation for the less recognized ones through this article.

Many medicos have good social insights. They talk and debate on underdevelopment, malnutrition and poverty also with significant emotional involvement and a touch of nationalism. They actually wanted to contribute for their motherland. They are now best doctors. They have different careers and these reflect their scope of working for that cause.

The first group has doctor parents and is graced by the Almighty for a strong family support in academic career. Such parents are established clinicians and that was a factor for motivation and establishment in the ever increasing competition. A similar but another group of medicos have parents with lucrative business or holding high rank offices. The better educated parents, high social profile and ease of facilities make future more secure than many others. Yet another group that can form subgroup within these groups is made up of medicos having their near

relatives or family friends in the medical fraternity. These include uncles, aunts and in some smart cases, in-laws also. This always facilitated support for better outcome. Conventionally, these medicos are “blessed” ones. They mostly settle in the business already established by their guardians, move to USA and other countries or have their own relatively sophisticated establishments. Most do super specialization, some do specialization and few settle as good family physicians. It seems that their “Yoga – Kshema” is destined. With changing times during last two decades, these groups have proportionally increased as many medical colleges are coming up as “Self-Financed Institutes” (SFI). It is to be prayed that these “blessed” ones prosper further and share their capacity and happiness to the larger community, specifically those who have limited means to get treated, to the extent possible.

A different section of medicos (that may have members in the earlier described groups) is made up of highly meritorious, hardworking medicos who changed their lives with their results, skill and knowledge. Some have prestigious entry in the best branches or super specialization. Some have entry to foreign country by passing entrance examinations and others manage to start their wonderful clinics in cities and towns. The hard work brings extra ordinary benefits to their lives. These excellent doctors need to be congratulated with a wish that their expertise will help the poorest of the poor and remotest of the remote by some design, if not by default. This will open an avenue to save hundreds of lives in addition to the lives they could save so far. Those who settle outside India nurture their families with EUROS and Dollars while serving the foreign lands with due hard work. Some of these doctors make distinguished careers in medical care and research and earn good name to India also. It is true that the services of these best doctors are mainly restricted for the affording

patients here or abroad. Very few opt to dedicate to the poor larger community. This is usually due to lack of adequate number of such experts also. Their clinical expertise may reach to the needy and vulnerable populations but it sounds like a dream today. These doctors are “gifted” ones due to their ability to learn and make life brighter.

Other is the “learned” group of medicos as they decided to be the teachers of medicos of next generation. Though they did not have any conventional training to become a teacher, it was thought that they may be good teachers by default. This is not true anyway and several may have averted the students coming to the class or clinic but again, many decided to learn teaching and could succeed also. The teaching is a respected profession so far and allows one to live a scholarly, sophisticated life with comfortable economy. In medical college, a doctor with good clinical skill can automatically become a good teacher for teaching of skills. In other areas of conceptual teaching, communication and knowledge also play an important role. It is seen that if there is a desire, these shortcomings are often overcome. Modern technology (Power point Presentations and use of IT) helps them by facilitating the process but the boon may become a barrier if the teacher is totally dependent upon the device. In worst cases, students may find “googling” more comfortable and productive. It is true that in this competitive age, the students need the teachers who are good at leadership, mentoring and compassionate. It is hoped that the teachers are prepared to play these roles.

Following the labels of “blessed”, “gifted” and “learned” doctors with a significant gap of comfort is the group of “OK”. This OK is for the doctors who are not so good in socio-economic heritage or academic excellence but have managed to be in the clinical set up of hospitals, health care centers as Medical Officer or First level physician. Some may be lucky to be in charge of small hospital in Government or a trust. The positive factor is the use of their clinical skills and sharpening the same with more experience and newer devices. This is true for a small entrepreneurship of a family Physician also.

Abovementioned groups have various levels of life satisfaction, a very sophisticated metro-based lifestyle to a relatively peaceful professorial life. Some common findings are:

1. Almost all have a company of at least one more doctor nearby with whom they can exchange their ideas and discuss problems.
2. Most work in adequate clinical infrastructure to provide Primary and Secondary level patient care, e.g. minor surgical work, conducting normal deliveries, etc.
3. The academic, social and financial gains motivate them further to lead a better, satisfied family life.

It is a fact that services rendered by these doctors are respected in the community. The doctors are also in mood of serving the community through taking care of each individual patient in best possible way. Though this mood has many limitations in context of time, energy and motivation, the efforts have to be appreciated. The patients, therefore, respect these Gods in human shape. Their services to the sick persons will always lead to this respect. The million dollar question still remains about the community benefitted in numbers, proportions and community yet waiting to have some help. Let us have a look at.

1. Despite of substantial industrialization, the rural India has more than 60% population in most states and about 25% happen to be in hilly, difficult-to-reach, tribal areas.
2. The migrants in urban areas mainly find shelter in slums devoid of basic amenities.
3. This 70 -80% people in rural, tribal and urban slum areas and many of middle class families in all areas are affected with the escalating costs of the treatment.
4. The large component of promotion of health (Safe water, better nutrition, good housing, etc.) has hardly been an agenda of medical profession but most of the preventive measures of the diseases (mosquito bed nets, iodized salt, routine vaccination, etc.) also remain outside the domain excepting paid vaccination to approaching

beneficiaries. It is well known that these preventive and primitive activities are identified activities of Government services, specifically health services.

5. The fact remains that wherever they are, the worst sufferers are children and mothers, marginalized and poor, ignorant and old.

It simply means that those who prefer to work as Medical Officers and paramedical persons in these under-served populations are doing divine work. They make possible to reach the unreached. They know that –

1. Almost all of them are alone in work place as far as professional guidance is required. This may be extended to the craving for a professional group with which they can even chitchat about their day-to-day problems in person.
2. Most of these centres are relatively inadequate in supplies and infrastructure.
3. The professional progress in terms of updating the knowledge, skill and experience is very limited leading to marginal status in medical and larger community alike.
4. Preventive services save many lives and limit many complications but the credit is unlikely to be bestowed on the doctor as these are hidden processes. For example, Small pox eradication saved the nation millions of lives and billions of currency but recognition of the field health staff remained on paper.
5. The family and personal life (education of children, cultural gatherings, etc.) become restricted and lead to social isolation.
6. The administrative accountability and legal responsibility compel these doctors to play at the tunes of administrators. The paradox is that even a best administrator takes time to grasp health and medical issues and the best doctor takes time to understand the administration.
7. Awareness and strengthening of services have many hurdles in villages having politicized environment.

Whatever their merits and motivations are, the doctors in Primary Health Centres have accepted the task of Public Health. They serve millions of unreached. Poor and marginalized, vulnerable for diseases and socioeconomically deprived have a ray of hope in these doctors. Most have served these communities since years and are loved by them. However, the newly appointed and yet-to-be-appointed doctors need to be supported and saluted by our own medical fraternity as they are our fellow brothers and sisters who struggle for the cause that we could not focus upon – service to the children of Mother India in real need of our services.

Shall we, wholeheartedly, salute, appreciate and acknowledge them? We must.