

To serve all the People

By Paul C.Y. Chen

A FEW DECADES AGO, it seemed natural in developing countries to accept the fact that medical technological capability was limited to the provision of health care for relatively small numbers of people. To-day the challenge is to provide effective health care for all the people. We have arrived at a time in history when the people are finding a voice with which to demand their share of what the modern world has to offer. But there are many obstacles to providing effective health care for all the people. Limitations of resources must top any list of obstacles. The interlocking scarcities of money, personnel, and materials make it impossible to reach some areas of need and reduce other efforts to very thinly stretched frameworks. In spite of the great strides we have made, about half of our rural people remain outside our present system of health care.

Scarcity of money

Scarcity of money is the major constraint on the provision of health care. It determines the design of our health services, the effectiveness of our delivery systems and the roles of our health manpower. In 1971 the Federal Government spent \$ 231,674,692 on the health services, but this amounted to only \$ 22 per capita of the population. It is obvious that in such a situation there is a great need to obtain the maximum for each dollar spent on health.

Intuition versus professional managerial capability

The decision to try to improve the health of all the people within the constraints posed by limited resources raises enormous organizational and technical questions. In the past, when the aim was

merely to provide health care for a few, intuitive management sufficed. Today the same is no longer true. Intuition is no substitute for professional managerial and planning capability. Recent developments in the field of management and health planning in such areas as, systems analysis, operations research, health economics, the demand-need problem, and hospital systems planning, have begun to have increasing impact on all levels of decision-making in the health field. To develop systems of health care that are effective and geared to serve all the people will require, research, innovations and considerable managerial skills. Long-term studies with careful evaluation of alternative systems are needed.

Paramedicals and auxiliaries

Few would dispute the fact that paramedicals (e.g. nurses, hospital assistants, radiographers etc.) as well as auxiliaries (e.g. midwives, assistant nurses, public health overseers, junior laboratory assistants etc) play a crucial role in the provision of health care. Doctors are expensive to produce as well as to employ. In Malaysia, doctors cost two to five times more than paramedicals and four to nine times more than auxiliaries per working day. Not only must doctors be paid high salaries, but the requisite professional and social environment has also to be supplied. This can be provided in the major towns but not in rural areas. Further, it is uneconomical to employ highly trained professionals in work which paramedicals and auxiliaries are capable of performing. In addition, there is a need for paramedicals and auxiliaries to carry out simple technical procedures that do not necessarily require the attention of qualified doctors. In 1971, personal emoluments

accounted for 73.9% of the operating expenses of the Ministry of Health (Fig.). Thus a heavy dependance upon fully trained professional personnel will severely handicap the implementation of programmes designed to provide total coverage. Attempts to emulate western standards of high

quality must necessarily adversely affect the extent of coverage and will only result in a return to the old efforts of health care for a relatively small number of people. Will we be able to meet the the present challenge by discarding old ways or will we do what we have done before.

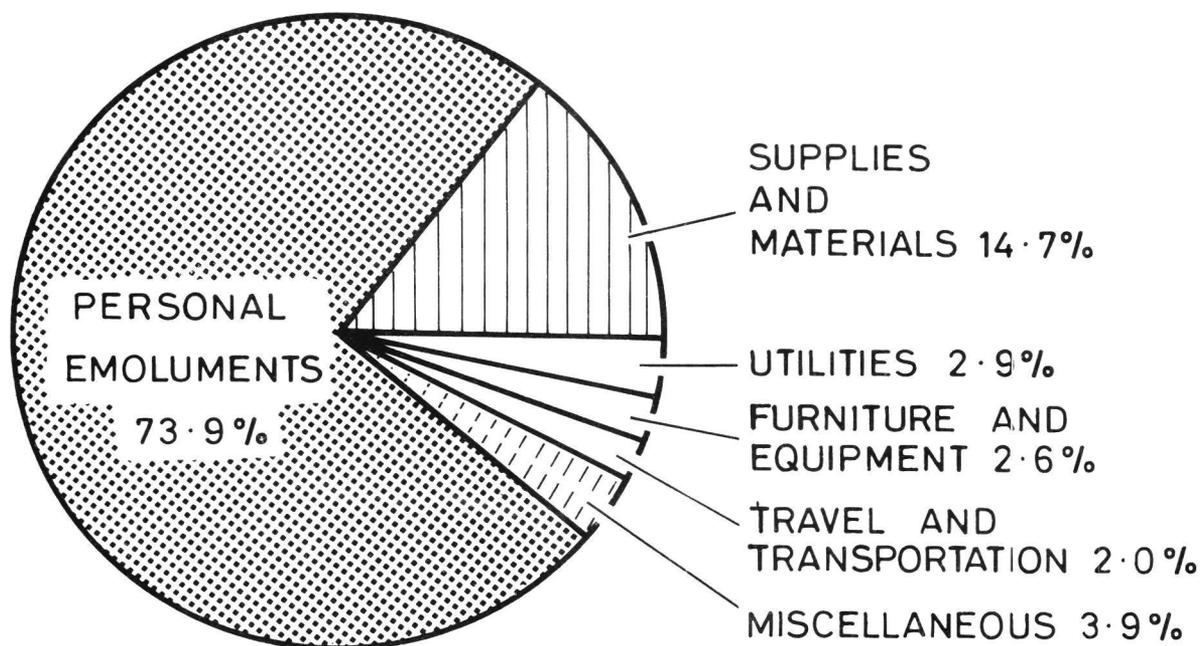


Fig. Break-down of operating costs of the Federal Health Service, 1971, according to six major headings.

Professional resistance

In some countries where professional groups welcome paramedicals and auxiliaries in some roles, they vigorously oppose the delegation of certain of their traditional responsibilities. The most sensitive of these is the responsibility for the diagnosis and management of illness. Only if the doctor can delegate the responsibility for seeing large numbers of people with simple illness will he have the time and energy to take care of the few with serious illness and to lead his workers in providing comprehensive health care.

Inability to apply technical know-how

There is little doubt that there is an abundance of drugs, vaccines, instruments and techniques at the command of modern medicine. Yet, what is striking is not so much a lack of these as our inability to apply them on traditional societies to produce the desired effect. Thus, inspite of our considerable knowledge about diphtheria, dengue, filariasis, malnutrition, and venereal disease, these disease have continued to burden us. Our capability to bring technical knowledge to bear on people who need them most is seriously limited. Dazzling contributions

have been made to our technical knowledge but comparatively little has been contributed to the field of knowledge concerned with human behaviour, customs and culture and the ways in which people live their lives. Yet the success or failure of so much of our costly efforts will depend on our ability to influence the behaviour of people.

The challenges that face us, if we are to serve all the people rather than a few are basically attitudinal and call for new forms of professional capabilities, new standards of what is meant by quality, new roles, and new approaches in our efforts to deliver health care.