

The Paediatric challenge

by S.C.E. Abraham

ONE OF THE QUESTIONS often put to the medical world today is: "What is the role of the Paediatrician in the context of modern social and economic development?" In the case of Malaysia, this role is dependent on the fact that more than 60 per cent of the population is well under 15 years of age while nearly 70 per cent of this population live in rural Malaysia.

In most urban areas, the doctor-child ratio is comparable with any developed country, while in the rural areas this ratio is deplorable, and in most cases, children have to be content with a diagnosis from a non-medical expert. The bulk of paediatric problems are tackled by general practitioners in private practice and the specialist paediatric services are only extended to the complicated cases which need further investigation.

There should be no doubt in the minds of child health workers that there should be a deliberate attempt to move out of the hospital into the fields of preventive paediatrics. We have to identify ourselves with the massive rural health programme now going on in Malaysia. In fact, health education for mothers

could be more effective in a children's ward as mothers are in a more receptive mood, when their children are ill.

In the field of family planning, our participation in motivating parents cannot be given lesser importance. It is true that the paediatrician is more directly concerned with the health of the child, and he should realise that this is dependent on proper sibling spacing and limitation of family size. The mother can also be easily convinced of the ease and convenience in caring for an older infant or toddler unencumbered with a newborn which follows too soon after the preceding child, and the advantages which proper spacing brings her towards health and wellbeing.

Modern paediatrics today includes specialities in Neonatology, Neurology, Cardiology, Nephrology, etc., and one learns more and more about less and less. The dilemma is whether one can afford such specialisation now, when the basic needs for child health and care demands a higher priority in national health planning.

Yet the highest mortality is in the pre-school child.

In many instances, the child is not seen by a doctor, till he enters schoolgoing age. Problems of malnutrition, vision, hearing, brain damage and congenital abnormalities are often not detected early enough and this delay in detection makes treatment and rehabilitation difficult.

In the field of postgraduate studies in Paediatrics, the recent establishment in Singapore of the Master of Medicine (M. Med., Paed.) in Paediatrics is consistent with the emphasis on regional problems in child health. The training here is confined to the common paediatric problems in the region and in terms of

economic savings, the chances of MORE local doctors obtaining this higher qualification are far better than the occasional one who goes abroad for higher studies.

In the final assessment, the challenge and needs are obvious, but a greater effort should be made to provide more opportunities for paediatricians to retain them in Government service. Many have returned with higher qualifications, equipped to contribute to child health programmes but have been disillusioned by lack of opportunities and sheer frustration and attracted to the private sector.