

INTRODUCTION

SOCIAL AND HEALTH POLICY THROUGH THE AGES

Medicine and Civilization

Medicine is an essential part of science, culture and civilization in every age. Medicine has been gradually changing through the ages. The earlier concept of the personal relationship between the patient and the physician is also changing. Nowadays physicians play a role of counsellor in this society. This has evolved into social medicine of today which is the medicine of tomorrow.

We may now outline a brief sketch of the history of medical care down through the ages.

Upto 500 B.C. : Over four thousand years ago in India, sanitation and housing was of a high order as is evidenced in the excavation at Mohen-jo-Daro and Harappa urban civilization in the Indus valley. Hospital system was developed in India during the reign of Rahula (son of Buddha) for men, women and animals and the system was expanded by Asoka. The relics of those are still found in India and Ceylon.

500 B.C. to 500 A.D. : The Greek medicine went beyond curative medicine. Hygiene and health education were given

importance. The community doctor served the citizens and occasionally the slaves. The poor relied on folk medicine.

500-150 A.D. : With the decline of Rome, the urban culture and public health problems were for the most part linked up with medical and religious terms. The Arabs had absorbed the Hindu, Greek, Persian Medicine.

During the middle ages, in Europe piped water supply, latrines, heating arrangement, ventilation etc. important hygenic facilities were already in existence.

Small pox, measles, influenza, plague and leprosy were considered public health problems. Leprosy patient was considered a public menace and was expelled from the community for life. Leprosy was looked upon as a curse from the gods. The New Testament records Jesus as having healed a leper. Clerics became physicians who treated the people force. Only after the 11th Century, lay men began to enter the medical profession. Health education and personal hygiene were important function in the middle. age.

Renaissance and after : 1500-1950 : In the Renaissance and later in 17th and 18th centuries, medical care was provided with particular reference to social factors and health

status. In the pursuit of National Wealth and National Power and industrialisation, the welfare of labour became essential element in the factor of production. The concept of National Health Policy became imperative in the United Kingdom and Europe, to increase production by keeping the labour healthy.

In Europe, particularly in Germany, the mercantilists were very much aware of the development of health. In the 18th Century in Germany the medical profession was obliged not only to treat the sick but also to supervise the health of the population. Medical education enlightened the public in order to prevent quackery and measures to prevent epidemics.

It was in Germany that medicine emerged as a social science. In 1848, Rudolf Virchow argued for securing health reforms. First, that the society has an obligation to protect and assure the health of its members. Secondly, that the social and economic conditions have a crucial impact on health and disease. Thirdly, that steps should be taken to promote health and combat disease by social and medical measures.

The ideas of Social Medicine spread throughout Europe after the first World War. UN Health mandate has been active in health matters. The 'United Nation's Universal declaration of Human Rights' states :

"Every man has the right to a standard of living, adequate for health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in all circumstances beyond their control".

Health has to be brought within the reach of everyone that enables man to lead economically and socially productive life. Health for all implies the removal of obstacles to health, that is to say elimination of malnutrition, ignorance, contaminated drinking water, solution of purely medical problems such as lack of doctors, hospitals, drugs and vaccines.

Ethical and Human Values in Health Policy

Building health policies and health programmes everyone should be aware of the understanding of the people. To make people self-reliant by increasing their coping capabilities, is very important issue in health services. So community participation is important because it has strong ethical and human overtones.

Moral values are not only essential to being a good man but also, essential to practising good medicine. A medical person is likely to face many situations where he will have to take decisions not only on scientific basis but also on human and moral principles.

A medical person must be aware of the feelings of the people of his everyday life and to predict of those who are not in contact with him. Ability to know other people's feelings, ability to understand other's desires, emotions are essential factor to a medical person.

In medical care a person should have sufficient sentiment or love for other people. This is one kind of motivation which should enable him both to think and act rationally in the moral sphere. A person should also have good habits, a settled disposition to think and act in a rational manner. He must possess independence of judgement, the ability to think and act autonomously and must be reflective or thoughtful enough not to be carried away by particular situations, and not to be forgetful of other people.

In the modern world, medical knowledge is institutionalised in medical colleges. The spirit of the medical college and its teachers thus become the basic factor

in developing moral values. Human and moral values can be taught while discussing each patient's clinical problem. For example, the urology resident is often taught how to do urethral dilation i.e. he should follow aseptic principles, there should be no urethral bleeding etc. Seldom emphasis is given on the assurance to be given to the patient and the patient's family or on to check whether the part is fully anesthetized or not before performing the dilation. It also happens that poor and illiterate patients are often scolded by the doctors for any complains. But side by side VIP patients avail their kind attention. So, the human and moral values should be integrated with the teaching curriculum of practice of medicine.

Moral education involves both comprehension and apprehension. Recognising that genuine morality requires free personal acceptance of values - the goal is not the heteronomy of the slave, but the autonomy of the free man.

Ethics and Human Values in Medical Education

The code of ethics and human values helps to guide the National Health Policy Planners, to examine the priorities and moral validity of choices available to them. They have to take decisions in terms of equity, social justice,

care for all, value of human dignity and life, sociocultural and religious traditions and moral validity, within the constraints of availability of men, material, money equipment and other resources.

It must be realised that moral attitudes and human values are never in-born. They are not only achieved by medical education but also from the education involved in sociocultural, political and religious activities. They can be consciously developed by motivating the individual to think, feel, actively participate.

The doctor should be able to develop intrinsic goodness, kindness, understanding, compassion, patience, politeness, courtesy, helpfulness, trust, personalised attention, good bedside manners and moral character. Furthermore the doctor should be able to develop respect for national, and cultural traditions and for other systems of medicine.