

# Minimal Standards of Preventive Medicine

Last week's article was about the divide in health service delivery between illness care and preventive health. The difference between the two is that illness care is essential for all those who suffer from it and need to be diagnosed and treated. This requires skilled manpower with knowledge and experience. It also requires a purpose built clinic or hospital to deliver the services. Provision and utilization of preventive medicine, on the other hand, has no urgency and the public do not consider it important to use, even if available free of cost. A lot of coaxing and persuasions is required to attract people for these services.

As far as the result of treatment is concerned, most cases of acute illnesses recover with treatment but there is no guarantee that patient may not get ill from the same disease or a different one again. In chronic diseases the treatment is only symptomatic and underlying disease continues, albeit controlled, if patient is cooperative in continuing with the treatment regimen.

Preventive medicine by definition takes proactive approach and is designed to avert and avoid disease. Prevention is everybody's business. (Prevention and Health-Everybody's Business.1976. Department of Health and Social Security. London: H.M.S.O.).

Preventive medicine can be practiced by governmental agencies, primary health care workers and the individual himself. The challenge of preventive medicine is to motivate the individual to practice his own prevention and the governments to be convinced to make it available to all.

## Individual responsibility

Taking responsibility of one's own health and that of one's dependents is paramount in changing the state of health of the society, resulting in happier and more productive society. Moreover it is bound to reduce the cost of health care delivery for the country.

Proven methods of reducing infant and maternal mortality is through proper care of pregnant women and the newborn for survival of the mother and the newborn. Antenatal care, supervised skilled delivery in a safe environment and postnatal care ensures the safety of mother and child during this vulnerable period. Empowerment of women through awareness and contraception advice to be able to decide when and how many children to have, further improves the chances of survival of mother and the baby during the hazardous childbirth. It is the responsibility of the husband/father to make sure that the family receives the services which are already available to most of the populations free of cost.

Care of the Under-5s follows through regular monthly checks, which provide immunisations and growth monitoring. Protection from infectious diseases through immunisations and proper nutrition during early childhood is the key for optimum growth of body and mind. Increasingly these services are also available through primary health care. Unfortunately many children in this age group are undernourished and some are not protected against the immunizable diseases. Greater emphasis is required on nutritional needs of Under-5s. Quality of food, its volume at each feed and frequency determines normal physical and mental development in a child.

Adolescent health services are the next for optimal growth of school children and young adults. With the decline of infectious diseases, non-communicable diseases (NCDs) are on the rise everywhere and developing countries are facing the brunt of both. Rise in NCDs among adults has been linked to the lack of physical activity and nutrition-related causes. WHO technical report (WHO Technical Report Series, No. 916 (TRS 916)) points at lack of exercise and malnutrition for obesity,

diabetes, cardio-vascular disease, certain cancers, osteoporosis and dental disease. The crucial role of physical activity and judicious eating habits are fundamental to our health. Regular physical activity also helps in later years, both in quality of life and longevity.

### **State Responsibility**

Having held individual responsible for own health, the state has even greater responsibility to ensure that preventive services are made accessible to populations. China has demonstrated that a fundamental shift in emphasis from treatment to prevention can produce dramatic results. China's progress in health care provides a model of change for other countries as it has done with vast numbers of people and very limited resources. All those countries that have followed the model have experienced remarkable improvements in their population's health.

### **Starting point can be at a district hospital and a similar model could be adopted at primary health centers.**

### **Maternal and child health services**

Reproductive, maternal, newborn and child health services (RMNCH), including family planning, are the core areas of concern for this service. Antenatal care, skilled supervised delivery, postnatal care relate to normal physiological reproduction. These services are normally required at monthly intervals, must be available to all at primary care centers supported by the district hospitals for referral services. At primary care, some of these services, like general health advice to people, antenatal care and growth monitoring can gradually be transferred to village level. Village health worker (VHW) then becomes the key to the success of this service. With the support of the village health committee and technical assistance from primary health center (PHC) staff VHW can provide an effective service. A team of two health workers from the PHC provide the technical support for immunizations and management of common illnesses. In addition they can also monitor the treatment compliance for chronic diseases like HIV and TB. Structured referral system remain the key to deal with any emergencies and complications.

### **District Hospitals**

Health Checks programme is a must at the district hospital where well people clinic serves the need for adults to get checked and receive advice from health workers. A wellness clinic where people undergo monitoring for any risk factors for NCDs, can be of great service to the community. District hospitals could do more to provide this service. It is the most cost effective and efficient way of reducing NCDs in the populations. Awareness and health education, arguably more important to long-term health than the provision of curative medical services, remain crucial part of this service. Assessment of body mass index (BMI), high blood pressure, diabetes does not require high level of expertise and an experienced senior nurse with a couple of volunteers can organize this clinic. Selective investigations such as hemoglobin estimation, blood sugar, cholesterol and the like can be tested at the laboratory. Individuals with high risk findings can be seen by a doctor at the end of the clinic for further advice.

### **Systematic review of District Hospital activities and Self-Audit**

Without appropriate information, the service provider cannot effectively deliver required preventive health services. Data on deaths and births, routinely collected at health facilities, should be analyzed, reviewed and discussed in staff meetings. One can learn from obstetric data related to complications

of pregnancy and maternal deaths or near misses, how to tackle similar problem in future. Problems identified are the subjects for further staff training. Growth monitoring data from WHO Anthro programmes (Downloadable free of cost from WHO internet site) allows with ease to analyze and assess the progress made in children from birth to their teens. Individual success through nutritional constraints and physical exercise in addressing weight problems and reduction of risk factors would encourage participation in weight reduction programmes. Health data is routinely collected but learning from what we do every day and self-audit is severely lacking from health facilities and should be incorporated in the general administration of the health facility. Suffice is to say that judicious use of information helps in improving health.