

Why Public Health?

I have extract from Robert Frost's famous poem on my website:

“Two roads diverged in a wood and I,
I took the one less traveled by,
And that has made all the difference”.

There may be controversies about the true meaning of this extract from the poem (Baroncini-Moe), but I connect it to my taking up public health as a less traveled road. In medical profession, everyone dreams of becoming a surgeon, internist, cardiologist or a neurologist and the like. The other interest is to open up a clinic (*shop*) and see patients the whole day and make a lot of money. Public health specialty, it seems, is the last resort when one fails to achieve any better. Very few people opt for Public Health.

After graduation, the requirement of twelve month internship to rotate through four basic fields of medicine; Surgery, Medicine, Obstetrics and Gynaecology and Preventive Medicine was the norm during those days. After almost six years of grueling studies and innumerable exams, it was a fresh new world to explore and enjoy being a proper doctor, taking care of patients.

Going through internship of three months in each subject mentioned above, I started with surgery. Somehow surgery was more attractive to me. A systematic approach to surgical patients in the outpatient department, followed by admission to the ward of surgical cold or acute patients, working (preparing) them up for case study, treatment and for surgery, taught me how to manage a surgical patient. Minor surgical patients were dealt with in the outpatient surgical room, and we learnt from our seniors. And when we had assisted enough cases we got a chance to perform a minor surgery, which made us feel good.

There were sad cases where acute surgical conditions surfaced deep emotions from within. I remember two specific cases to this day. A young man in the hospital, in agony with pancreatic cancer. No levels of morphine relieved his pain and the cancer had spread beyond surgical interventions. He eventually died leaving a deep emotional scar on me, realising the limits of the modern medicine was apparent. The other case, I cannot forget, was that of a young girl admitted to the hospital with extensive burns and I was assigned to look after her. I cannot recall if she had already aborted, but apparently she was a “case of a teenage unmarried pregnancy with severe burns”. I recall spending hours in dressing her burns and all the time she was in severe pain. It was hard for me to bear that emotionally. She eventually died in spite of all our efforts. It was a sad occasion and left a permanent mark on me. The social evils were just beginning to surface.

Of course, the miracle of a baby being born was the other side of the coin. During the Obstetrics and Gynaecology posting in the final year, where each medical student was expected to conduct twenty deliveries, I witnessed the miracle of birth. It was incredible to observe life emerging from another human being. Later during the three month posting during internship, I realised that mother and the newborn were the two most important links to future of the society. If this was a positive emotional experience for mother, rest of life should have a good chance for optimal survival. Realisation that a girl child needs all the nurturing, nutritional and psychological care to eventually become a successful mother. With preferential treatment of male child and clear neglect of girls in India, society's future was in danger.

Medicine posting was uneventful but it was clear that the art of correct diagnosis was critical, something to be realised. There were several patients where diagnosis was uncertain; skillful elimination and likely effective treatment was the way forward. It would prepare me for later life when I worked in small hospitals with little assistance from other doctors and support of laboratory

services. One thing that made an impression on me was advice somewhere along the line, not necessarily from my teachers, to prescribe a “tonic” to satisfy patient’s expectations. Liberal prescription writing was the order of the day. The seed of pharmaceutical exploitation was already sown!

Last posting in Preventive Medicine was quite an eye-opener. Working in rural hospital with limited facilities was a window to the real world of medicine that we were about to embark upon after completion of internship. This posting coming at the end of internship was of help, as it allowed me to practice what little I had learnt by then, as there was no distinction of patients by medicine or surgery, everyone coming to the outpatient had to be treated in the best possible way.

After completion of internship, I went off to a mission hospital in Ferozepur, Punjab, to start my five year bond with the Church of North India. This was a well-equipped district hospital with good reputation and served patients from several neighbouring districts. Medical superintendent, a skilled surgeon, assigned me to work with him. I learnt a lot from him as he was a very careful and tidy surgeon. After some time I was transferred to work with another general surgeon, who became my mentor and took special interest in me to train me to be a good surgeon. By this time I was performing a number of operations independently. I was beginning to feel that this could be my area of interest to specialise in.

Circumstances changed and I was transferred to work in a small mission hospital in the Himalayas. It so happened that my mother had worked in this very hospital as a nurse and I knew this place well. I had started my schooling there as a five year old kid. Manali, a small town in the foothills of Himalayas, was a beautiful place and my family and I were delighted with this change. Moreover, this being a small hospital with limited facilities, one had to deal with all kinds of medical cases. The work-load was substantial with only two doctors and three nurses to take care of daily 100+ outpatient, twenty inpatients and all those who required surgery. Nearest referral hospital was 80Kms down the valley and many patients could not afford to travel for treatment so far. I was enjoying my surgical skills and it seems that I had good name, so much so that the district magistrate preferred his wife to have caesarean section in this hospital under my care.

Whilst we were busy with the hospital work, I began to notice that there were many patients who were suffering from illnesses because of sheer ignorance. Children were malnourished, anaemia was rampant largely due to worm infestation, and amoebic dysentery was killing children and adults alike, tuberculosis was widespread. Yet we had no health education or maternal and child health programmes to address these preventable diseases. I felt that although there was need for general practice including surgical care for those who needed it, there was a greater need for preventive programmes. With discussions with the hospital management we decided to start as many programmes as possible to address preventive issues. We started health education talks on common health problems for the outpatients, a maternal and child health clinic, which included antenatal care, family planning, immunisations and growth monitoring for Under-5s, and a TB clinic.

Once a week we started going to nearby villages to talk about self-help. A programme of training of Village Health Workers (VHWs) was started. I was transformed into a public health specialist overnight and realised I would be of much more help through public health, than as a surgeon. Having set up these programmes and recognition of this work prompted Voluntary Health Association of India to invite me to start a new outreach Rural Health Programme in another mission hospital. Main aim of this programme was to train traditional birth attenders as VHWs and start MCH clinic in the hospital and in town to address the needs of women and children.

By this time I was fully engrossed in Public Health and have never looked back. For the last forty

years, I have been involved with several interesting public health programmes which appear in my website. Public health has turned out to be a fascinating and greatly rewarding field for me . Public Health commands much more respect today than it was when I jumped into it.

Much less traveled road has made all the difference!