

Bring humanity in medicine

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The social and spiritual determinants of health are reflected in accessing health care as a barrier to universal health coverage as embedded in the primary health care imbibed by Sustainable Development Goals (SDG) – to the last man at the end of road in search of universal health coverage. The present health care trainings in the new millennium shows paucity of efforts to sensitize learners to the patient centered comprehensive clinical care across all age groups and organ systems. The capacity building in 'Medicine' demands expertise in catering to patient care needs in both acute and chronic illnesses from emergencies to palliative cares of all spectrums. Further, the community demands state-of-art health care supported by outpatients and inpatients facilities at all levels to provide skills in comprehensive health care at individual patient at the community levels also. Yet at the grassroots a primary care physician is expected to know everything on earth from inventory control to licit and illicit substance use.¹⁻³

We have to shed our inhibitions to educate our inheritor descendants that medicine is a para-science where millions of risk factors and outcomes are also controlled by millions of confounders from the social systems; many of them are unknown and embedded in the age old human civilizations. We have to internalize that the social factors have impact from initiation to closing stages of any disease process in the natural history of disease like a 'full length feature film'. In fact the care-seekers present them with a 'snapshot' to the health care providers who have to visualize the retrospect and prospect of the disease with his lifelong accumulation of knowledge, attitude, and skills.

Some instances will help realize in simple terms. Even a school going kid in the new millennium knows that *Human immunodeficiency virus (HIV)* causes a mortal illness and condom use can prevent this. But they are rarely educated about the social and spiritual factors behind the global disaster of HIV infection. If a couple is faithful to each other in their life, then even if they never use condom, exceptionally can contract HIV infection by 'true' extra-sexual routes, though they may have 'n' number of children out of their 'unprotected' sexual behavior increasing maternal and childhood ill-health due to other reasons. We can now count on the tragedy of the pandemic as the outcome of millions of spells of unhappiness within the marriage institutions and loss of taboo on premarital as well as extramarital sex; those

are traditionally by all dimensions unlikely to be faithful. HIV has opened a Pandora's Box that 'animal character of polygamy' is prevalent phenomenon that has helped survive 'prostitution' as the primitive as well as oldest profession of human civilization.

Oropharyngeal carcinoma and intra-abdominal lymphoma are increasingly being reported with their association with *Human immunodeficiency virus (HPV)* infection that is classically been incriminated for evolution of cervical carcinoma. To trace the journey of the HPV to the alimentary tract from the female genitalia, social scientists have postulated epidemiological link of all forms of mysterious as well as uncanny carnal activities involving oral end of body. Of course, later on microbiological substantiation has corroborated the astounding evidence. So the magnificent volume of sanction of oro-genital sex within 'normal' human behavior is being slowly delineated as a less known truth to the health care providers that sexually transmitted infections is swelling in numbers.

Similar natural history of illness will be worthy of mentioning for *Helicobacter pylori* in the causation of changes in gastric mucosa leading to the ulcerative processes and malignancies. Whether unhygienic conditions help entry and proliferation of this deadly organism through fecal-oral routes in the early life to be manifested in later life has been a bone of contention for the scientists. Millennium Development Goal targeted to half Indian population without access to drinking water and sanitation by 2015. Even if we achieve this mark, 244 million people in rural India and 90 million in urban India will still not have access to safe, sustainable water supply.⁴

While policy makers keep mum on the issue of failure of coverage of family planning or immunization even after five decades of implementation at the expense of tax of common men. Further at the end of seventh decade of independence the policy makers promulgated that optimal health can only be ensured by uprooting socio-economic causation of diseases by providing safe water and sanitation as the basic right of citizens.⁵

Although these diseases were always been present in historical reports too, not necessarily new illnesses due to social behavior changes, yet research works have been able to explain the natural history of many interlinked

pathogenesis. Apart from the above scenarios, there has been re-incarnation of 'Germ theory' in the womb of biotechnological revolution in the field of laboratory medicine wherein a good number of malignant and non-malignant diseases have been traced back to microbial infections. In this approach if we go on risk factor finding efforts, one day we may reach to a conclusion that the barrier between communicable and non-communicable diseases is nothing but a traditionally percolated artificial watershed.⁶

There is no doubt about vulnerability of tobacco as all round risk of causation of diseases – tobacco in any form is injurious to health. So our world is moving in the right direction to stop use of all forms of tobacco, hand in gloves with the global movement. But what's about alcohol? If we ever get time to think of social devastation of alcohol we may have been perplexed. We have to honestly find answer to the silent uncomfortable questions. 'How many families have been ruined by the alcohol addiction of the bread earner?', 'What is the true magnitude of morbidity and mortality of road traffic injury due to alcohol', 'How many lives have been damaged by domestic and interpersonal violence by the inebriated millions?' so on and so forth. Till date we have heard of only a handful of country banning consumption of all forms of liquor including few states of India; even nine countries repealed banning after some years.⁷

History has shown that correct opinion is always a minority at the beginning. What has been personal opinion or group view or even about freedom of choice or ethics of yesterday, later on allows or ban? Individual holds may not be ethical to enforce in society, yet community opinions too play an important role. Yet, citizens do not hesitate to invest in share and debentures of tobacco and liquor companies with an idea of gaining profit by their ever increasing sales (consumption) curve. So we have to think hundred times of the limited utility as well as right to campaign against tobacco- and alcohol-related health hazards.

Let us move onto other flip side of clinical medicine. We generally promote clinical suggested breast examination for early non-invasive indication of Carcinoma of Breast (Ca-Breast). But onco-pathologists feel that this method does not help in early diagnosis of Ca-Breast as minimum 2 cm of dimension is needed for manual palpation not only by laymen but also by the health care providers. Instead mammography with high sensitivity and specificity should have to be promoted in countries for early diagnosis of breast cancers in resource poor settings also (just like cervical cytology could have been able to breakthrough in cervical cancer).⁸

Health care providers need to be updated on the rational use of drugs and protocol based management of serious infections that are supported by current research. Yet the scientists of today have proposed a newer idea that the concept of 'Expiry of drug' should have been revised in the light of recent advancement of good manufacturing practices as no recent reports in the literature support that ingestion, injection, or topical application of current drug formulations used beyond their expiration date have resulted in major

adverse drug reactions (ADRs). Even after expiry of date any drug if kept in the original sealed container will retain 90 percent efficacy for another 5 years whether it is oral, topical, parenteral does not matter. Some literature also reported 88 percent stability for more than 5 years after original expiration date when stored in their original sealed container. All these updates have to be shared with the future physicians from day one and facilitators of learning should be courteous to accept shortcomings of updating, if any openly.⁹⁻¹¹

We have to a soul search that, why after the discovery of hundreds of 'curative' drugs for hundreds of older morbidities, they are still not manageable by curative approaches only. The most brilliant example is resurfacing of tuberculosis in the era of HIV pandemic. We have to accept the bitter pill that malaria cannot be controlled by anti-malarial drugs alone as the disease has multiple social causations like all other vector-borne diseases. As the health care provider if we think that the limits of our responsibility ends with the correct diagnosis and prescription to the best of knowledge, ability and skill, then we are behaving like the ostrich to hide in the sand to keep unsighted for incoming adversaries. In the hundreds of medical schools across our country thousands of managements of health-related problems are taught along with pathogenesis. Yet rarely 'Salutogenesis' is communicated to a good number of learners. The concept of salutogenesis have been introduced in late seventies of last millennium by Aaron Antonovsky converging on influences of socio-demographic-economic-political factors in different permutations and combinations that keeps wellbeing of people in health. Conceptually salutogenesis has hailed the perpetually overlooked ideation of 'Health promotion' that leads to the outcomes of healthiness.^{12,13}

Life is a learning process, no matter where we are, what titles or positions we have or had under our belts, or how old we are, there are always things out there for us to experience and learn. Because we can never finish learning everything that life has to offer. But one of the few things we have learned so far is to be true to oneself – to be honest and sincere in the things that we do, to be happy doing it and if sharing, share genuinely. So if we can honestly justify our actions to ourselves, then no one else's opinions matter. Principles and ethics of life need to be adhered to. We cannot stop people from their actions but theirs is not for us to judge. We just need to take care of our own actions and be true to ourselves and be happy doing it. This is reminiscent of Ariel's dictum: "Bricks and mortar do not make institutions but those who work them". No matter how beautiful the buildings, and no matter how sophisticated the equipment in health facilities, it is the knowledge, skills, attitude, and behavior of the health workers that prevent and reduce morbidity and mortality.¹⁴

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