

ROLE OF VOLUNTARY ORGANISATIONS AND NATIONAL PROGRAMMES IN THE TRAINING OF MEDICAL STUDENTS AND INTERNES IN PREVENTIVE AND SOCIAL MEDICINE AND PEDIATRICS*

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Social welfare in its broadest sense comprises the whole range of activities which promote the well-being of the society or the community. Conventionally, however, the expression has been applied to connote those measures which are undertaken to safeguard the special interests of the weaker and rather unprotected sections of the community. It is customary, therefore, to restrict its scope to problems of women, children and to those who are physically, mentally and socially handicapped. This welfare work may be done by governmental, semi-Governmental, voluntary or other philanthropic organisations. The short-term attachment of future doctors under guidance or their exposure to this experience with such organisations will broaden their outlook and have the advantages described below.

They will be able to observe the role of medical men as social physicians and leaders in the field of health for the general welfare of humanity. The experience will familiarize them with the various voluntary organizations operating in the area so that they make the best use of them in the interest of

needy patients. The medical man must know where and to whom to refer a particular case for proper relief. It may stimulate them to use their spare time as advisers and consultants and even to take up leadership in the field because of the respect they enjoy in the community. They will learn how to mobilize local initiative, resources, and self-help in an area for the benefit of needy people instead of waiting for the government to help them.

There are a large number of various national health programmes in the country for which it becomes difficult to recruit the adequate and proper type of qualified personnel. If students are made to visit these units during their undergraduate course and are attached during their compulsory house surgery to actually participate in the work it may interest many of them to take up this type of work later in their career.

Each state has a large number of voluntary organisations operating in its area from the district to the village level. The medical colleges are mostly located in the state capital or in big district towns having a high density of population, and thus the colleges can collaborate with these in centres in order to use them for teaching and

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demonstration purposes. With the various schemes of social security coming into operation and the gradual increase in the number of welfare organisations, it is high time that cells of social service departments are started in each medical college hospital. They will improve the medical services and will give the future doctor more practical experience.

At present most of the teaching hospitals of the medical colleges do not have any social service department. The only alternative at present is to involve them with these voluntary organisations for service and practical experience.

The medical profession is interested in the following social welfare activities :

1. Child care and maternity services.
2. Orphanages, vagrancy and rescue service homes.
3. Institutions for the physically and mentally handicapped.
4. Medical aid and services to the needy and afflicted people.
5. Health education in general and special co-operation with various national control and eradication programmes for diseases.
6. Family planning.
7. Nutrition.

This paper describes the various non-official and voluntary organisations operating in Pondicherry State and how they are being used for teaching and demonstration purposes. The most important ones with their activities having a bearing on health are described below.

1. *Pondicherry Council for Child Welfare*. This organisation is running creches, *balwadis* and nursery schools and intends starting a children convalescent home, handicapped children's

home and training of *balsevikas* (child care personnel).

The internes are posted to these centres to carry out periodic medical check-up of the children, to immunize, to advise on nutrition, treatment, follow-up, etc. They also check on the environmental sanitation of the centres.

2. *Blind Relief Society and School for Blind, Deaf and Dumb Children*. A visit and attachment to these institutions gives the future doctor an idea of the preventable causes of such conditions. They learn about actual rehabilitation which can not be shown in the hospital. The visits are made in collaboration with the departments of pediatrics, ophthalmology and E. N. T. It was quite a heartening experience for the house surgeons to remove a blind child from the institution, to get him operated on, and sent back to his family. This tragedy occurred because no proper medical check up was done on the children before they were admitted to these homes. It is good learning experience for medical students to understand the requirements for admission, periodic check-up and follow-up. It also stimulates them to think of measures for prevention of such conditions.

3. *Sisters of St. Joseph of Cluny's Homes*. This institution is running an old people's home, orphanage for girls and a crèche for abandoned babies. Here the future doctor sees geriatric problems which are not taught to him during his undergraduate course. The house surgeons were able to help many of these old people with their medical problems by arranging consultations with specialists. Visits to the crèche for abandoned children give them an idea of the problem of

illegitimacy and its effects on the health of the children and their management.

Lion's Club. This international club carries out in their community service the sanitary improvement of a slum in the urban health centre area of the department of Preventive and Social Medicine. There is always difficulty in carrying out sanitary work in urban areas due to shortage of materials. Projects of this type give the medical students an idea of self-help and the role of voluntary organisations in this type of work. The Club also distributes multipurpose food to vulnerable groups through various welfare centres.

Pondicherry Society for the Welfare of Students. This is a youth wing of the Lion's Club. The organisation is interested in the health of all post-matric students. It is doing very useful work regarding preventive check-up, free treatment and supply of protective foods to the students of all the colleges. The house surgeons get an idea of a miniature university health service with its peculiar problems. Some of the house surgeons became so interested in this work that they offered their services during their spare time to work at the centre.

Sisters of Foreign Mission. This mission's most instructive work is the mobile leprosy relief work with minor treatment of other diseases. This gives the physician an idea of the missionary spirit and he learns why Government workers fail where these people succeed. A visit with them is very rewarding and thought-provoking. These mobile relief groups have their own method of organisation. They have an orphanage, a milk and free-meal distribution centre for poor children along with an antenatal clinic and handicraft classes. This gives the student the idea of an

integrated approach to all these welfare projects.

Guild of Service. The house surgeons visit makes him familiar with the food material available and the procedure for obtaining them in the interest of the patients.

Kasturba Seva Sangam. This organisation is interested in the health and welfare of the mothers and children. A milk distribution centre is their main activity.

Bharat Sevak Samaj. This organisation has an urban welfare project with slum clearance programme.

In addition to the above mentioned voluntary organisations there are others like Rotary International, Rounders, T. B. Association, Hind Kusht Nivaran Sangh, etc., which are also interested in various health projects and specific disease control programmes. Their fund-raising and health education campaigns are quite instructive.

All states in India have some national control or eradication programme units functioning usually with their unit or sub-unit headquarters where medical colleges are located. Visits and attachments of medical students and house surgeons to these units should be a part of their training programme. In this institution, in addition to the visits during their undergraduate years, the house surgeons are attached to the filaria and leprosy control units for 3-7 days each.

Thus each batch has to carry out a survey in the field with the unit staff and later do laboratory work, calculation of epidemiological indices and writing up a report to be presented in a discussion seminar. This they find very interesting instead of visits or short attachment periods to national malaria and smallpox eradication units.