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to the

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SURGERY AND HEALTH FOR ALL

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SURGERY AND HEALTH FOR ALL

Your Excellency, Mr José Lopez Portillo, President of Mexico, Mr Chairman, distinguished colleagues, ladies and gentlemen,

Surgery is a practical affair. It has to be by its very nature. Does it have underlying philosophy ? I think it does. It cannot escape the political, social, and economic factors that influence all human endeavours. Social injustice is socially unjust in any field of endeavour, and the world will not tolerate it for much longer. So the distribution of surgical resources in countries and throughout the world must come under scrutiny in the same way as any other intellectual, scientific, technical, social or economic commodity. The era of only the best for the few and nothing for the many is drawing to a close.

The quest for social justice in health formed the moral basis of that momentous decision of WHO's Health Assembly in 1977 that the main social health target of governments and WHO in the coming decades should be the attainment by all the people of the world year 2000 of a level of health that will permit them to lead a socially and economically productive life. This is popularly known as health for all by the year 2000.

What does health for all mean ? It does not mean that in the year 2000, doctors and nurses will provide medical repairs for everybody in the world for all their existing ailments; nor does it mean that in the year 2000 nobody will be sick or disabled.

It does mean that health begins at home, in schools and in factories. It is there, where people live and work that health is made or broken. It does mean that people use better approaches than they do now for preventing disease and alleviating unavoidable illness and disability, and better ways of growing up, growing old and dying gracefully. It does mean that there will be an even distribution among the population of whatever health resources are available. It does mean that essential health care will be accessible all individuals and families, in an acceptable and affordable way, and with their full involvement. And it does mean that people will realize that they themselves have the power to shape their lives and the lives of their families, free from the avoidable burden of disease, aware that ill-health is not inevitable.

An international Conference on Primary Health Care that was held in Alma-Ata, USSR, in 1978 issued a Declaration which stated that primary health care is the key to attaining health for all by the year 2000. What then is primary health care ? The Alma-Ata Conference described primary health care as essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation at a cost that the community and the country can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination.

Primary health care reflects and evolves from economic conditions and socio-cultural and political characteristics of the country and its communities. It includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

The Report of the International Conference on Primary Health Care stated that the support of other levels of the health systems is necessary to ensure that people enjoy the benefits of valid and useful technical knowledge that is too complex or costly to apply routinely through primary health care. The rest of the health system therefore has to be organized in such a way as to provide support for primary health care. This support includes guidance and training for community health workers.

Surgery clearly has an important role to play in primary health care and in the services supporting it. I have just mentioned that primary health care includes the appropriate treatment of common diseases and injuries. Surgical first aid is therefore an essential part of it. Without it, in spite of preventive measures aimed for example at preventing accidents, people will not have faith in primary health care. At the same time, people in need must have access to skilled surgical care at first line referral hospitals. This may seem kindergarden information coming from the Director-General of WHO. Yet, although these are high priority matters for everybody, the vast majority of the world's population has no access whatsoever to skilled surgical care and little is being done to find a solution. In too many countries, even if people living in the capital cities have access to surgical care, most of the population who live outside these cities do not.

This is the challenge I want to face with you. Conventional solutions are not likely to be very satisfactory. The number of surgeons involved and the length of their conventional training make these solutions impractical. So what should we do ? I beg of you to give serious consideration to this most serious manifestation of social inequity in health care. I can only tell you what we are trying to do in another area, because I think it may have a bearing on what the surgeons of the world might be able to do.

There are tens of thousands of drugs on the world market, and only a few years ago the problem of getting essential drugs to the masses appeared just as intransigent to solution as the problem of providing essential surgery for the masses. So we set up a committee of experts on pharmacology and they arrived at a list of about 200 essential drugs that could cover most requirements. Could the international surgical community do the same for surgery ? Could they arrive at a limited list of essential surgical procedures, dividing it into two ? The first list would include first aid that every health worker, no matter how elementary her or his training, should be able to provide. The second list would comprise essential surgical procedures for first line hospitals that every young doctor should be able to carry out with a minimum of post-graduate training. In addition,

could these lists be accompanied by lists of essential related equipment and supplies for each procedure, such as anaesthetics, drugs, solutions, bandages and the like ?

Is the international surgical community ready to prepare training modules for essential surgery ? I will not talk of first aid because I am fully aware of the excellent work being done in this field by national Red Cross Societies and the like. What I am referring to are modules for training doctors, nurses, and auxiliary personnel in the first line referral hospitals, both for work in operating theatres and for pre-operative and post-operative care. Finally, are the surgeons of the world ready to give top priority to training of this nature, both for undergraduate and postgraduate doctors, nurses, and other types of health worker involved, so that increasing numbers of people are proficient in providing essential surgery to all who need it ?

I know that the text books of surgery and lists of surgical procedures are not lacking, but what I am suggesting is an internationally agreed list of essential surgical procedures in support of primary health care that would help countries to decide on their own list and related training and equipment. I am afraid you will accuse me of wanting to lower your standards. Not at all. What are the criteria for these standards ? If they are purely technical, I am sure you will know how to preserve technical quality in any proposal. But I return to the social criteria, particularly the criterion of a more equitable distribution of surgical resources. The alternative for most people in the world is either the kind of selected essential surgery I am advocating or absolutely nothing at all.

Mr Chairman, distinguished colleagues, I leave it to your conscience to judge which alternative is permissible at this stage in the development of mankind. The year 2000 is less than 20 years away. Your decisions today will be crucial in determining whether surgery will play its proper role in bringing the people of the world nearer to the goal of health for all by the turn of the century.