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STATEMENT

By

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I thank the organizers of this Conference for accepting and inviting my participation.

I wish to discuss certain paramount problems which I notice as we develop a health care system. I beg to make this presentation from a personal viewpoint. I will be relating it to a particular province in Iran with which I am most familiar.

I feel uncomfortable in speaking about myself. But you will note later on that there is a reason why I introduce myself - I am an internist, a gastroenterologist. I could have on my walls, framed, if I so wished, a Bachelor of Science degree from Yale University; an M.D. from Columbia, with residency and fellowship certification from Columbia and the University of Chicago.

Immediately after completion of my training I returned to Iran - never having considered the possibility of remaining abroad. For these last 10 years at Pahlavi University, I have been honoured to be the Chairman of Department of Medicine, Director of its Nemazee Hospital, and presently I am Dean of the School of Medicine.

10 years ago, it was very clear, to a recent returnee, that a great University meant a great faculty. But, because of our unique features we could only look to Iranians studying abroad as possible faculty members. Though nearly all of our own students were going abroad for training - they were not entering the great institutions or programmes of our interest. Furthermore, of the few potentially well-trained Iranians, not all returned. Among those who did return, Iran had other Universities and Teheran's private practice was most attractive. We thus felt that we were responsible: responsible for training our own future faculty. We were also responsible for recognizing the need and the responsibility for planning and implementing. This feeling of responsibility has led to programmes where today our best students do stay in our residency programmes and when necessary we place them for 1 - 2 years in institutions and programmes of our choice, we continue their residency salary and they have a binding contract with us. Today, nearly 30 residents - half of our graduating residents - become faculty at Pahlavi University and other Iranian Universities.

Simultaneously, programmes in evaluation are giving the University a choice in the quality of its faculty through a tenure system. Several parallel programmes in the non-clinical sciences - such as M.S. and continued Ph.D. degrees - are also underway.

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But, let us look at the broader aspects of health care and health manpower ...

10 years ago our University hospitals were under great pressure - many more patients were referred, to be admitted, or to be seen in clinics or in the Emergency Room than we could possibly manage. No one organization seemed to feel responsible

Our faculty was concerned.

One of our faculty members, an internist/nephrologist, Dr. Hossein Ronaghy, considered the role of more physicians with well defined responsibilities in delivery of health services. His considerations in defining the needs, designing programmes, and training the necessary personnel, led to the development of rural primary health workers, serving in a network of health care linking the village eventually to the University Hospital.

I would like to think that such programmes have influenced the Government of Iran, especially the Ministry of Health which today is itself also now feeling responsible, and is actually involved, in responding to the health care needs of Iran.

About 4 years after my arrival at Pahlavi, I became Director of our hospital, and the magnitude of our deficiencies in personnel became very clear.

Furthermore, it became clear that a department thinking only of its own needs, such as one type of technician, and setting about to train it was inadequate as a system - that a broader approach to health manpower development was necessary.

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We thus reorganized ourselves in a manner capable of dealing with the total needs - we created a College of Nursing and a College of Allied Health Sciences.

Along with the Primary Health Worker programmes, and the medical school proper - all personnel needed in our health care system can be considered for training at Pahlavi.

Many programmes are already underway. Even our Research Institute is going to be problem-oriented, with one or so scientist units planned for the next 10 years - each group relating itself to a major health problem - bringing in a multi-disciplinary approach to its investigation.

Within three years of being at Pahlavi, and facilitated by WHO, a group of us attended a medical education workshop. It moved us: it influenced our process of education.

We have since developed a Department of Medical Education, and Dr. Bahman Joorabchi, a paediatrician-cardiologist, with a degree in Education, heads it. He has influenced many institutions of the Region as a whole, again emphasizing programmes relating to needs.

These teacher training programmes have been complemented recently with programmes on academic management training - another important competency.

The success of these programmes has made us an active WHO Regional Teacher Training Centre for the Health Professions, whose activities span all countries of the Eastern Mediterranean Region of WHO.

It may appear that I am boasting: but, truly, many who visit us think that our efforts in feeling responsible and being relevant to Iran are worthy of praise. So, you may be surprised to know that in spite of these successes, as I stand in front of you today, I feel truly uneasy and guarded about the future of our health care system. I now wish to share my discomforts with you.

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I firstly find that, in spite all of our efforts to train relevant and quality personnel for health care system, neither the consumers of services nor the providers are satisfied - feeling that the services received and services rendered are below their expectations.

This feeling of inferiority seems present at all levels - even considering the rural primary health care worker as a temporary measure before an adequate number of physicians can be trained - an apology a sign of poverty.

- The health care system feels it is far from 20th century western medicine which has become its ideal.

- I feel discomfort at our dissatisfaction - despite all efforts and apparent advances.

- Another dimension for my discomfort is the health care system itself. (Education)

- The very same health manpower so expensively trained and so scientifically related to needs has become institutionalized: it has become an organization separate from the people.

- At the same time, also separate from Government, having its own needs and norms, desiring to self perpetuate, being invariably and inevitably physician and specialist based.

The organization does not even spare the villager in its acceptance of the important role of the physicians in our society as solvers of all and every problem - the grandmother's aches and pains, the pupil not doing well in school - as well as the pneumonia. So, the institution is defining its own role, promoting it and increasing demands for its own services.

It is definitely doing more work. It is definitely costing a lot - even though much of this cost may be presently borne by a Government insurance system. The cost is beyond what I think Iran can afford.

Moreover, the health care system does not appear to have a control mechanism. Ironically, though the health manpower were trained in relation to needs, no control mechanism exists to define and clarify whether the system relates to needs.

The system is institutionalized - on its own.

Furthermore, the system is ever striving to reach its ideal of Western Medicine from what it considers its undeveloped state - again without a control mechanism. Our process of education, including emphasis on self-learning and problem-solving, further strengthens the umbilicus the system has developed to western medicine - a medicine which because of its commercialism, availability

and apparent advancements are leading to an international establishment.

Despite our systems efforts, our distance from our ideal remains, and even increases, while a sense of poverty emerges.

Institutionalization, hyperconsumption and dissatisfaction are hall marks of our health care system - and, reasons for my discomfort, reasons for a sense of guilt, reasons for attempting to understand its pathogenesis.

To become aware of where we stand, I have attempted to understand modern western medicine.

I find that it has become fragmented and specialized: researching details, hoping that the multitudes of details will make a whole, a totality.

Such specialization has uncoupled medical sciences from human needs.

Rather, the scientist researches and survives if his grant is funded - a new marriage of medical sciences and money.

This paves the way for its institutionalization.

Medical scientists become responsible for their own efforts - their own control.

A control mechanism relating medical sciences to real needs has not emerged. A parallel institutionalization of clinical medicine has also occurred.

Moreover, the public's fear of death or illness has lent support to this institutionalization, hoping for "that new cure - that longer life".

The public's support has not only been financial: it has also been an acceptance, a legitimization of the institutionalization.

The medical scientists have further responded with improved and impressive new techniques which may prolong life.

A new medical technology has appeared - a very expensive technology.

No doubt true advancements have occurred and I do not mean to belittle them. But it is difficult to answer - even for a westerner - what improvement of health is being achieved and at what cost.

What is more, the high cost has created an "elitism", in that the advances are initially localized in a few centres - and can be bought.

But mass communications make known these advancements, and democracy tries to make them available to everyone: and the end result is private or government insurance.

Costs increase, further advancements are made.

Costs further increase.

"Elitism" invariably leads to hyper-consumption and the institutionalization already referred to removes any financial accountability - even if the advancements were real and would in fact lead to real improvement of health.

I should add that the major medical advances have occurred in a country which has been very wealthy and until recently has not accepted the truth of finite and limited resources.

Science and elitism have led to poverty for which nations are attempting to compensate by heavy expenditures. But, science advances, elitism persists and so does poverty - despite ever increasing cost.

The poverty may be materialistically relative, in that the poor of one country may have more wealth than a high percent of the world population.

But the poverty is absolute in its emotional and spiritual aspects.

I find myself part of this larger institutionalized medicine. Iranian medicine is part of this larger institutionalized medicine.

Are you?

If so, is there any doubt that our institutionalized medicine can never reach the so called advances - no matter how much we spend?

Is there any doubt that our developing health care systems will become institutionalized - uncoupled from real needs and priorities?

Is there any doubt that improvement of health is questionable no matter how much of our limited finite primary energy we invest in this endeavour?

Finally, and most disturbing to me, can we afford the emotional and spiritual poverty?

Since manpower development is the cornerstone of this institutionalization ... perhaps we should be more cautious, and first develop the essential safeguards before the armies of health manpower begin their march.

The solution truly lies in another system, which can challenge the existing one - "cut the umbilical cord", so to speak - become more relevant, relate to real needs, have its control mechanisms, have its own science and literature - integrated and not separate from the people.

I think we could feel pride in development of such a medical tradition for our Region.

This is where I stand as I approach my 11th year in Iran.

I have become less uneasy as I have listened to Dr. Mahler, the Director-General, and to Dr. Taba, the Regional Director of WHO, as well as to my own Minister Dr. Sheikholeslamzadeh - I certainly do not feel that I am alone in my concern.

But I admit I need help.

I am optimistic.

Thank you.