

## THE CHANGING CONCEPTS OF HEALTH AND THE UNIVERSITY\*

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Half a century ago the University of the Philippines was founded. It is of significance that this Government institution of higher learning should start with a unit dedicated to the science and art of medicine around which all other health sciences revolve. Born in an era when epidemics of communicable diseases and deplorable sanitary conditions of the environment were having great impacts on Filipino community life, the establishment of the College of Medicine was not only timely but also met a long felt need. That medicine in its preventive, curative and rehabilitative aspects would lean on so many other allied sciences seemed to have been anticipated in the subsequent establishment, one after another, of other related units concerned with the sciences of pharmacy, veterinary medicine, education, engineering, dentistry and nursing, not to mention the general role of the College of Liberal Arts in the subsequent preparation of students for medical training. Responsive to the problems arising from the increasing complexity of the community aspects of health the University established the Institute of Hygiene. The creation of the Institute of Public Administration in recent years came as a timely answer to the pressing need for further research on effective administrative techniques and procedures in the provision of adequate medical and health services to our communities adjusted to their own particular social, economic and cultural patterns.

A mere enumeration and summing up of the achievements of the University in the broad field of health during the past fifty years would be relatively an easy matter. To try to evaluate these directly, however, would be a most difficult if not an impossible task. The very nature, extent and complexity

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\* Lecture given at the UP-PGH Medical Center, November 5, 1958, as part of the U.P. Golden Jubilee Lecture Series.

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of the field of health rules out the use of any suitable yardstick by which one can measure these achievements with any reasonable degree of precision. The ever changing nature and hence scope and contents of this field which our changing society demands makes such a task doubly difficult. Furthermore, many such achievements do not lend themselves to any but a predominantly qualitative appraisal, and it is a well-known observation that subjectivity in such a case can easily creep in.

As an indirect approach to the evaluation of such achievements an attempt is therefore made to consider the more significant developments in the health sciences in the University in their relation to the changing concepts of health on one hand and the more noticeable and significant changes in our society, on the other. For just it is considered a function of the University to emphasize the importance of adjustments and renovation of Government to meet the requirement of economic and social changes, it may be said that this function should be made doubly applicable in the field of health if the state University is to maintain its role in setting up certain standards and in providing necessary leadership in this field. That this approach should provoke discussion in an academic atmosphere such as we are in now would be most desirable.

That the introduction of certain indicated changes is not always an easy matter to achieve in an old institution must, of course, be borne in mind. It has been aptly said, and oftentimes repeated, however, that while change does not necessarily mean progress, there could be no progress without change. The State University by the nature of its function, organization and policies together with the know-how it has at its command would reasonably be expected to effect and achieve such adjustments and innovations that our constantly changing world requires. In the field of health this change is comparatively rapid.

While health has always been a major concern of peoples and their governments throughout the world, never has this subject been given its share of extensive and intensive thinking until in recent years. While long before World War II, some interest among medical scientists and educators had already been aroused when the concept of comprehensive medical care was defined by the then Health Organization of the League of

Nations, it can be said that it was not until 1946 when the International Health Congress held in New York City framed and adopted the constitution of the World Health Organization that the science of health and others that contribute to it were given the attention these have been sharing since then. For the first time a universal agreement on the meaning of health was reached, and certain important principles implied by the definition to enable the new organization to realize its objective were discussed, agreed upon and accepted.

Ever since the nation of the world, signatories to the constitution of the Organization, accepted, among others, the principles that "the enjoyment of the highest attainable standard of health is of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition," and that "the extension of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health," statesmen, scientists and medical educators have focused a great deal of their attention on the multifarious problems of health and how best the many sciences can be effectively harnessed towards their solution.

The new social doctrine that has emerged places high value on the health of the individual, whether as a right in a democratic country or as a means to increase his productivity in a totalitarian state, and has considerably stimulated medical and social scientists throughout the world towards a coordinated close scrutiny of the broad field of health.

The emphasis given to the principle that an "informed public opinion and active cooperation" on the part of the people are of importance in the improvement of their health has created interest in the behavioral sciences and how best to apply these to make public health education effective as well as enduring. In this respect the University, through its College of Education and the Institute of Hygiene, has pioneered in this relatively new science, and the initial emphasis on the school health aspects of health education has since then been expanded so as to include its broader application.

That new concepts as well as new trends would emerge from such principles which nations of varying cultures and stages of development have seen fit to subscribe to can be reason-

ably expected. The rapid changes in scientific knowledge and social ideas catalyzed by experience during World War I served to accelerate their emergence. As each new concept has to be carefully nurtured and as time and trial must be regarded as essential elements in its growth and acceptance, it is but natural that some of these would not be able to stand on their feet after some time. That a significant number could be expected to survive the test of time, trial and application is, however, inevitable.

Present-day thinking recognizes the great influence that economic and social factors have on health and disease. Considerable attention is being placed nowadays on the broadened concept of public health so as to emphasize the social, economic and cultural factors of community health. Eighty-eight governments of the world have committed themselves to recognize the fact that the employment of adequate social measures in addition to medical ones is essential in the fulfillment of their responsibility for the health of their people. All of these have snowballed to give substance and strength to the concept of social medicine. Conceived during the first World War, this concept had to await another for its birth, and today social and medical scientists, as well as medical educators, singly or jointly are engaged in searching for effective ways and means of putting this concept into greater positive action in the hope of giving this new branch of medicine "the dignity of an academic discipline in its own right."

In October 1957, a study group held in this city under the auspices of the WHO centered its discussion and deliberations on this concept and agreed unanimously on the role of many aspects of discipline which institutions of higher learning in all the countries participating would have to be called upon to develop in its support. It is most gratifying to note that in a working paper presented to this study group, the deans of the College of Medicine and the Institute of Hygiene of the State University jointly underscored the need for closer understanding between the Department of Hygiene and Preventive Medicine and the other departments of the medical school in the interest of co-ordination and teaching of this discipline so that the promotive, preventive, and the social aspects of health and disease may be given its due share of emphasis. That this concept has to some

extent already permeated the contents and the methodology of teaching in the College of Medicine was made manifest in a further information to the effect that, depending on the disease being studied in the clinics, from about 15% to 20% of the time is devoted to the social aspects of the problems presented. That the educators concerned were not quite content with the progress that has already been gained in this respect and that more might be done to increase the participation of the Department of Hygiene and Preventive Medicine in the clinical areas was also jointly expressed.

It is quite unfortunate that some confusion has been created among our medical profession as a result of the emergence of this concept, and social medicine has been confused with socialized medicine which it is not. For while the former limits itself to the effects of human societies on the behaviour of health and disease and *vice versa* and the latter involves an organizational scheme in the distribution of medical care, there are still many who would confuse the substance of a thing for its usage.

It is in controversies arising from misconceptions like this that, I believe, the State University, being in the best position to elucidate and interpret these concepts to the medical and allied professions should by virtue of its position take the initiative and assert its intellectual leadership by doing so, and the sooner such a confusion is abated the better it would be for the peace of mind of the confused.

Another concept that has emerged and now enjoys universal acceptance is that which defines the modern practice of medicine as that which does not limit itself to early diagnosis and treatment of a patient but includes rehabilitation and the prevention of disability in him as well as the prevention of disease and the promotion of health in his family. This implies that the practitioner of medicine today should not only be concerned with the curative aspect of his profession but must likewise be concerned with its preventive and rehabilitative phases. It further implies that one's practice of medicine is not only centered in the patient but should permeate the family and even the community they are a part of, if necessary. The concept thus carries with it certain responsibilities in that to be successfully

carried out, a physician's understanding of the social, economic and cultural factors which influence his patients' and their families' lives is necessary. Many can recognize in this concept a return to the old Hippocratic ideal which always included the whole environment of man.

I have already mentioned that the concept of comprehensive medical care is by no means a post World War II development. However, it took a global event of such magnitude and consequence to spark the speed-up of the maturation and acceptance of the idea. This concept which places at the disposal of people all the facilities of modern medicine and related sciences for the prevention of disease, the promotion of health, the early detection and treatment of illness and rehabilitation of the sick has re-emerged to conform with social changes and scientific advancement of the time. The ratification of the constitution of the WHO has given further substance and meaning to this concept which additionally provides that all these facilities for adequate medical care are to be determined for any individual or group not by financial capacity but by actual need, and that no government should allow its people to die or remain unhealthy solely because they are unable to pay for what modern medicine can do for them.

As our government is committed to uphold this concept and its various implications, the training of a physician imbued with these ideas and ideals becomes a responsibility of the State University if it is to maintain certain standards for other institutions to follow. That this responsibility falls primarily on its medical school and all its departments of instruction and secondarily on its other units which contribute to the science of health is clearly indicated.

Hand in hand with these changing concepts of health we have come to accept, we find a number of manifest changes in our society today which can significantly affect them. Trends which have become noticeable long ago and accelerated by the last war have already begun to assert themselves with greater persistenc.

The encouragement our government is now giving our country's program of industrialization and the social upheaval this is creating as a result of the inevitable movement of the

population have already created and is bound to create further problems of health the university might as well anticipate and prepare for. Our transition from an agricultural economy to an industrial one has assumed a quickening pace so that traditional patterns of living of our people are being upset to an increasing degree. The rapid urbanization of many of our areas which is an expected offshoot of these development is bound to add to the health problems already created.

The belated realization that our rural population have long been neglected has shifted government attention to this sector of our population. This has led to the present program of community development which has underscored the role of the health sciences in this cooperative undertaking and medical educators have been exhorted to give due emphasis to the rural practice of medicine and, if at all possible, create a rural type of physician.

Technological advances of this age which are bound to be introduced here are also apt to create new health situations and problems. The hazard of ionizing radiation as man begins to harness the atom more and more for peaceful uses is an example of this. Some degree of success already achieved in our public health field resulting in the saving of young people are bound to develop an aging population with all its attendant problems of mental health, cancer, degenerative and long term illnesses of the aged. This latter development calls for preparation in geriatrics.

The State University is considered by our people as the institution which should be most sensitive to these perceivable present-day changes in our society and one in a position to meet or anticipate the impacts of such changes on our people in the foreseeable future. In this connection we find ourselves fortunate in that more mature and more developed countries of the world have passed thru such changes long before and whatever experiences they may have accumulated in the process can very well guide us in our investigations of the problems as these fit into the various facets of the way of life peculiar to our country and people. This is an opportunity for the University, through its various basic and related units dedicated to the health sciences, to contribute effectively to the present task of nation building that it can ill afford to ignore.

We are all aware that we are no longer living in that form of society in which the physician has to do little more than relieve pain. As our societies become more complex, medical practice becomes more and more interwoven with medical and health services furnished by the government and some voluntary agencies. This together with other developments mentioned before have made the present day practice of medicine and public health a cooperative venture of many groups of professionals. Thus the problem of professional relationship between people engaged in the health field has now become an important consideration in the education of physicians, health practitioners, nurses, etc. In this particular development the University with its units of public administration, sociology, psychology and anthropology, etc. is in a singular position to contribute effectively, altho it is the considered opinion of many medical educators that the examples set by the various professional staff concerned play a more important role in the education of our young people along this line.

I have stated that the State University by the nature of its mission, is expected to be sensitive to the implications of these changing concepts and what health problems our changing society brings along with it. That these should find expressions in its curriculum offerings, course revisions, methodology of teaching and its investigate activities is, in a way, a measure of such sensitiveness. We have to grant, however, that there are inherent difficulties in adopting any course to conform with social changes and scientific advancement. That this difficulty would be greater in an older institution has already been pointed out. Whether we would place the University of the Philippines in this category is, however, a moot question. Again a certain reasonable lag in application must be allowed. In the health sciences, however, this could initially entail no more than a meeting of minds of the clinical and the social and preventive medicine departments and supplementary participation of other relevant units that can contribute to them. It is encouraging to note that some move along this direction has already been started.

To inculcate the desired preventive and social outlook throughout medical teaching only among the students of the State University would not achieve the desired effect. They



would just constitute the proverbial drop in a bucket. The idea should be made to permeate all our private medical and related schools and the Bureau of Private Schools which has supervision and control over these institutions should look up to the State University for guidance, and the latter should be prepared and willing to give this as a matter of duty.

The introduction of a hospital care and a family health program singly or jointly would serve as an illustration of a teaching program designed to conform with social changes and scientific advancement of the present-day. That such a program could offer great opportunities for supervised extramural experience which would give our medical students the opportunity of working closely with patients and their families in their natural environment under supervision has been successfully demonstrated. The program also serves to illustrate what role a medico-social worker can assume in organized medical care. It furthermore serves as a springboard for the introduction into the clinical area of the sociology of communal life and the elements of anthropology as well as the elements of individual and group psychology. That this experience can be made available not only to medical students but also to nurses in training has also been successfully shown. Another merit of the students' participation in such programs lies in giving them the opportunity to gain understanding of the professional and other relationships they have to meet in the future practice of their professions which their training in a hospital alone could not very well provide.

In the field of health the State University is in an advantageous position in that it has not only developed, within a short span of time, a first class medical school and internationally known Institute of Hygiene but has also been the recipient of considerable assistance from both bilateral and international organizations for the proper growth and development of these institutions. For its department of hygiene and preventive medicine, the College of Medicine has the entire resources of the Institute of Hygiene which has earned a reputation for being always able, willing and ready to cooperate in any undertaking to which it can contribute its share within the limits of its resources. Within the past half century the Uni-

versity has established and selectively staffed many other units and departments of learning which together constitute rich resources which her coordinative machinery can tap to assist in the many aspects of the health problems which our changing and growing society creates. Being a government institution itself, the University could be most vigorous in rendering advisory, consultative and direct service, thru these units, singly or collectively, to other related government agencies whose functions are to contribute to the attainment of optimal health of our people. Towards the successful accomplishment of the task expected of her she would need to identify whatever internal and external obstacles—institutional, psychological, or sociological—may have to be solved first so as not to impede progress towards the desired end.

On the whole it may be said that in the field of health the State University, within a relatively short span of time and during an important period in its growth and development has already made a creditable contribution to the task of nation building. In its graduates in medicine, public health and other related professions, this contribution is indeed considerable. With such an auspicious past much more is expected of her in the future. Now past that period of growing pains, the scope, extent, and usefulness of these expected contributions will have to depend on its more vigorous policy of mustering its existing resources into a coordinated and unified approach to our growing problems of health and medical education in response to accepted concepts and significant trends in our society. For the nation to profit from this, the University must endeavor to have its influence felt by related government agencies more and more and thus make these look up to it for guidance and assistance in this important field more often and with lesser hesitation.