

Is Public Health Comprehensible; whether it is One Specialization or a Combination of Many?

Nilanjana Ghosh¹, Purushottam Giri²

¹Department of Community Medicine, North Bengal Medical College, Siliguri, West Bengal, India, ²Department of Community Medicine, IIMSR Medical College, Badnapur, Maharashtra, India

INTRODUCTION

Reaching millions at their household level to not only cure but also prevent is the essence of public health, and unless a trained equipped multitasker carries the baton, reaching out hundreds at their doorstep will remain a distant dream. But again in today's era can we really afford to be so vast and yet be comprehensible, to not be so pinpointed on one particular specialty and yet be coined a "clinician." Human beings are now so used to boundaries that we put up barbed wire among landmasses and name the territories as different countries. Even water bodies are not spared. We classify and categorize a child as soon as born or even before into a particular race, ethnicity, caste and creed, knowing sequentially hence how to name him/her, how to bury him/her, not even asking the concerned their will or choice at any point in their life. In such a situation, even medicine has been broken into fragments or well into specializations, superspecializations with assigned roles and responsibilities for each. Hence the vast range of all inclusive public health gamut remains incomprehensible to many as it not only treats and cures but also prevents and rehabilitates.^[1]

In the era of water-tight compartments, a medical doctor with specialization in ophthalmology refuses to hear a gynecological problem and even the patient will not utter. Whereas family physicians, a genre of public health postgraduates sees not only the patient but also his family, surroundings, environment, and opines comprehensively thereafter not only at patient level but also family and community level as well, appraising the local health care workers on importance of follow-up visits. Ambiguity on the existence of the subject as clinical or non-clinical and as

just any other specialization hence is self-explanatory. Public health remains the bottleneck of understanding between masses and classes and both interpret it correctly yet differently and partly. In different areas of the world, the subject has different coinage preventive and social medicine, public health, social and preventive medicine, and now community medicine. Very few, in fact, no other specializations have been known in such varied names which itself reflects the amount of diversity existing in the discipline. More so, the various degrees awarded all over the globe in public health are MPH, PhD, DPH, MD, DNB, DPM, and CHA each with a different set of assigned roles and responsibilities though a huge overlapping zone also exists. None other discipline awards such a variety of various degrees for the same subject and usually a diploma is a year less training than MD for other disciplines, but they have fixed well-outlined responsibilities. The very tenet of diversity in public health gets exemplified further with the fact that a public health specialist/activist can be both a medical doctor or a non-medico, a rare finding with other disciplines such as medicine, surgery, and pediatrics.^[2] Irony of the world lies in the mere fact that an innovation for common man benefits gets appreciated by classes whereas remains incomprehensible to masses. Information technology, m-health, telemedicine, and robotic surgeries are all glaring examples where the inventions which promised to benefit millions are actually proving worthwhile for a handful of bureaucrats and academia. The masses are yet to use them for lack of appropriate technical know-how, operational feasibility, and reliance on them. Hence, the million-dollar question persists among both masses and classes – what actually is public health, why does it exist, and what is the use, is it only for the poor? The answer is difficult to perceive in the present context because the

Address for correspondence:

Dr. Purushottam Giri, Department of Community Medicine, IIMSR Medical College, Badnapur, Maharashtra, India.
E-mail: drpgiri14@gmail.com

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scope of family physicians, the most important part of our yesteryear generations is fast dwindling. General practitioner in the UK is highest paid, a general practitioner knows and treats the most common ailments under one roof and then refers patient to other select areas if need arises. In India, as long as the patient having ear problem will rush to an ear specialist and so on and so forth for each organ instead of a comprehensive check-up by one family physician/family medicine specialist, appropriate understanding about public health will stay elusive.^[3,4] People and all the policy-makers have to realize the vast three-tier public health-care delivery system operating in the country aims to provide optimum service delivery with effective service utilization need to be for one and all like in Cuba, Russia, and Canada which boast of the best public health-care delivery systems globally. The health-care services are for free in government setup, but they need to be accessible, affordable, and available in true sense maintaining quality of care all along. Socialized medicine is the only alternative and the very tenet of public health.^[4] Spending on public health needs to be increased from 1% of gross domestic product and the private sectors need to collaborate for the subsidized prices. The high out-of-pocket expenditure and the escalating health-care costs need to decrease with proactive implementation of public health policies and programs in true sense. Policy-makers, academia, and administrators need to bring out community medicine subject from its closet, from closed corridors of medical college to breathe fresh air at field level with teamwork from all allied sectors and reach its true potential of benefitting one and millions simultaneously. However none the less the inevitable measures needs to be implemented rapidly to achieve desirable outcomes in long run. It is also a bare truth that public health is more of a superspecialization embedding lots of different areas which may be a specialization in itself. Hence, the postgraduate students lose their direction and have to comprehend so many issues at a time which makes it really difficult to focus on any one area.^[5] The undergraduates also find it difficult to contemplate because of the novel approaches, a new concept which unless explained is very difficult to comprehend. Without a teacher who knows the subject well, it is very improbable to grasp the basic concept. The subject has immense potential. It gives birth to multitaskers with skills in many domains producing one and more academicians, statisticians, epidemiologists, program implementers, policy-makers, advocacy specialists, public health speakers and health administrators, hospital managers, and teachers apart from being a medical doctor who not only cures but also prevents and rehabilitates understanding the natural history of the disease. No other discipline can ramify in such diversity yet stay confined to core.^[2,4]

Eminent researchers with skill in research methodology areas and eminent biostatisticians are usually trained in public health. Postgraduation courses require research work, conducting projects, critical review of articles, writing an

article statistical technique, systematic review and meta-analysis skills, and learning new software as all essential parts of the curriculum. Epidemiologists also are public health specialists as it is the basic foundation of the course. Collecting, analyzing, interpreting data using various models as in infectious disease modeling and forming new models, testing them, outbreak investigations, and forming rapid response team are all embedded in the course. Interestingly, program implementation, gap assessments, monitoring and surveillance activities, field-level surveys, policy-making, reaching out to millions, and introducing newer programs based on community need assessment are an integral part of the course. Counseling, advocacy, awareness generation programs, sensitizing community, ethnographic studies, understanding community, and handholding are all embedded in the course. Many companies such as the International Committee of the Red Cross, Bill and Melinda Gates Foundation, and Medicine Sans Frontier recruit such activists and specialists.^[4,5] Treating communicable diseases, handling non-communicable diseases, understanding population demography and dynamics, and disaster preparedness all fall under the domain. Both urban and rural health tier are under purview of the discipline. Importantly mental health, a new upcoming issue, especially in the developed countries, and reproductive and child health are important domains where newer programs and strategies are being devised. NITI Aayog and other public health programs like Swachh Bharat Abhiyan need inputs and proactive participation of public health activists to turn it into a success. Hospital administrators, quality control monitors, and hospital managers are usually public health personnel who are trained to look after the managerial aspects of running an organization using techniques of health management. Teachers and core academicians who teach public health in colleges are integral to the discipline and contribute to research work as well as desk job, field activity, and treating patients on regular outdoor basis. Adding fuel to fire, in India, community medicine departments have to look after an entire geographical area both in urban and rural field where all the beneficiaries are under direct purview of medical colleges.

CONCLUSION

Public health is vast but united in its diversity. Percolating to grassroots with effective communication skills, increasing satisfaction of peripheral key health-care providers who thrive in the fringes of the society, and toil relentlessly can ensure effective service utilization by each beneficiary residing at remote corners of the society. A meticulous and rigorous approach with identifying the different domains and creating separate avenues rather than merging the entire spectrum under one banner may make the subject more discernible and transparent for both masses and class. A vigorous reorientation and revamping are warranted to make the subject thrive and breathe in actual.

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How to cite this article: Ghosh N. Giri P. Is Public Health Comprehensible; whether it is One Specialization or a Combination of Many? J Community Prev Med 2020;2(2):1-3.