Health for All: A Challenge to Research in Health Manpower Development


The Council for International Organisations of Medical Sciences (CIOMS) is particularly concerned with biomedical sciences and the fact that it chose primary health care as the focus of its XVIth conference is very welcome. Too often 'high technology medicine' and 'primary care' are considered to be mutually exclusive alternatives whereas the principles of primary health care planning are as relevant for the most specialised hospital service as for the rural health worker.

In part the polarisation, in the UK at least, results from the use of the adjective 'community' to describe all services except hospital services, thus implying that the motives of those who work in hospital are not to serve the community but simply to do what interests them most. Hospital and laboratory services, however, community services and primary health care principles – service to the whole population, effective and efficient use of resources by the appropriate use of technology, integrated rather than isolated planning, and the participation of users of the service in its planning and management – are of great relevance, as this conference recognises.

In part the debate about primary health care is a technical debate, focusing on issues such as the need to define different criteria for hospital care and domiciliary care, but there is also an ethical dimension to the primary health care approach for one of its keystones is the provision of health services to the whole population. If we consider the population of people with arthritis as an example, most health services in the world concentrate on the referred population, those who have brought themselves to, or been referred to, the appropriate source of help. In all countries social and psychological factors influence the probability that someone will be referred to a source of specialist help: for example, the person whose brother is known to the general practitioner to be a consultant orthopaedic surgeon will probably be referred more quickly than the person who has no medical connections. In many countries financial factors influence the access of patients to services either directly, in countries in which private practice is the main source of health care, or indirectly because of the influences car and telephone ownership have on access to health services. The issue of equity was addressed by conference speakers and was a major theme of the conference. The conference was also important because it recognised that health service planning and management should be concerned not only with buildings and budgets but with a third 'B' – the behaviour of the professionals who work in the service. The term 'development' is used to mean not only growth in numbers but also change; change in skills, attitudes and values. How much should professional freedom be allowed to flourish unrestrained when it results in a concentration of health workers in the richest parts of a country? It is this type of issue that the conference discussed and there are some stimulating papers in the proceedings, notably by Claudio Moura Castro from the Ministry of Planning in Brazil. These reports will be of interest not only to the planners and managers of health centres but also to all those who wish to learn about the new approach to primary health care. They also demonstrate clearly that we have as much, if not more, to learn from developing countries than we have to teach them.

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Report on Euthanasia, Aiding Suicide and Cessation of Treatment