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## *Surgical Aspects of Community Medicine*

## *EDITORIAL*

The topic "Surgical Aspects of Community Medicine" poses several questions. Firstly, is the topic "surgical aspects of community medicine" appropriate, or should it be "Community aspects of surgery"? Secondly, what is community medicine. Thirdly, what would be the surgeon's role in community medicine-teaching, service and research?

The first question is left to the reader's imagination and there would be a point in trying to split the hair.

Community medicine by broad definition is the study of the application of modern medical technology for identification and solution of health problems in the community. Community medicine is an applied science integrating its various aspects medical, economic, sociological psychological, educational and behavioural. In the application of community medicine to a mass of population, one has to combine curative, preventive, promotive and rehabilitative aspects of medicine and social science technologies in order to provide appropriate health care services. Community health personnel are concerned not only with an individual patient but also with the population as a whole, endeavouring to provide the greatest good to the greatest number of people. They not only have to wait for a single person to come for consultation but have to go out to the people in their homes trying to study the beginning of the disease process and employing modern promotive, preventive and curative techniques for solution. They seek out those who do not or cannot come to the health facilities using epidemiologic tool in order to understand the causal and

contributing factors of the problem. Community medicine is not a new discipline; preventive, promotive and rehabilitative health services have been practiced in the past by public health personnel but these services were performed rather haphazardly, (in a rather disjointed way) with the curative services conducted entirely as the health facility offices and only for those who could come. The concept of community medicine broadens one's mind into looking at the health and related problems of the community, the health care system (s), the functions, of the various categories of health personnel and whether or not the system set up is able to solve the population health problems, as a whole.

Community medicine provides an enormous field and opportunity for surgeons to participate in teaching, service and research. In the teaching area, surgeons have a definite role to play. Surgeons should be in the fore front applying epidemiological and biostatistical techniques, combined with their intellectual skills in studying and finding suitable solutions for the pathological processes of diseases in their broad spectra. They must form the idea that a patient with surgical problem who comes to the hospital for consultation represents the tip of an iceberg and underneath this visible tip lie problems of the same disease process in various stages which include susceptible population, population with earlier stages of the same disease and population who do not or cannot come to the hospital. Surgeons will have a real opportunity to appreciate the natural course of the disease which normally cannot be studied in the hospital setting. In

the service area which is related to teaching, they will have an opportunity to go and work in the provincial hospital and the district hospital employing simple means in diagnosis and treatment. The provincial and district hospital settings as well as the rural village setting will be suitable places for the surgeons to learn how to adapt themselves because in these particular places the young products of the medical school will have to work. From the accumulated experience in the rural area, the surgeons will become better teachers and acquire realistic image for the students. Various research projects can be conducted, especially operational research in the health care delivery system, the study of appropriate technology and the cost benefit analysis. The opportunity for doing all these is there only if the surgeons have a will and firm commitment.

The Alma Ata Declaration "*Health for all by the year 2000*" a health target agreed upon by all WHO's member states, although far reaching, provides a formidable challenge for the medical profession (surgeon is no exception) and an inspiration for the political leaders of the country concerned. Surgeons in the past have been leaders in medicine contributing so much to medical progress. Now it is about time that they should come forth and lead the way. By nature they are somewhat pragmatic but with sound judgement. Their potentials are great. The scientific steps and human skills which they use in diagnosing and treating an individual patient, are comparable to the steps that could be used for diagnosis and treatment of surgical problems in the community. In this sense, one must not imply that an individual surgeon will be the sole responsible person to solve all surgical problems in the community. The surgeons have to learn modern management technique, sorting out what parts of surgical problems that would require their skills and which parts could be delegated to members of his

team to take care of. They have learned to become leaders of health team before in the operating room, and undoubtedly they can do it again in the community. Their task in the community would be to teach and supervise team members and only to perform the services that could not be handled by others.

From the Fourth Thai National Conference on medical education with the theme of Medical Education towards health for all by the year 2000 a consensus on the role of the young medical graduates was derived. After one year rotating internship more than 60 percent of all medical graduates will be assigned to the provincial areas by the Ministry of Public Health. They have to spend two years in the national compulsory health service ; one year in the provincial hospital and another year in the district hospital. The most critical period in their young medical professional career would be at the district hospital as the directors. They and their teams will be responsible for the whole population in the districts regarding health problems. The young medical graduates role here will be :

1. Competent clinicians with knowledge, skills and attitudes compatible with the standards set by the Thai Medical Council.
2. Primary health care supporters and consultants for village communicators, village health volunteers who will function as the primary health care workers.
3. Managers of the district health care system.
4. Teachers : They will have to provide teaching for the team and also to the population.

The surgeons, if they are going to function effectively as teachers and leaders in surgery, will have to learn the contents and techniques of some of these roles. If they have the will and courage to do so, they will contribute much to the achievement of the health target "Health for all" perhaps before the year 2000.

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