EDITORIAL

I. DOCTORS: TOO MANY OR TOO FEW?

Since the turn of the century, the change in the pattern of social conscience has made society stern and forbidding towards topics like child labour, inequality between races and social groups, and discriminative behaviour of one community towards another. On the other hand, it is precisely this same change of social conscience that makes us benign and protective when talking in terms of poverty, illness and other personal misfortune. Hence, legislations and social reforms have been instituted to see that shameless exploitation of men, women and children, particularly the downtrodden ones, is being brought to an end, and welfare provisions are being created to supply unemployment benefit, sick aid, free legal assistance, subsidised medical service, food and housing, so that human want within reason may be similarly banished. In this manner, it is inevitable that cost accounting must be done so that the need can be met, and hence G.N.P. (gross national product), unemployment figure, morbidity surveys, and figures of service personnel like doctors and nurses become fashionable and form the inescapable part of reports of various planners.

The number of doctors required in a society is a case in point. Few health planners or medical educators can avoid referring to the doctor number when propounding their ideals, and in fact, medical schools have based intake of students, and medical policy-makers the provision of facilities in the way of hospitals, clinics, drugs and personnel, on the alleged optimum number of doctors in a country. Conceptually, it would appear that the health needs of a nation can be gauged by the number of doctors per unit of population, and the measurement of medical efficiency is principally on the fact whether the doctor strength is up to a required level or otherwise.

In 1959, W.H.O. technical committee in surveying this problem in fact took this precise stand, and published a series of figures believed to be optimum for a country, and one of this was that the satisfactory ratio of doctor to population should lie in the region of 1:2000. Since then many countries have not only reached this magic figure but surpassed it many times and in U.S.A., U.S.S.R. and Israel, the ratio is in the region of 1:500. However, this attainment has been accompanied by the outcry of doctor shortage not so much in countries where the ratio is 1:10,000 or more, but in those areas where the ratio in fact has been much better than the recommended figure of 1:2000. Clearly, medical needs must have behaved differently as an entity, and forecast based on such abstract ratio without any sound logic must be regarded with caution.

Quite obviously, to reckon medical need in terms of number of doctors per unit population, one has to assume that the demand for service is constant and uniform, and the ability of doctors likewise must vary only within narrow limits. Any practitioner who has to reckon with patients not as a figure in the statistician's tabulation, but as a piece of living flesh and blood capable of individuality and bias, would know at once that both of these two assumptions are false. Human ill is not just one variety which if relieved will leave man free. The minute a man is rid of his fevers, he may complain of headache for the first time, and when he is relieved of his headache, he may then begin to realise his discomfort of insomnia! The experience is that whereas the manifestation and risk to life and limb of these complaints may be different, the manner they tend to succeed each other to keep up the appearance of invalidism is practically invariable. In other words, if we seriously intend to define health of a person as a state in which he is free from worry about disease, we would still have a long way to go till the healthy person as defined takes shape! Similarly, medical skill is a highly individualistic business. One doctor may see 100 cases a day, superbly, but give him 10 or 110 cases, and he finds that the increase or decrease in burden will impair his efficiency. A surgeon who performs an operation in 8 hours is not necessarily less competent than another who does the same task in 4, and in fact one suspects that constitutionally, there are patients and patients, and hence there is a real need for the presence of doctors and doctors, in order that the demand for service can be met in a satisfactory manner individually. If this is so, then it can be

easily appreciated that the doctor requirement must be measured not by a definite figure expressed as a ratio, but by some other mode of computation. We have today a local ratio of 1 doctor to 1,800, but we are more aware and more vociferous about doctor shortage now than 40 years ago when the ratio must be in the region of 1 to 10,000 or more. Quite obviously again, whether 1:1800 is too many or too few must be judged on issues other than the near idolatory of the magic figure based on the estimation of the optimum doctor to population ratio, as many people are still busily doing today.

Gwee Ah Leng