DISCUSSION OF PAPER BY N. R. E. FENDALL, M.D.: AUXILIARIES AND PRIMARY MEDICAL CARE*

JOHN KAREFA-SMART, M.D.

Visiting Professor of International Health
Harvard School of Public Health
Boston, Mass.

PROFESSOR N. R. E. FENDALL should be congratulated for his clear presentation of the problems which confront all who are engaged in planning the curricula of instruction in the medical schools in developing countries. Such a presentation is a natural result of his own long and varied experience in Africa.

I strongly support the emphasis on the "rural disadvantaged" as constituting the vast majority of inhabitants of developing countries. The health problems of the small minority who live in the large tropical cities are more akin to the health problems of those in the industrially developed countries than to the rural majority. Therefore the members of the health professions in the tropics must receive an education and training primarily directed at the health conditions which prevail outside the relatively westernized and modernized cities.

A second important point is that any training schemes should be regarded as designed for a relatively short period. Rapid social change is a characteristic of most developing countries, and the solutions designed to meet the problems of *today* may have to be changed radically when today's problems give way to those of tomorrow.

It should be emphasized that to copy the training institutions of the developed world, which have been molded by tradition, in the unfixed and rapidly changing economic, political, and cultural life of a developing country is, as it were, to try to make a fully grown tree take root after being transplanted to a completely different soil and in an entirely different climate than the one in which it grew.

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The discussion of standards, of curricula, and of the duration of periods of training should therefore be ad hoc. It should be clearly understood at the outset that there ought to be no attempt to set up inflexible and absolute models. Just as the medical institutions of today in the developed countries do not bear too close a resemblance to the institutions of the last century from which they evolved, so we must expect that the institutions which we plan for today in the developing countries do not need, on the one hand, to resemble too closely—either in standards or curriculum content—the present-day institutions in developed countries or, on the other hand, to be an accurate forecast of what these very institutions will be in the future.

I suggest that the pursuit of comparable academic excellence in the physical and biological sciences be undertaken at the universities. Those who will conduct research at internationally accepted levels on local problems can be trained there. These research functions need not unnecessarily complicate the urgent task of training personnel that are now required to give adequate primary curative health care or to maintain basic preventive health services in the rural areas of developing lands.

A corollary of this suggestion is that higher-level, administrative, and managerial health professionals be trained in what may be regarded as staff schools for the health profession. Such training may be given in already existing medical schools adapted to this purpose. Such a program would also justify the establishment of new institutions, from which larger numbers of health personnel than can possibly be produced in the existing medical schools will emerge. These new institutions should train their graduates to diagnose and treat—at the primary level, and with the presently available means—the leading causes of illness and death in their communities and, at the same time, be able to refer, for appropriate medical and surgical treatment, to "national centers" those cases which require more sophisticated skills and competence.

I think it is important to realize that, in the last analysis, appropriate training schemes will be widely accepted only if they are proposed by indigenous leaders and educators. It is too soon after the end of the colonial era to expect that any idea developed and propounded by those from the developed nations, however good it may be, can escape entirely the accusations of cultural colonialism. It would seem there-

fore that the best way of having the ideas of the great workers and thinkers in international health accepted and implemented is to convince indigenous leaders to make them their own ideas, and then be prepared to fight for their implementation. It is in this way that you in the developed world can give the best assistance—not by establishing models or institutions run by nonindigenous leaders and heavily financed from external resources.

My final comment is that I am on the side of those who insist that in a developing land within the tropical latitudes there is no separate discipline of "tropical medicine" as it is traditionally understood in this country. Even if all the exotic and parasitic and epidemic diseases were controlled or eradicated the populations in these countries would still require medical care for the ills to which man is subjected, and the appropriate training of those who will provide this care will remain an urgent requirement.