

# Academic versus Community Doctor

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Today is the World Health Day... the 7<sup>th</sup> of April, 2040. Two and a half decades have passed since India started the 'Adopt a Community Doctor' campaign. A lot has changed in the health scenario of the subcontinent over the years. We now measure our nation's progress using the Gross Wellness Index (GWI). This index was formulated in the 2015 'All India Conference to Promote Community Health'. It has 12 components that spread across physical and mental health, education, economy, environment and social security. The gross domestic product (GDP), which measured the monetary value of all finished goods and services, is now obsolete and most countries across the world measure their progress in terms of GWI. How did a nation like India, whose health indices were plummeting make this forward leap in just over two decades? What was it that enabled such a radical change in our health care delivery system? Yes, it was the dawn of the community doctor.

The year 2015 saw this dawn, and since then there has been no looking back. The concept of 'community doctor' is not new to mankind. We all have heard of the Chinese 'barefoot doctors' who provided preventive primary health care to the rural China at the grass root level. [1] The last few centuries saw that medical specialties resenting this role of a community health doctor. The unpleasant relationship between individual- and collective- responsibility of health behavior re-emphasized the notion that prevention can never be as fashionable as cure.[2] Treating diabetics sitting in a plush clinic and giving prescriptions were not enough. On the contrary, what was the effort it took India to prevent diabetes in the society? How did we prevent complications in those with the disease? How did we change diet and physical activity behaviors among the population? The above questions and many such queries that were staring the face of India during the early 21<sup>st</sup> century have now been answered.

The 'Adopt a Community Doctor' campaign was launched

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when I was pursuing my postgraduate studies in Community health - way back in 2014-2017. The campaign succeeded due to its sheer ingenuity of allowing a community to adopt its doctor and not the other way round. The country realized that if each community would pick its own community doctor, they would work together for better health, environment and social wellbeing. Community leaders, local Panchayat heads, chief engineers of public works department, heads of urban municipality and other appropriate authorities convened to pick from short lists of community doctors who had signed up for the campaign. The doctors who had signed up were from clinical as well as community healthcare background. The government had announced a good salary package and incentives for these doctors. They were allowed to choose the communities they wanted to sign up for.

I am glad to say I was one of those many doctors who joined hands for making the world a better place. I and my husband got adopted by neighboring communities, thanks to the local authorities who honored our request. All of us underwent intense training in our state headquarters for 3 months on how being a community doctor would be different from being an academic doctor. Then started the most beautiful journey of community organization, health promotion, health protection and the provision of meaningful, affordable and need-based healthcare services to every community in India. Seeing India's health indices pick up over a decade, many countries across the world followed our footsteps and successfully replicated the 'Adopt a Community Doctor' model.

Before the campaign, academic doctors reined the health care scenario. The focus was on the individual and not the community. The aim was to arrive at a medical diagnosis and to treat the disease. Doctors preferred working in urban settings and the rural areas suffered from a lack of access to quality healthcare. Academic doctors relied on costly equipment and devices to arrive at a diagnosis. Most of the treatments were expensive for an average Indian; the reason being, complex and firm hold of giant pharmaceutical companies over the medical fraternity. Greed and corruption had then slowly found its way into medical education and practice. Doctors who had to procure huge loans for completing their medical

education, tended to gravitate towards charging high fees from patients. The need for super-specialty among the academic doctors had been rising. So, a patient with headache, diabetes and cough had to make visits to the neurologist, endocrinologist and pulmonologist for each of the respective problems. Academic doctors gave a lot of emphasis on medical care. The other determinants of health like behavioral, environmental and socio-economic had been ignored.[3] Research, in the views of academic doctors, was confined to laboratories and hospitals. Academic Doctors stayed inside their clinic or hospital and did not venture out in the literal as well as the figurative sense. His academic pursuits enabled him to successfully treat many illnesses, but the causes of these illnesses still remained deeply rooted in the society. Academic doctor had many merits to their name; they could successfully deal with complicated situations like advanced cancer, congenital anomalies, transplants etcetera; but the proportion of the community which required such a specialized level of care was miniscule. A vast majority of the community's needs could have been catered to by an effective primary healthcare. Academic doctors were not very keen on forming strong referral systems or getting involved in community outreach. This was then realized to be the need of the hour and paved the way for the formulation of 'Adopt a Community Doctor' campaign.

The huge team of community doctors has over the years followed a different approach where the focus has been on the community as a whole. It has been an exhilarating experience to look at a diseased person as a part of bigger picture which includes his housing, his environment and the norms and laws of the society in which he lives. The emphasis has been to promote good habits towards healthy living and prevention of diseases. The behavior change and journey towards better lifestyles was facilitated by good policy formulation, implementation and sustaining the spirit of change for the better. The land-reform bill for instance, earmarked public parks in every community to encourage physical activity across all age groups. A multitude of health related policies and laws were formulated and implemented within a short span of 5 years. They spread over varied areas like mental health, environment, pollution control, workplace safety regulations, road safety and compulsory day-care centers for elderly and children. The community doctors are given the role of assessing the needs of their communities. Public health professionals have been assigned to analyze a community's needs using epidemiological methods. Research became community based and not limited to laboratories and hospitals. Community based research is painstakingly hard, but with the support from local leaders and stakeholders including community representatives from each age-group and gender, this herculean task is

accomplished successfully.

The Community Doctors are allotted with need based grants and resources. The idea of putting the community forward enables the optimum use of these resources giving excellent results. The struggle, though tiring, is extremely rewarding. Doctors today are no longer looked as villains who extract money for unnecessary tests. We community doctors have a respectable place among the public. Greed and corruption of medical fraternity have been wiped out. We found a way to rope in the specialists who continued to practice in urban set-ups by forming an effective referral system. We realized we need them to be a part of our system as we were not equipped in handling complicated situations where people required specialist care and complicated surgeries. The cost gap has been bridged by good health-insurance schemes and acceptance of these schemes by the community.

The healthy progress of communities over the past 25 years has led to this day - the World Health Day on the 7<sup>th</sup> of April, 2020. The World Health Organization's theme for this year is "Community Doctors - Two Decades to Achieve Health for All". This day is the glorious day in the annals of history because it is the day when the world started following India's 'Adopt a Community Doctor' model.

In 1978, health ministers of 134 countries signed the Declaration of Alma Ata to achieve 'health for all' by the year 2000.[4] In 1998 a global health policy named "Health for all in the 21<sup>st</sup> Century" was formulated. To attain health security for all, to achieve global health equity, to increase health life expectancy, to ensure everyone with access to essential healthcare of good quality were some of the goals of these policies.[5] We can proudly say that today all these goals have been achieved. This has only been possible by the participation of the community with committed community doctors. It is rightly said that the conduct of each determines fate of all.

## References

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