

Special Feature:**Good health adds life to years - role of Medical College faculty in promoting World Health Day 2012 theme****M.S. Sridhar***Department of Medicine, S.V. Medical College, Tirupati***Sridhar MS. Good health adds life to years-role of Medical College faculty in promoting World Health Day 2012 Theme. J Clin Sci Res 2012;3:151-2.**

World Health Organization (WHO), the apex agency that oversees and co-ordinates health related efforts all over the world, has sounded the alarm bell that time has come to focus attention on the much neglected field of health of the aged. Medical fraternity has lot to contribute to realize the theme "Good health adds life to years".

In the flux of socio-political turmoil due to globalization and liberalization that is pervading the society, the inequalities in all spheres are widening every day and pressure for the scarce resources is increasing. In such a scenario elderly become vulnerable. Our ancient literature has emphasized the importance of health. *Sariram adyam khalu dharma sadhanam* is an adage that extols the importance of maintaining the instrument i.e., one's own body for sustaining *dharma*. Through the medium of Hanuman, Sage Valmiki says 'destruction or abuse of the body is fraught with many defects and dangers and by living only, one can certainly realize many good and desirable things of this earthly existence'. So, maintaining the instrument of fulfillment of *dharma* in good condition is very essential duty of each and every individual and the society as a whole. Every one aspires to preserve one's own identity and autonomy till the very end. In Taittiriya Brahmana, we find expression to ageing brilliantly by the hymn that concludes with *jyogjeevaa jaramasimahi* (May we live brilliantly upto our old age).

Geriatrics, the field of medicine for the aged is still in infancy in this country and needs to be carefully nurtured and encouraged to develop

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and grow so that the society need not be burdened with the guilt of exploiting and neglecting those who have contributed for the happiness of many during their prime days.

The ancient vedic prayer *Tamasomam jyotirgamaya* exhorts us come out of darkness of ignorance to light of knowledge. Accordingly, any concept of health care system, as can easily be conceived, is primarily built in medical education. As Jawaharlal Nehru wrote, education should be based on '3Hs' namely Head (cognitive), Heart (affective) and Hand (psychomotor) instead of prevailing '3Rs' (Reading, wRiting and Reciting. As for as 'Head' is concerned, Medical Council of India (MCI) undergraduate curriculum for General Medicine includes stress on Geriatric aspects. Even the standard text book that is widely followed, Davidson's Principles and Practice of Medicine, includes a section on geriatric aspects for every topic of practical importance. The amount of factual material that is to be perused and retained is growing so much that "we must be running twice as fast as we are to stay where we are". For the 'Hand' part, the young doctor in training is too eager to practice skills on the patient and quickly gains mastery. Scientific advances are so rapid that technology that is in vogue becomes obsolete in no time. So, there is lot of work for the Hands. Alas, the 'Heart' part is sadly neglected by all. Or is it that they are poorly trained in this aspect? Geriatric health needs precisely this aspect. The MCI recommends training in different settings, namely, outpatient, inpatient and community. Here again, there is very little concerted effort for

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training in the community setting. Geriatrics offers best possible chance of training in community based setting since the non-ambulatory elderly with subsyndromic illness are to be found aplenty in the community. Supervised home visits will bring back the glory of medicine. Physicians like *Dr Rangachari* of yester-years who was at the beck and call of the patients are still eulogised.

It is the Medical College that is placed centrally in medical education. Devoted to foster studies in preservation and prolongation of life and enhancement of the quality of life by training future doctors based the contemporary knowledge, it is the Medical College that lays down the contours of the future health of the Society, especially for care and cure of the sick. A vibrant Medical Institution has the ability to peep into the past, understand the present and anticipate the future and prepare the present generation for the future- not at all an easy task! Medical College is the light house of knowledge that helps to maintain health of the society. Medical College does not mean buildings and walls, equipment and medicines alone and it does not mean a large number of teachers also. Medical College is a complex mixture of knowledge, love and affection and service reflected through caring professionals. An ideal career should give up himself fully for the welfare of patients. Then, and then alone the cliché that doctor is God comes to near reality. Medical College can foster serious scientific inquiry into myriad aspects of geriatrics. Basic and applied aspects both are important. Hence, Medical College and by implication doctors must don the leadership role.

So, Medical College has the chance to play a pivotal role in development and execution of any healthcare concepts and geriatrics is no exception to this. Some of the ways to motivate the students to evince interest in old age issues are by involving them in the study and care of the elderly following the famous aphorism of

Peabody that "the secret of caring is caring itself".

Medical Colleges and Teaching Hospitals must be in the forefront in setting up models to emulate and we can only hope that they live upto the expectations. Some of the methods that we have tried in our Institution are listed in Table 1. Though we have just made a beginning, we are strongly hopeful of marching fast towards our goals:

Sarve bhavantu sukhinah (May all be happy)

Sarve santu niramayaah (May all be free from disease)

Sarve bhadrani pasyanttu (May all realize what is good).

Ma kaschid dukhbhag bhavet (May none be subject to misery)

Let us not forget that this applies to both young and aged equally. I conclude by saying that the concentration in Medical Colleges should be more on how soon and by what methods to implement this in geriatrics at our level to the best of our ability rather than promoting the theme in the society.

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Table 1: Teaching models being tried at Sri Venkateswara Medical College, Tirupati

Biographical approach
Case study approach
Biopsychosocial approach as enunciated by Engel
Problem oriented approach
Supervised Home visits
Provide relief by listening and touch
Skills of negotiated treatment
Guidance and counselling
Ability to organize functional and functioning team
Promoting pragmatic outlook
Research
