

Editorial

**God's own country with devil's own diseases-
An example of failure of public health delivery**

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Keralites were proud of its achievements in health sector until a few years ago. With a low GDP expenditure on health, Kerala could achieve the best health standards in the country and to an extent these standards were akin to some of the developed countries in the West. Health planners called it the "Kerala Model" which was lauded all over. The Nobel laureate Amritya Sen however had a different say on this matter. He said that a low GDP expenditure on health cannot be called a model which can be emulated by others. He was of the opinion that at the most, one may call it the "Kerala phenomenon." There were many reasons behind that success story- namely high literacy rate especially amongst the females and availability of medical facilities even before the independence of our country from the British. Schools and nursing homes were opened not only by the missionaries but by the rulers of the princely states. The queen of Travancore state even made a proclamation making female education compulsory during her days. What a far sight and foresight!

Kerala again showed another first - the first ever elected communist government in the world. With a strong socialist overtone of the central government under Pandit Nehru, it was easy to implement many reforms in Kerala which improved the general standards of life as well as health in the state. Kerala has lost its sheen in preventive health care in the last few years. All the contagious diseases which have been eradicated earlier have come back now as if with a vengeance. Now-a-days one is assured of the pre-monsoon outbreaks of food borne infections. With onset of monsoons both food borne and respiratory diseases rule the roost. To top the list we have no dearth of mosquito borne infections like dengue fever and chikungunya. Leptospirosis is perennial with outbreaks occurring soon after the monsoons. All the achievements made by Kerala was lost simply because of the utter failure of proper waste management as acknowledged by the new chief minister. The media in Kerala is very vibrant and has played a very vital role in highlighting the inadequacies of the health care system in the government sector. However the media hype has created a hysteria among the public to the extent

that they started demanding inpatient treatment for even a simple viral fever for fear of missing the diagnosis of more deadly fevers.

Kerala has also dubious distinction of having the highest suicide rates in the country, highest per capita consumption of alcohol and highest rate of road traffic accidents. The latest entry to this list the highest rates of sexual harassment of women. The joint family system in Kerala has vanished into thin air in the last couple of decades. The physical, mental and moral protection of a joint family system is a story of a bygone era. The high literacy rate has inflated the levels of ambition for the average youngster in Kerala. With a two child norm which is voluntarily accepted by a sizable percentage of the population, the children grow up in a nuclear family either as pampered kids or spoilt ones. There is almost an insane craze for professional college admissions for which children (and parents too) are willing to spend any number of extra years in coaching centres which reminisces that of concentration camps of yesteryears. The average Keralite who is not so lucky to get into professional colleges end up in arts and sciences colleges and wait patiently for white collar jobs especially in the government sector provided through the PSC. However it is heartening to see many youngsters in rural areas still taking up manual work. As there is a great demand for construction and manual workers in Kerala (the global recession has not affected the constructions here) the vacuum is filled in by workers from northern states. They remain unorganized, are exploited a lot, lives in make-shift camps and are vulnerable to all vagaries of nature and humans. The social, demographic and health problems due to this migrant phenomenon remains totally unaddressed.

Keralites whether educated or not, flock to foreign countries (mostly to gulf) for better pastures leaving their family. The females are compelled to stay alone with small children. In fact in some villages in north Kerala, it is difficult to get a male attendant for help as almost all healthy males in that locality have left for gulf countries. Though the gulf remittances had helped to raise the standard of living of many families and has helped floating the

otherwise fragile economy of Kerala, it has lead to innumerable social problems hitherto unheard of. The youngsters growing up without adequate parental controls often slips away to grey areas of enjoyments in life like alcohol, drugs and premarital sex. The psychological profile of women of the households where the husbands have left them just a few days after marriage is fertile area for an research by sociologists. There is a very high prevalence of psychosomatic illnesses in females in these areas. It is not unbelievable in Kerala that a couple may have lived together for less than 365 days altogether even after a decade of their married life!

The affluence brought by gulf money has lead to drastic changes in the food habits and living habits. Those who had frugal meals with rice, vegetables and occasional fish earlier are not only having full square meals, but instead they eat feasts for every meal. Deep fried non vegetarian food is the norm in many places. There is a surge in the number of patients presenting with obesity, hypertension, diabetes, hyperlipidemia, coronary artery disease and stroke. Fast food joints are the hot spots not only for youngsters but for the entire family as well. Almost all ultrasound scans of abdomen done on middle aged persons reveal fatty liver. Even before India becomes the diabetes capital of the world in 2025 as predicted, Kerala will become the capital of Metabolic syndrome in the next few years itself.

I have observed a drastic change in the pattern of illness in the gastroenterology ward of Calicut Medical College over the last three decades. In the eighties, chronic liver diseases constituted only 20% of the total inpatients of that ward, but now these cases occupy almost all the beds. Notably majority

of patients are having alcohol related liver diseases and most of them die during the prime of their middle age life. We are seeing more cases of NAFLD associated liver diseases and a peculiar combination of alcoholic and NAFLD type of liver diseases. We are at a loss to coin a name for this new syndrome!

Sometimes I feel God has deserted the "God's own country." There is an urgent need to formulate a long term health policy for the state. There is a need for a state level centre for monitoring and advising on control of contagious diseases like the Centre for Disease Control in the US. The rulers and planners should be willing to spend adequate funds for projects involving waste management, provision for safe drinking water and health education starting from primary schools. Public health management should be revived and should be managed professionally. The health care administrators should be professionally qualified. All administrators under the directorate of health services should be trained in public health management and administrators of government medical college hospitals should be qualified in hospital management. Government should start courses in epidemiology, health ergonomics and hospital management and willing candidates should be given in-service training and a professionally trained administrative cadre should be developed. It is not unusual to find a small firm with about 100 employees managed by professionally trained administrators. It is very unfortunate to note that the health care delivery in the state of Kerala is administered through medically qualified persons but by doctors professionally unqualified in health management aspects.

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