MISCELLANEOUS

HOSPITAL PROBLEMS

At the XIVth International Hospital Congress held in Stockholm, Dr. M. G. Candau, Director-General of the World Health Organization, paid tribute to René Sand's work. The important rôle played in the Red Cross movement is well known and the International Review *has published several studies of him, in particular one on the action of youth in the world and which he wrote when he was the League's technical adviser.*[1] *" That great humanist was among the first to realize the need of all mankind for medical care of the highest standard . . . He was one of the most influential pioneers in the field of social medicine and preventive medicine . . . "* [2]

We now give a résumé below of Dr. Candau's lecture in memory of René Sand. It deals with the vast and urgent problem of hospitals in the developing countries.

In the years that followed the Second World War very little information was available about the world's hospitals. Today a clearer picture of the situation is beginning to emerge, and it is very serious. About a third of the world's 3000 million people have access to scientific medical care services and, in particular, to well-equipped hospitals. The remaining two-thirds live in countries with rural populations amounting, in most cases, to 70%-80% of the total. Even supposing that in these countries the major towns possess hospitals giving an acceptable standard of medical care, this still leaves more than half the world's population with inadequate health protection.

Among this vast number of people the realization of what modern medicine can do for them is growing much faster than the medical facilities available to them ; even in the regions where

[1] *Revue Internationale,* June 1935.

[2] *WHO Chronicle,* Geneva, November 1965.

respect for traditional medicine is greatest, enthusiasm for modern medicine is developing explosively :

> Wherever a new health centre is opened, crowds throng. They consist mostly of sick people peremptorily claiming to be treated . . . Many of them have travelled great distances and are in a particularly demanding frame of mind after the promises—sometimes very rash ones—that have been made to them . . .

Unfortunately, the reality does not often conform to the picture of contemporary medicine—let alone its institutions—that these populations have built up, for the existing facilities soon become overburdened :

> Furthermore, as a result of circumstances that in some countries accompanied accession to independence, the potential of hospital care institutions has sometimes sunk dangerously low. With hospitals destroyed or in disrepair, fewer doctors, shortage of nurses, stocks of medicaments exhausted, technical equipment for diagnosis and treatment wearing out, the situation in many countries is more serious today than it was ten years ago.

The governments of many developing countries are in danger of being faced with an explosive situation, with increasing populations, the pull of cities, and improvements in communications all helping to swell the demand for medical care.

How are these problems to be solved ? Countries with grave economic difficulties and a serious shortage of medical, paramedical, and administrative staff cannot be advised to give priority to building hospitals. Yet, even in developed countries, only a visionary could imagine that hygiene and preventive medicine will ever abolish disease and make hospitals unnecessary. What therefore can be done about hospitals for the developing countries ?

The charitable institutions that have done so much good work in many countries find today that their traditional administrative structures are collapsing under the stress of social and technical development. Institutions deriving their resources from foundations and enjoying complete financial and administrative autonomy have now almost disappeared. One of the causes of this far-reaching change is the spectacular increase in running expenses :

The cost of hospital care is increasing appreciably faster than national incomes, and curative medicine represents in general 90 % of total expenditure on health. Of this enormous sum, hospital costs account for about half, the other half representing doctors' fees and pharmaceutical expenses.

The possibility of modifying conceptions of hospital care so as to keep its cost within the limits of budgets in the developing countries should be considered. Hospitals in these countries, although short of beds, contain a considerable proportion of the incurably sick, with the result that numbers of cases that could be cured have to be turned away. This situation arises because the criteria for admission are based on the gravity of the patient's case and not on the possibility of restoring his health. The disastrous consequences are that the effectiveness of the hospital from a public health point of view is very low, its technical equipment is under-employed, and its reputation in the eyes of the public is deplorable.

The trouble lies in the fact that the hospital today has two functions—it is, first, a scientific institution in which highly qualified staff use complicated and expensive equipment for the control of the growing number of diseases it is now possible to combat and, second, it has to fulfil an inherited social role :

> . . . it is the hospital we think of in the case of mass disaster, but it is also the hospital to which we turn to deal with the many urgent individual problems that the social services can do nothing to solve . . . it is . . . to the hospital that we take the old man with no one to turn to, the person found sick in his apartment by neighbours, children temporarily or permanently abandoned, people who have tried to commit suicide, misfits of all kinds . . . It seems that there is no way for the hospital to escape this obligation, but we must try to shorten as far as possible the stay of people with no serious illness or injury.

Hospital organization in the developing countries should therefore give priority to increasing the effectiveness of the services that already exist. Where it is indispensable to have new buildings, both speed of construction and adaptability to future conditions may be achieved much more cheaply by standardization techniques than by traditional building methods. There are good reasons for believ-

ing that the standardization of hospital units is the best answer to a problem that *all* countries are facing :

Instead of erecting monuments that are costly to construct and complicated to maintain, we are clearly going to have to work out systems allowing for quick and easy construction of sections that can go into service as soon as they are completed . . . Another possibility is to construct modern buildings in which mechanical equipment such as lifts and air-conditioning is restricted at the outset but can be installed subsequently when adequate facilities for maintenance and repair are available. This line of thinking does not by any means lead to second-quality solutions. On the contrary, it would enable the developing countries to have establishments that would not be copies of luxury hospitals but would nonetheless be modern and functional and could be built on plots of reasonable size in towns where the price of land . . . is high.

Domiciliary care as a means of relieving pressure on hospitals is a promising solution for many developed areas, but in the developing countries its general application is unrealistic because of housing difficulties caused by the rapid growth of towns :

To give proper care to a patient in one wretched room inhabited by a whole family, or even two, without potable water and without sewage disposal is an impossibility. On the other hand, decentralization of dispensaries to the urban district, suburb and country-district level leads to effective screening of patients and reduces pressure of applications for admittance to hospital. Such dispensaries could with advantage be linked to the hospitals and act as advance posts for the out-patient services.

At the same time economically feasible schemes for accommodating incurable and long-term patients could be developed . . . The problem is not a simple one, but the aim should be to ensure that priority for beds in the best-equipped hospitals goes to patients who are curable and who can contribute to economic development by going back to work.

In adapting the existing system to work on these lines, efforts should first be concentrated on the regional hospital (where the best treatment can be provided and where future key staff are trained) and next on the rural health services. Certain intermediate-level hospitals and annexes to local hospitals could house long-term patients near their families.

A sound legislative and administrative framework is essential to determine exactly the functions of each element in the network of institutions for medical care. The decentralized dispensaries and hospital out-patient services, while providing ambulatory care, are also—because of the attraction they have for the population—the places where techniques of preventive medicine can develop:

Thus it seems we are abandoning once and for all the dichotomy between curative and preventive medicine and that the tendency today is towards the integration of these two aspects in the wider framework of the public health services . . . It is not just a matter of linking two administrations more closely together but of ensuring that the individuals who provide the motive force . . .—the doctors, both general practitioners and hospital specialists, the public health workers, the nurses and social workers—collaborate more closely . . . To achieve this object there must be a health programme at national level, there must be legislative provisions and health administrators to apply them.

The experience WHO has built up since its inception proves that plans and legislative systems must be adapted to the conditions of each country. Nevertheless, in all of them, planning in the health field must take into account the inter-relationship between the curative services and the preventive programmes. The hospital plan is in fact an integral part of the health plan:

I am therefore particularly glad to note that during your previous meetings you have tackled the problem of the role of the hospital in preventive medicine, and that for this year's Congress you have undertaken a study of the integration into the hospital of a complete mental health service. That is the kind of study the developing countries need . . . Most of the developing countries, at the time they attained independence, had no other choice but to go forward if they did not want to go back a hundred years. Moreover, the former administering powers had left behind an infrastructure that was in some cases considerable, especially in regard to hospitals. But this infrastructure had been planned several decades before, and if it had to be built again today it would be given a different form. Still, it exists, and the developing countries must make the most of the heritage. It is essential that, instead of following tradition without adequate means to do so, they steer the management of their national patrimony in a different direction. A huge effort of planning is required. To be ready for it they need surveys, documentation, intellectual tools . . . It is . . . the responsibility of all of us . . . to provoke thought among those who are henceforth in charge of their own destiny,

and we should avoid proposing to them, let alone imposing on them, complicated solutions . . . excellent for countries with a vigorous and well-organized economy but unworkable in a different setting.

In developed countries, where the means are available to satisfy the demand for medical care, it has been found that the number of calls on the public health organization averages five to ten annually per head of the population. Every year at least one person in ten is hospitalized for an average of two weeks. This represents one and a half days in hospital annually for every member of the population. These are the minimum figures : we dare not yet estimate what would be theoretically justified in countries where sanitary, climatic, and nutritional conditions are such that a completely healthy individual is rare indeed.

Many years will elapse before most of the needs of the developing countries can be met. It can only be hoped that they will not reveal themselves in their fullness until it has proved possible to satisfy at least the most urgent among them.