

**A SET OF
POLICY
STATEMENTS**



CHRISTIAN MEDICAL ASSOCIATION OF INDIA

GENERAL INFORMATION

CMAI began in 1905 as the Medical Missionary Association of India. In 1926 it was renamed the Christian Medical Association of India. Today CMAI is a charitable, non profit, christian educational society working for the promotion and the maintenance of health. It acts as the official health agency of the National Council of Churches in India (NCCI) and thus is related to a wide network of Protestant and Orthodox Churches. At present member institutes are related to the following Churches: Assemblies of God, Baptists, Church of North India, Church of South India, Lutherans, Mar Thoma, Mennonite, Methodist, Nazarene, Presbyterian, Salvation Army, Seventh Day Adventists, Malankara Jacobite Syrian Orthodox, Orthodox Syrian etc.

CMAI now has about 300 institutions (hospitals, health centres, community programmes etc) and approximately 3000 individual members. It is registered in Nagpur with its headquarters in New Delhi. There is a South Office in Bangalore where the area office, Boards of nursing education and some regional activities are coordinated. Its national assembly meets at a Biennial Conference to review policies and programmes, set out priorities and to have elections. In the alternate year sectional conferences for each health professional group takes place. Regional, grass root and local activities are organised by CMAI in the 12 regions throughout India.

BASIS:

"Jesus called the twelve disciples together and gave them power and authority to drive out all demons and cure diseases. Then he sent them out to preach the Kingdom of God and to heal the sick". (Luke 9:1-2)

GOAL:

To serve the Church in India so as to equip, assist and encourage it in its ministry of healing, health and wholeness.

OBJECTIVES:

Prevention and relief of human suffering irrespective of caste, creed, community, religion and economic status.

Promotion of knowledge of the factors governing health.

Coordination of activities for training doctors, nurses, paramedicals and others involved in the ministry of healing.

Implementation of schemes for comprehensive health care, family planning and community welfare.

FUNCTIONS:

CMAI is available to the churches and members in India to provide technical, administrative and other support so as to build up their ministry and capacity to serve our people.

Fellowship: Encouraging spiritual, professional and social fellowship for members through retreats, conferences, workshops and special programmes.

Education & Training: Supporting health professional training, formal and non formal programmes, education of the public in health promotion and maintenance and continuing education for members.

Assistance & Consultancy: Facilitating technical, financial and programme assistance through specialised departments and staff.

Helping Churches: Seeks to help the churches rediscover and redefine the mission of health, healing and wholeness.

Advocacy: Promoting policies and actions that help influence others on issues of social justice, total well being and the building of healthy communities.

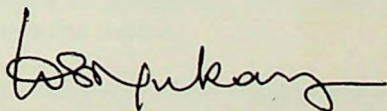
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FOREWORD

We have attempted to put together various policy documents approved by the Board, General Body and/or Assembly in the recent past. We make this booklet available for our members, Churches, well wishers and partners. What do they say? This is our effort, as an Association, to set out goals, priorities, concerns, strategy and directions at this time. This is not a substitute to our constitutional and organisational mandate to serve the Churches in India in the ministry of healing so as to contribute to making health a reality for all people of India. These statements reaffirm our commitment to health, healing and wholeness in the context of justice, salvation and well being for all mankind.

CMAI has a wonderful heritage, now over 85 years, of fellowship, service, relevance, assistance and training. We inherit this tradition which complements the compassion, commitment and care seen in many of our institutes and members. We are proud of the significant contribution christian health and medical work has made to the life of the Church and the service of humanity. We recognise the enormous challenges and possibilities today. Together, with God's help, we believe we can make a difference in and through our mission of healing and wholeness. We accept this as an integral part of the mission and witness of the Church today and rededicate ourselves, individually and corporately, to serve our Lord and His church in a ministry of healing and reconciliation and to the building up of healthy communities.



DR. DALEEP S. MUKARJI
General Secretary

February, 1992

THE HEALING MINISTRY

THE ABUNDANT LIFE promised and proclaimed by Jesus Christ is a new quality of life, the source of which is he himself, and it is a free gift of God in him. The outward working of this life is health, healing and wholeness. Health in this sense is comprehensive of the total person — physical, mental, spiritual and social — making one whole, and not merely the absence of disease. It extends further in restoring relationships between God and man, between man and man, man within himself, and between man and the whole of creation. This divine purpose for individuals and communities is the ministry of healing or of reconciliation. Such a wider and deeper understanding of healing, health and wholeness is vital to the mission of the Church in India. Therefore, we in the Christian Medical Association of India affirm the following:

1. Preaching, teaching and healing together comprise the total mission of the Church.
2. Healing, health and wholeness are God's intention for individuals, society and for the whole creation.
3. The healing ministry of the Church, therefore, announces God's work of SALVATION in Jesus Christ bringing wholeness and justice to the world.
4. The local congregation has a central role in the Church's healing ministry.
5. In the Church's mission, there is a preference for and focus on the poor, the oppressed, the most afflicted and the marginalised in society.
6. All healing is from God. In the healing ministry of the Church, Jesus Christ, in and through a congregation, institution or health professional, is always the healer.

We believe that the biblical faith calls us, indeed commands us, to a mission to proclaim the Gospel and to heal the sick. The healing ministry is an integral component of the mission of the

Church in India and elsewhere. The Christian Medical Association of India — the health arm of the Protestant and the Orthodox Churches in India — seeks to serve and support the Church to rediscover and rededicate itself to this mission. It challenges the Church to this wider understanding of health, healing and wholeness, and to go beyond community health to healthy communities. CMAI endeavours to participate in the mission of the Lord Jesus Christ, the Greater Healer.



WORKING WITH CHURCHES IN THE MINISTRY OF HEALING

POLICY STATEMENT

A. Basis:

"Jesus called the twelve disciples together and gave them power and authority to drive out all demons and cure diseases. Then he sent them out to preach the kingdom of God and to heal the sick" . (Luke 9:1-2)

B. Purpose:

To serve the Church in India in their ministry of healing, health and wholeness.

C. Preamble:

CMAI was started in 1905 and has always been a fellowship of Christian health professionals. Over the years it has welcomed into the Association doctors, nurses, paramedicals, administrators and clergy. Since its inception CMAI has maintained a relationship with the Churches, mission bodies, local christians and the then National Christian Council. In fact CMAI's initial office was with NCCI in the Nagpur campus where its present registered office still stands. CMAI's membership is now open to Christian health institutes. It has in its network members from a wide spectrum of Protestant and Orthodox Churches. CMAI has always expressed its desire, "in response to the love and command of Jesus Christ" to be involved in various aspects of "prevention and relief of human suffering".

CMAI is today a "charitable, non-profit Christian educational society " committed to work with and through the Churches to develop and support their ministry of healing, health and wholeness. Today CMAI is considered a related agency of the National Council of Churches of India (NCCI). (quotations are from CMAI Constitution).

D. CMAI Mandate

This comes from various sources. As an independent, autonomous, registered, Christian, ecumenical, educational and service association, it is from its members and the CMAI constitution that CMAI gets official goals and objectives.

1. CMAI is to "act as the health agency for the National Council of Churches in India" (from the CMAI Constitution).
2. Within the NCCI, CMAI is recognised as one of the official related agencies with its specific area to be in health and medical services. CMAI serves as the 'medical wing' of the NCCI and there is a formal relationship between CMAI and NCCI. The NCCI is the official ecumenical expression of the Protestant and Orthodox Churches in India and thus CMAI can be considered as the official health agency of the Protestant and Orthodox Churches in India.
3. CMAI membership is open to all Christian health professionals and health institutes (hospitals, health centres, community health projects and specialised health care service units). This membership is voluntary, involves a regular membership fee and expects active participation from members in the life, witness, growth and development of the Association.
4. CMAI provides a forum for dialogue, co-operation, co-ordination and support as it seeks to assist the Churches in India in various ways in their health and medical work. It is to be noted that membership in CMAI includes many individuals and institutes of churches who are not members of NCCI (eg. Seventh Day Adventists, Assemblies of God, Brethren Mission, Church of Nazarene etc). There is a separate network for the Catholic Church, the CHAI, with which CMAI has fellowship and close co-operation.

E. CMAI service to churches in the Ministry of Healing.

Essentially CMAI seeks to help the Churches build up their capacity to serve our country and her people irrespective of caste, colour, creed or community. In this process CMAI wants to be available to and supportive of the Churches in

their ministry of healing in a variety of ways. This would include :

- a) Enable a greater understanding of and commitment to the ministry of healing, health and wholeness by making available bible study and other material.
- b) Emphasis on human resource development by providing specific training and continuing education programmes for health professionals.
- c) Encouraging fellowship and common activities to share experience, build relationships and nurture people for a vocation in the healing ministry.
- d) Provide technical, administrative, educational and other assistance when requested and possible.
- e) Create general awareness within the Churches, the members and institutes about India's health needs, innovative approaches to health and medical care and new opportunities for service and witness in the healing ministry.
- f) Work closely with the Churches at various levels, their different official bodies and local congregations in strengthening and supporting the Church in this ministry.
- g) Represent the interests of the Indian Churches and their health and medical work with Government, specialised bodies and agencies in India and overseas.
- h) Participate in medical boards, councils of health or related management committees when invited.
- i) Facilitate relevant health education, communications and educational material for Churches and members through publications, newsletters, journal and distribution services.
- j) To allow for greater cooperation, links and exchange within India for the Churches and their medical work.

- k) To play an advocacy and networking role on specific issues relevant to India, the Churches and members.
- l) To be available for any programme development, advisory, consultancy or supportive role when requested by the Churches in India in their ministry of the healing.
- m) To reach Christians beyond the formal Church and mission hospital setup, especially those in government service, private practice and in other agencies so as to provide support, encouragement and guidance in their ministry.

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POLICY AND PRIORITIES

CMAI is a fellowship of Christian hospitals, health centres and programmes and of christian health professionals (doctors, nurses, paramedicals, health and hospital administrators and chaplains). It brings together about 300 institutes and about 3000 individuals in the name of Jesus Christ and committed to his mission of health, healing and wholeness. CMAI is the official Protestant and Orthodox health agency of the Church in India, a related agency within the National Council of Churches and concerned with promotion and maintenance of health of all people irrespective of caste, colour, creed or community.

In response to the love and command of Jesus Christ to preach, teach and heal, we are involved in making health a reality for the people of India. We believe there is a real and important dimension to health — spiritual well-being. We want all people to experience this understanding of health as abundant life.

We appreciate that for many in India health is not a reality. We are concerned with social justice in the provision and distribution of health services and believe people have an important part to play in their own health. We want a better life for the poor and weaker sections of our country. In this process we believe in educating, motivating and sensitising the Church, Christians, and more specifically christian health professionals, to be involved in these practical issues of health and wholeness.

CMAI wants to work with and for people so that there maybe "Health for all". CMAI accepts both primary health care and appropriate referral and training centres and hospitals in its "BOTH AND" commitment to the health of the community (community health). CMAI recognises that it is mainly the Government's duty and responsibility to provide health care services, and yet we believe that voluntary agencies have a crucial role to play in this process. CMAI emphasises its commitment to community health — an approach that takes into consideration the needs and problems of the community and begins with a strong community based primary health care system.

Community health starts with people — the community- and is a process that recognises their right to health care. It enables or empowers them to work together to promote their own health and to demand appropriate health care services. It encourages people to take responsibility for their own health and to influence decisions that affect their future. It expects health care services to be relevant, low cost, effective and acceptable to the people. It supports a referral system and states explicitly that there is a role and place for the hospital in community health.

We expect christian hospitals to be centres of corporate witness and to be well known for their sense of dedication and service. These hospitals must display quality care with competence, compassion and commitment and yet be relevant to the Indian situation. Hospitals should also be centres for training and education for people at various levels and from various backgrounds. They should support and complement ongoing community programmes and various aspects of rehabilitation, the prevention of disease and the promotion of health.

CMAI believes the healing ministry is the responsibility of the whole Church. Thus it would support, encourage and participate in study and review on the biblical and operational aspects of this mission. It can work with Churches, congregations and others in new dimensions of healing and wholeness. In keeping with our Lord's own purpose, CMAI would claim that its goal is, "that they may all have life - life in all its fullness".

With this background and after some study of the needs and problems in India, CMAI has set itself the following priorities.

1. Leadership Development:

To prepare and challenge christian health professionals to a vocation in serving the Lord and making health a reality for the people of our country. Thus people with competence and commitment need to be found, nurtured and encouraged in their service. Human resources development of staff, students and the community itself, becomes important.

2. Community Health :

To create awareness, understanding and support for the principles and practice of community health with special emphasis on community based health care. In this context to work closely within the health policy of the Government of India and to give priority to the central and northern parts of India where the needs and problems are greater.

3. Helping the Church in Health and Healing :

As an official Church-related agency and realising that our Lord's commission to heal is given to all, CMAI needs to work within the Churches to help people participate in the healing ministry. Health becomes a social justice issue and Churches, congregations and christian health professionals need to be involved in building a society where justice, dignity, equality and health abound. CMAI is committed to working with and through the Churches in the ministry of healing and wholeness.

4. Revitalising Hospitals and Health Institutions :

CMAI should help these institutions to regain their vision and purpose, becoming alive to the changing environment and working conditions. These centres need to be more effectively and efficiently managed and to become resources for education and service in the country.

5. Building up CMAI :

As a christian fellowship committed to making health a reality in India, CMAI needs to build up its membership, infrastructure, staff and resources for strengthening its service. It can give direction and leadership in christian medical work in India. Manpower development and financial stability are crucial areas of concern for CMAI itself.

6. Giving Community :

CMAI and the Church should seek out ways to extend their services to other countries and communities who may have greater need. This concept of sharing our resources and expertise will allow us to grow and to participate in international fellowship and solidarity.

COMMITMENT TO COMMUNITY HEALTH

1. Community health is an approach to health care services. It takes into consideration a philosophy, attitude and commitment of working with people to help them help themselves. It is not a project, department or funding system.
2. Community health focuses on the promotion and maintenance of health and gives priority or emphasis to the health team, primary health care and community needs.
3. Community participation is an essential component of community health. This recognises the potential role of others to help educate, organise, mobilise and support community development activities where the people have a say in and control over their own future. Community participation thus becomes involved in people's democratic rights and their contribution to the development of their society and nation.
4. In community health there is a recognition of a three tier system of primary, secondary and tertiary care appropriate to the needs of the community and the resources available. Therefore this approach accepts the role and potential of the hospital as integral to the understanding of community health. A commitment to community health is not necessarily anti-hospital. Yet the hospital needs to be supportive of community health and to recognise and accept this wider concern in health care services.
5. In the provision of services in community health there is a bias towards those who are oppressed, exploited, the poor and the marginalised. Thus priority would be given to rural areas and urban slums. Special groups for concern would be women, tribals, dalits, small marginalised farmers and landless labourers.
6. The organisation of services under community health would be appropriate, acceptable, easily available and affordable. It would be cost effective and willing to use unskilled, semi-skilled, adequately trained local health personnel.

7. There is a place for voluntary agencies in community health.
8. Community health accepts that health cannot be improved by health services alone; health and development need to be interlinked and interdependent.
9. There is a place for appreciating local customs, traditions, beliefs and health care systems and relating health services to the culture and socio-economic situation of people. Appropriate indigenous medical practices and trained practitioners, or traditional birth attendants are encouraged in community health.
10. In the final analysis Community health is not apolitical. If it concerns the welfare of people and the provision of adequate and appropriate health care then health becomes a social justice issue. It is concerned with structures and systems of society that seem to benefit a few at the expense of many.



FUND RAISING

Introduction :

CMAI is the official Health agency of the Protestant and Orthodox Churches of India with a special relationship with the National Council of Churches in India. Its primary concern is to serve the Church and its members in the ministry of healing, health and wholeness. In this process it gives emphasis to fellowship activities, education, training, assistance and consultancy services and shares resources, when available, under specific programmes of CMAI. CMAI is not a funding agency nor an agency that channels funds for others. As an association concerned about christian health and medical work in India, it works with its member institutes, structures of the various denominational health or medical boards and the Church related institutes or agencies. CMAI's staff, programmes and other resources are for assisting the Church in healing and wholeness. We have stewardship over these resources and want to use them in the name of Jesus Christ to serve our country and our members.

Principles:

With this background CMAI sets out certain principles on fund raising to be a reference for future activities in this area:

1. CMAI raises funds only for its own programmes under policies and priorities set out from time to time. These are used for fellowship, education, communications, advocacy, training and assistance to members where appropriate.
2. CMAI does not raise funds on behalf of its members/Churches for their projects that they want followed up. CMAI may give technical advice in the development of the project if requested.
3. CMAI has a commitment to a Programme Development and Advisory Service (PDAS) for its members. This can be in project planning, proposal writing, monitoring, management

and evaluation. Consultancy services by its staff and members can be arranged. CMAI's primary response in this area is at the request of its members. CMAI can and does respond to requests from resource agencies.

4. CMAI does not want to be a channeling agency for funds.
5. CMAI recognises and accepts traditional, bilateral and denominational linkage in health and related areas.

CMAI has no problems with this and where appropriate will work with and through the structures and systems of the Churches and members. CMAI suggests assistance in health care in India be also seen from a national perspective and a commitment to community health.

6. In its programme of assistance and support, CMAI will give priority to the poor, the underprivileged and the weaker sections of the society. Emphasis will also be given to weaker states, tribal communities and small Churches and institutions who have potential for service.
7. CMAI seeks new models of partnership, assistance and relationship in the Indian context and with international agencies. Yet in allocating funds of CMAI it will make its own decisions on the funds raised and distributed by it for programmes approved.
8. CMAI will make every effort for long term financial stability for its core, essential and organisational activities. This would include funds from members, Churches, Government, endowments, investments and long term partnerships with agencies in India and overseas. CMAI will emphasise its own capacity building which should include the development of staff, programmes, infrastructure, facilities and resources.



ASSISTANCE

CMAI has a mandate to assist and support the Church in India in its healing ministry. Thus the resources to CMAI -staff, funds, equipment, etc. - are a means to an end. CMAI assistance can be in cash or kind and uses also the wider resources of its members with their experience, expertise and facilities. This could include consultancy services, training, scholarships, information, help with formalities, interpretation, project or programme development, monitoring or evaluation. CMAI's assistance is to encourage, strengthen and enable the Church to new dimensions and challenges in its mission of health, healing and wholeness.

There are certain guidelines, principles and criteria set out by the General Body or Board from time to time that govern the process of assistance and support. These are summarised below :

1. CMAI assistance will be in the context of objectives, policies, priorities and programmes of the Association as approved by its members.
2. CMAI assistance is primarily for our institutional and individual members. CMAI assistance is only available to christian agencies. Churches and church-related organisations which are in the healing ministry are invited to become members of CMAI.
3. Requests for assistance must be made through the proper channels and when necessary in the prescribed forms. All requests have to be reviewed, screened and evaluated before approval decisions are made. This is done through the appropriate system of CMAI.
4. CMAI seeks to work with and through the Church medical boards, committees or councils of healing. It is the desire of CMAI to strengthen these denominational structures and systems so as to give support and direction to christian health and medical work.

5. When funds or assistance are to be given formally, necessary agreements are to be signed by CMAI and the concerned agency or individual. CMAI will bear no liability for staff, services or facilities enabled by CMAI assistance. The member institutions are required to submit necessary reports, accounts, audit statements, etc., and to allow CMAI staff to visit and see the work when necessary.
6. All institutional recipients of financial assistance from CMAI must be registered with Home Ministry (GOI) under the FCR Act and fulfill the requirements under this Act for funds received. CMAI will consider transfer funds through a parent body registered under the Act if the member institute is not registered.
7. Criteria for selection of beneficiaries under various schemes have been drawn up by CMAI. The following are priority considerations for CMAI :
 - a) Weaker States : Essentially central, north and north east areas of India.
 - b) Rural areas.
 - c) Institutions that primarily serve the weaker sections — the poor, scheduled castes, tribals, women, slum dwellers, disabled — and when they can, help in times of natural or other calamities.
 - d) Smaller institutions with adequate infrastructure and potential to use assistance well.
 - e) Smaller Churches and their institutions which do not have easy access to funds and traditional partners.
 - f) Institutions, programmes and projects involved in the priority concerns of CMAI and those that enable it to fulfill its functions and objectives.
8. CMAI staff are expected to be involved in selection of beneficiaries and follow-up of schemes of assistance through proper monitoring, encouragement, evaluation and per-

formance review. Financial review is also necessary.

9. CMAI assistance must be seen as capacity building so as to strengthen the capability of the institute to carry on the task and to be committed to the programmes. Infrastructural development needs to be considered in order to enhance the potential of the implementing institution to continue the activities when CMAI funds and assistance cease.
10. Assistance is only one function of CMAI and must be seen in this context. CMAI is primarily a fellowship of Christian health institutes and professionals. CMAI has other activities and programmes and these assistance projects are to help CMAI to influence and encourage the Church in its health, healing and wholeness mission.

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GUIDELINES FOR A CHRISTIAN MISSION HOSPITAL

1. The hospital should be an expression of witness, mission and concern of the local congregation and the Church in the ministry of healing and wholeness. This should manifest itself in good relations between Church and hospital with understanding, support, mutual respect and concern.
2. The life and service of the hospital should emphasise the love of Jesus Christ who should be a very real presence within the institute. It is in the name of Jesus Christ and for his glory that the work is undertaken. The hospital should contribute to the building up of the kingdom of God.
3. Christian hospitals should be managed effectively and efficiently. There should be stewardship of resources and a commitment to accountability.
4. The practice of wholistic health services should be considered in the care of patients, families and communities. Wellbeing of the whole persons, body, mind and spirit is the essence of care for patients. A chaplaincy service should be an integral component of the hospital.
5. Christian hospitals are recognised for their sense of compassion, concern and consideration. Staff should be committed to and in sympathy with the aims and objectives of the hospitals.
6. Teamwork, good interpersonal relationships and integrity of service should be evident in the running and management of the hospital. Staff welfare and proper personnel policies are important components of a larger human resource development commitment.
7. These hospitals must be centres of excellence, up to date care and socially relevant. This would differ with circumstances and the local environment.
8. Hospitals are part of ongoing health care services. Both the staff and management should be committed to community

health which recognises a role and place for the hospital but supports and develops community based primary health care and outreach.

9. In all services and training there should be a preferential bias towards the needs and problems of the poor, the marginalised, the weaker sections and the care of the neglected.
10. Christian hospitals must also be centres for training, research and innovative care. Education and training could be formal and nonformal and should be part of a commitment to manpower development and helping people to help themselves.

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GUIDELINES FOR CONSULTANCY SERVICES

1. Background

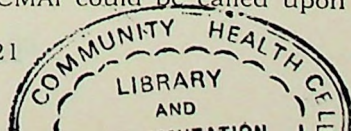
CMAI is committed to assisting the Churches in India in the healing ministry of health, and wholeness. One of CMAI's functions has been and will continue to be in consultancy and advisory services. As the official health agency of the Protestant and Orthodox Churches and related to the NCCI (National Council of Churches in India) CMAI gets requests in this area from members, churches, institutes, resource agencies and others. CMAI has avoided becoming an agency of donors, a funding agency, a channeling agency or one that screens projects for resource agencies. CMAI wants to work with its members, Churches, donominational structures and Christian health agencies or institutes to help strengthen support and give leadership in christian health and medical work. Within its staff and amongst its members there is experience, expertise and commitment. These resources can be channeled and used to help in this mission by the consultancy and advisory services.

2. Basic Reasons for these Services

- a) To use the resources of CMAI, both within the staff and amongst members, to help and serve the Church and our country in the ministry of healing and wholeness.
- b) To influence, support, strengthen and encourage christian health and medical work in India to seek out new opportunities, improve relevant facilities and services and be of benefit to the people of India, especially the poor, the marginalised and the oppressed.
- c) To facilitate some income for CMAI to help in its efforts for financial stability.

3. Who could Use these Services

These services would be primarily for CMAI members, Churches and church related agencies in health. Others could invite CMAI to come and assist. CMAI would respond to requests from overseas selectively and in the interests of its image, objectives and resources. CMAI could be called upon by



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resource agencies to help them when appropriate. CMAI will be sensitive to the interests of members and Churches in India and its own policy not to become a screening, funding or channeling agency.

4. How would these Services be Organised.

Requests would come to the General Secretary. These would be considered according to policy, time and staff available. Someday there may be a coordinator for these services. Some essential points:

- (i) CMAI could use its staff (area office, sectional secretaries and heads of departments, etc.) or members.
- (ii) CMAI would expect travel, board and lodging to be fully covered by the agency requesting this service.
- (iii) CMAI would charge a consultancy fee on a per diem basis. This will depend on the nature of work, the time taken, the agency requesting services and other factors.
- (iv) Staff involved in consultancy services do this under the staff service rules.
- (v) All information, data, documents and research materials used in consultancy services and collected by staff or other consultants shall be the exclusive property of CMAI and the concerned institutions and not that of the consultants.
- (vi) Specific contracts will be made with consultants who are not staff.
- (vii) All consultancy is done within the context of the objectives, functions and policies of CMAI.

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FAMILY PLANNING POLICY

1. CMAI will continue its commitment to assisting and supporting its institutional members in the development and implementation of their family planning services, emphasising informed voluntary choice by the clients, in keeping with Government of India policy on population stabilisation.
2. Specific areas of concern and priority :
 - a) To integrate family planning services within an overall community health approach with priority to community based primary health care.
 - b) To make special efforts to give priority to central and northern areas and weaker institutions so as to assist them to improve the family planning services.
 - c) To emphasise the introduction and acceptance of temporary measures especially to delay the first child and space the second. This is to be done by a variety of approaches including :
 - (i) Special training of CMAI staff and key personnel in member institutions.
 - (ii) Special education and mass communications programme coordinated by CMAI headquarters and adapted to areas of India.
 - (iii) Allowing for innovative micro-projects to reach priority institutions with necessary flexibility in service and methodology to achieve results in family planning, especially acceptance of temporary measures.
 - d) To consider the possibility of action research/study in temporary measures and innovative approaches to family planning services.

ABORTIONS

CMAI recognises that in India, medical termination of pregnancy (abortion) has been legalised by Government under certain rules and regulations. People, professionals and institutions, have often asked for a comment from CMAI and guidance on how christian institutions should react to this issue. CMAI encourages the Churches, its members and institutions to initiate dialogue and discussions amongst staff, professionals and others on abortion and the policy for the Church or institution on the same. CMAI recognises that mission hospitals are often under control and managed by various Protestant and Orthodox Churches, and it is important for each Church to make such a study and give guidelines to its members and institutions. We advise our institutions where abortions are done that no staff member be forced into this situation and service without their consent and that adequate counselling, support and follow-up be given to both parents where abortions are desired. Abortions should not be an essential part of family planning services or birth control. CMAI calls the National Council of Churches in India, the various sections of the CMAI, the Churches and others interested to continue to study, pray and discuss this issue so that each individual and member institution can develop their own policy on the same.

CMAI refuses to financially support staff, services and equipment that may directly be used for abortion. Whereas it educates its members and others about the larger personal, medical, ethical and social aspects of the issue, it would not give technical education and guidance on how and when to perform abortion. CMAI has not and will not use its staff or resources to fund, assist, support, encourage or promote abortion. It can assist its members and the churches to develop their own policies in this area.



DIRECTIONS FOR DEVELOPING STUDENT ACTIVITIES

A. Target :

Christian health professional students studying in christian, government and other institutions.

B. Aims :

1. To lead students to a personal knowledge and experience of Christ as Lord and Saviour.
2. To expose students to the christian understanding of healing, health and wholeness and the Church's ministry of healing in India.
3. To make students aware of the needs and problems of India with an orientation to the contemporary problems of ill-health, medical ethics and socio-economic inequalities.
4. To present the healing ministry as a christian vocation, thus having an opportunity for students to be actively involved in one of the formal avenues of the church's commitment to healing and wholeness.

C. Method :

1. Work along with existing structures as far as possible to revitalise them and to open up a wider vision and fellowship with the rest of India.
2. Organise conferences and retreats locally, regionally and statewise where there is a considerable collection of christian medical students, in order to exchange experiences and share in fellowship with others.
3. Organise work camps so as to expose health professional students to the needs of the rural poor in India, to help them get an understanding of the health and socio-economic status of our country and to be concerned about the needs

and problems of the poorer, weaker and marginalised sections of our society.

4. Where possible arrange interaction between students of medical and theological disciplines.
5. Encourage mature christian health professionals and CMAI member institutions to develop pastoral concern for those under training in government and secular institutions by sponsoring a small number of students from those institutions.
6. Produce literature and study materials to help in the growth and nurture of health professional students.
7. Plan for regular students' conferences at suitable places where representative students can discuss issues of national concern.
8. Build relationships with similar agencies like E.U., S.C.M., etc and plan joint ventures in student nurture and involvement in christian witness as health professional students.

D. Note :

1. At present the student chaplain will work along with the chaplaincy section, but will make full use of the personnel resources of the other sections of the CMAI.
2. By students we understand, medical, nursing and paramedical trainees, though the most neglected area at present is the medical students being trained in institutions other than christian. We will keep the vision and concern for all students in health professional training clearly before us.
3. It also includes our concern for students under training in christian institutions. It may be necessary to organise missions from these institutions to other centres and the infrastructure of CMAI should be made use of for this purpose.

B. Conclusion :

The church has been putting in large resources in men and money for the nurture of students in our prestigious medical institutions, not realising that more of them who can be available for developing personnel in mission hospitals are being trained in institutions other than christian ones. The major thrust in healing ministry today has to be from outside the institutional work the churches have developed. It should be based in the local congregation and be concerned with all aspects of health, healing and wholeness. As such, the nurturing and development of student work is of paramount importance to the mission of the Church for the future of India.



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CODE OF CONDUCT FOR CHRISTIAN DOCTORS.

"Your light must shine before people so that they will see the good things you do and praise your Father in Heaven".

Mathew 5:16

1. In my profession I will serve my Lord Jesus Christ and give Him the glory.
2. I am committed to daily prayer, participation in christian and church activities and constantly seeking God's will and guidance in my life.
3. I desire to serve God by helping people, thus I will show concern for the health of my patients, their families and the society from which they come.
4. My practice of medicine is in the context of the healing ministry of our Lord Jesus Christ. In this I would be concerned with wholistic health care which includes physical, mental, social and spiritual well-being.
5. I will observe the highest ethical and moral standards in medicine, in related areas of health care and in my personal life.
6. I will endeavour to always observe rational drug therapy in what I prescribe and practice. I will not be influenced by medical representatives, significant gifts or any other benefits in how I carry out my profession.
7. I will not undertake any unnecessary, illegal or unethical investigation, surgery, research or treatment in my work.
8. I will build good relationships with my colleagues in the health team.
9. I will observe an appropriate simple life style and maintain a concern for the poor, the weaker sections and the marginalised.

10. I will endeavour to continually update my knowledge and skills so that I can provide the best in health services of which I am capable.

With God's help I pledge to observe this Code of Conduct.

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CODE OF CONDUCT FOR CHRISTIAN ADMINISTRATORS

Do not conform yourselves to the standards of this world, but let God transform you inwardly by a complete change of your mind then you will be able to know the will of God - What is good and is pleasing to him and is perfect (Romans 12 : 2)

This code is not a law but standards of moral behaviour. It intends to guide the Administrator in attaining a high level of competence in administration and management of health organizations. The administrator commits himself to the following standards on conduct.

1. The Administrator shall be a christian witness in his work and individual life spending time in prayer, meditation on the word of God and in fellowship with co-believers, always seeking guidance from God in all he does.
2. The Administrator shall constantly strive to develop his professional knowledge and skills with the humility to learn from others and channel his energies into those avenues which best utilise his abilities. He will share his knowledge with his colleagues in order to improve his colleagues skills in administration and management.
3. With the best interest of the patient, the community and the institution as the ultimate goal, the administrator shall perform his duties and responsibilities with deligence and faithfulness, striving always for the better.
4. The Administrator shall recognise the worth of each individual, respect the rights and beliefs of others and will not discriminate against others because of caste, sex or creed.
5. The Administrator will have the insight to develop a personal philosophy in order that his individual goals be in consonance with the institutional goals so that his life may have more meaning and satisfaction.
6. In public dealings and relationships with colleagues, the administrator will behave with dignity, courtesy, and due respect towards members of the health team.

7. The Administrator will have the sensitivity in meeting the needs of people as they work at accomplishing their jobs and will never use his position, office or influence for selfish personal gains.
8. The Administrator shall work in a collaborative and co-operative manner with other health care professionals and recognise and respect their particular contributions within the health care team.
9. The Administrator shall not yield to unlawful gratification and favours and shall not be influenced by any person directly or indirectly who may persuade him to do something or abstain from doing something against the interest of the institution.
10. The Administrator shall adhere to the local and national laws, rules and regulations enacted and amended by appropriate authorities from time to time. He will make special efforts for the implementation of such rules where ever applicable.

Passed by Executive of Administrators Section in its meeting on 7th May, 1991 vide minute no. 8.00.



**GUIDELINES TO MISSION HOSPITALS
FOR
IMPLEMENTATION OF RATIONAL DRUG POLICY**

1. Obtain sanction from the Church Medical Board and the Governing Body of the hospital for implementation of rational drug concept and policies.
2. Set up a formulary pharmacy and therapeutics committee (hereafter referred to as 'The Committee').
3. The Committee should review the CMAI formulary and adapt it to local needs on the guidelines suggested. It should also review the formulary once every year and update it.
4. The Committee should lay down policies for selection of drugs, selection of supplier, placement of orders, use of generic names etc.
5. Hospitals should be actively involved in updating knowledge through continuing education by organising staff seminars, internal meetings, workshops, exchange of visits with other institutions etc.
6. Institutions should train all levels of personnel (administrators, doctors, nurses, pharmacists and other health care workers) in rational therapeutics either with local resources or through courses organised by CMAI or any other motivated agency.
7. Contact with representatives of drug companies should be limited to very few individuals.
8. Coercion of the hospital management into purchase of irrational medicines by employment of unethical means should be prevented.
9. Hospitals in the same region and/or under the same management should take advantage of low cost drug distribution units and explore possibilities for group purchasing.

10. Hospitals should implement standard procedures for procurement, storage, inventory control, distributions and record keeping.

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GUIDELINES FOR IMPLEMENTATION OF RATIONAL DRUG POLICIES

Recommendations of the Study commissioned by CMAI on drugs, equipment and supplies relate to the following areas :

1. Education and awareness building amongst members and public.
2. Hospital formulary to be prepared and introduced.
3. Better pharmacy management encouraged at all levels in member hospitals.
4. Rational drug newsletter to be initiated.
5. Support already existing lowcost distribution units and develop necessary linkages for satisfactory supply of rational medicines to member hospitals.
6. Networking with other agencies in India and overseas on issues concerning rational drugs, equipment and supplies policies.
7. Training of three groups of personnel - such as doctors, business administrators and pharmacists.
8. Data bank on rational drug therapy to be developed at CMAI headquarters in consultation with others.
9. Centralised purchasing and distribution centres on a regional basis.
10. Facilitating quality control of medicines used by member hospitals.

The CMAI Board (Dec. 1989) has generally approved these recommendations to CMAI and has requested that the Association give priority to education and awareness building in various ways. CMAI should not be involved in centralised purchasing and distribution centres directly nor should it establish a quality control centre for medicines.

HEALTH COMMUNICATION AND COMMUNICATION ACTIVITIES

I. Introduction:

Since 1905 CMAI has been involved in the publication of text books, a journal, health education material and distribution services. Today CMAI is regularly producing these communications material for its members, Churches and a wider public. It is necessary to review the process, clarify the purpose and organise the systems for this important aspect of CMAI activities.

II. Goals for the CMAI Communications Activities:

CMAI has a mandate to help assist and support the churches in India in their ministry of healing, wholeness to help build a healthy society. In this process CMAI is involved in education, awareness, training, technical assistance and fellowship building activities. It seeks to strengthen the capacity of Indian Churches to be effective in this ministry. With this background CMAI affirms that communications is an integral and important component of its activities. This complements and enhances CMAI's intention to influence, orientate and sensitise the Churches, members and the wider public to christian concerns in health.

Thus CMAI should establish a communications cell. It should have the technical, managerial and ideological capability to maintain high standards, project CMAI's image and concern and support CMAI's other programmes. It needs to work with all the staff involved, develop adequate systems and allow for an optimum balance of centralisation and decentralisation.

CMAI's Communications Cell should provide:-

- i) Professional and technical backup for communication requirements of CMAI sections and activities.
- ii) Project and promote CMAI concerns.

- iii) Be an effective vehicle for the ideological and theological thrust of the Church's healing ministry.

III. Overall objectives for CMAI Health Education and Communication Activities:

1. To support CMAI educational and advocacy campaigns.
2. To complement CMAI formal and non-formal training programmes.
3. To help sensitise the CMAI network about India's health needs and to strengthen the Churches' involvement in the healing ministry.
4. To run this activity as an income generating programme to help contribute to CMAI sustainability.

IV. For whom is CMAI Health Education and Communications Material intended:

- a) Primarily for CMAI members - health professionals, institutes and programmes throughout India.
- b) For the churches - the Protestant and Orthodox Churches for whom CMAI acts as the official health agency.
- c) For students, trainees and health professionals.
- d) For a wider public interested in health issues and wanting to contribute to making health a reality for the people of India.

V. What material will be produced and distributed:

Essentially CMAI will continue its present approach to produce:-

- a) Text books and educational material for students and trainees.
- b) General health education and communication material which will include brochures, posters, handbills, AV

aids including slides, videos and newer innovative material when necessary.

- c) CMAI regular newsletters, reports, information sharing and publicity material.
- d) Specific health education material on behalf of others on agreed terms and to act as an information service on health related communications material.

VI. Steps to implement policy:

- i) Develop and strengthen CMAI communications team with adequate resources, mandate and responsibility to work with others and support CMAI's goals.
- ii) To consider the appointment of additional staff and acquisition of supportive help subject to the approval of appropriate authorities.
- iii) To purchase a DTP to help in the activities of the cell.
- iv) To make the necessary constitutional and organisational changes to form a Communications Advisory Committee to give overall direction to the activities of the cell. The chairperson of this committee should continue to be an office bearer.
To consider additional constitutional amendments to protect the interests of CMAI and recognise the wider role and function of communications.
- v) To be able to develop mailing lists, appropriate software and systems to fulfill the various functions related to communications policy and production including distribution and supply of material.
- vi) CMAI shall not publish any material that comes under the consideration of a registered newspaper.
- vii) To make CMAI more attractive, readable and useful to members and churches. The present editorial policy is acceptable but efforts need to be made get it to a wider

audience. This would include improvement of presentation and layout, articles of interest to members, serials, book reviews, interviews etc.



GENERAL POLICIES

(i) On Advertisements from Drug Companies.

CMAI will not seek nor accept advertisements for the journal, souvenirs, publications, conferences etc. from drug companies. This is in keeping with our commitment to a rational drug policy and our desire not to be influenced in any way by these companies.

(ii) On Smoking.

CMAI observes a no smoking policy in its meetings, workshops, offices and gatherings. We believe smoking is injurious to health and would not encourage smoking in any way. We urge members, Churches and hospitals to also create no smoking zones and to publically support a campaign to discourage smoking.

(iii) On Capitation Fees.

CMAI strongly opposes the payment of money as fees, donations and compulsory contributions that influences the selection of candidates for training in health courses. We ask our members to avoid any payment of such fees in courses run by them and to come out strongly against the concept of 'capitation fees'.