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medico friend circle

A NATIONWIDE PLATFORM OF

SECULAR, PLURALIST, AND

PRO-PEOPLE, PRO-POOR HEALTH

PRACTITIONERS, SCIENTISTS AND

SOCIAL ACTIVISTS

● HISTORY

The medico friend circle (mfc) is a nationwide platform of secular, pluralist, and pro-poor health practitioners, scientists and social activists interested in the health problems of the people of India. It was set up in 1974 as a response to people's general disenchantment with the educational system and the developmental paradigm that the country was following. Since then, mfc has critically analyzed the existing system to evolve a humane approach towards health care.

● PERSPECTIVE

Health care in India today is not geared towards the needs of most people, particularly the poor and the rural segments of our society. Since the health care system is a part of the overall social system, the fundamental changes necessary to make it relevant to most people will occur only as part of a larger social transformation. mfc seeks to build a nationwide movement committed to this philosophy and this goal, based on inclusive debate, dialogue, sharing of experiences and towards action on issues of common concern.

mfc on the existing health care system in India

Though there has been a rapid growth in government health care services after independence, the private sector is increasingly becoming the major provider of medical care in India. Like any other commodity, private medical care is accessible only to those who have the money to pay. It is governed by the personal interests of the medical profession and the drug industry, which leads to several kinds of malpractice and harm to consumers.

mfc believes that health care must be available to all people irrespective of their ability to pay. It should be guided by the needs of our people and not by commercial interests.

This requires strengthening of public health services, regulation and alignment with people's needs.

Medical practitioners are concentrated in cities nd towns because people here have greater urchasing power than those in rural areas. Also, medical professionals tend to come from upper llass and caste backgrounds and want services and nfrastructures often lacking in rural areas. This rowding of doctors in urban areas is also partly esponsible for an excess of specialists which n turn has reduced the general physician to a ough and cold' doctor. Moreover, hospital-based raining by westernised and urban-oriented pecialists produces graduates conditioned to rban and hospital practice. Therefore, even fter a prolonged and expensive medical training ubsidised by the government, medical graduates re not capable of appropriately responding to lhe needs of people in rural areas and urban llums.

mfc attempts to work towards a pattern of medical and health care, supported by the appropriate medical education, which will place emphasis on the needs of those in rural areas and in urban slums, where most people live.

. number of innovative field experiments have hown that many common health problems in ndia can be taken care of by community-based ealth workers if they receive limited but good uality training and adequate support from the ommunity and the health system. A health are system based on such health workers and upported by referral services of doctors is ore appropriate for a developing country like ndia. Such a system will also demystify medical nowledge, making it more accessible to people to e partners for health.

mfc works towards popularisation and demystification of medical science and the establishment of a health care system in which all categories of health professionals are regarded as equal members of a democratically functioning team with the community at the core.

The health care industry today requires a growing market for drugs and medical therapies and this is partly responsible for medical practice being reduced to curative services. This denigrates the primary role of social and other measures that prevent illness and promote good health. Medical interventions such as drugs, surgery and even vaccines have contributed only marginally to the improvement in people's health.

While we recognize the importance of curative technology in saving people's lives, alleviating suffering or preventing disability, we stress the primary role of preventive, promotive and social measures to solve health problems on a societal level, and a facilitating environment to put these into practice.

The government health sector is not commercial, and primary health centre (PHC) doctors are supposed to emphasise preventive medicine. However, a large part of the resources of the PHC is spent on "family planning programmes" or the population control agenda. These promote invasive, hazardous contraceptives targeting women; women are seen only as child bearers; and health programmes for women are geared only towards maternity and contraception.

mfc calls for a sensitive and comprehensive public health system that caters to the broader health needs of people, and for mechanisms for active participation by the community in planning, control and carrying out preventive and promotive measures in health.

In the present health care system, non-allopathic therapies are given inferior status. Allopathic doctors call non-allopathic practitioners 'quacks', with little knowledge about their system of medical care. Equally unscientific are the claims of success made by some non-allopathic practitioners and drug companies. Prejudice, ignorance and self-interest have prevailed over open-minded scientific thought in this important area of medical care.

Research on non-allopathic therapies must be encouraged by allotting more funds and other resources so that such therapies get their proper place in our healthcare system

Medical practice as it exists today reflects and reinforces some of the negative, unhealthy cultural values and attitudes in our society: glorification of money and power, division of health workers into intellectuals and manual workers, and domination of men over women, of urban over rural, and of foreign over Indian.

mfc works towards health care services based upon human values, concern for human needs, equality and democratic functioning.

• ACTIVITIES

mfc members are spread out across the country and engaged in various activities from service delivery to research and policy analysis in a range of health-related disciplines. There is also participation from students of medicine and the broader social sectors who are in search for alternatives.

The *mfc bulletin* has been published regularly since 1975 and has been the main medium through which members share their experiences. Articles

Gujarat after the 2002 communal riots, and on to Dantewada to study the public health scenari in the Salwa-Judum camps. Most recently, it ha been part of the nationwide campaign aroun the arrest and conviction of Binayak Sen. mfc an active founder member of the All India Dru Action Network and of the Jan Swasthya Abhiya (People's Health Movement-India).

• PUBLICATIONS

1. *In search of diagnosis: Analysis of the preser system of health care.* Ashvin Patel, editor. Firs published 1977.
2. *Health care - which way to go?* Abhay Bang an Ashvin Patel, editors. First published Octobe 1982.
3. *Health and medicine - under the lens.* Kamal J Rao and Ashvin Patel, editors. Octobe 1985.
4. *Medical education re-examined* Dhruv Mankad editor.1991
5. *The Bhopal disaster aftermath: an epidemiolog cal and socio-medical survey.* 1985
6. *Distorted lives: women's reproductive health an Bhopal disaster.* 1990.
7. *An epidemiological review of the injectabl contraceptive Depo Provera.* C Sathyamal (jointly published by mfc and Forum fo Women's Health), 2000.
8. *Carnage in Gujarat: a public health crisis.* 2002
9. *Where there can go no doctor. Report of fac finding team to Dantewada* (jointly publishe by mfc and JSA), 2007.

All back issues of *mfc Bulletin* are available o the website www.mfcindia.org

• MFC'S ORGANISATION

mfc is a loosely knit group of friends from variou backgrounds, medical and non-medical, ofte differing in their ways of thinking and mode

of action. The working 'core group' consists of members who are consistently active in mfc and prepared to give time and energy for its organisational growth. Newcomers are encouraged to join the working group.

The mfc convenor is chosen from among the members and serves for a term of two years, with support from an executive committee. Decisions are based on consensus, with the convenor and executive committee facilitating the process. The editor and the editorial committee of the bi-monthly *mfc bulletin* are responsible for its publication.

Membership requests may be sent, along with a brief introduction, to any member or the convenor. Application forms may be downloaded from the website http://www.mfcindia.org

mfc does not receive any external funding and functions on the strength of the voluntary efforts and contributions of its members.

mfc is registered under the Societies Registration Act /1860 (MAH/902/Pune/81) and the Bombay Public Trust Act, 1950 (Reg.No.F 1996, Pune).

Registered office

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