
 ANNUAL MEETING OF THE CATHOLIC HOSPITAL ASSOCIATION OF INDIA--1984

Workshop on: TOWARDS A PEOPLE-ORIENTED DRUG POLICY

Program

- | | | |
|-----------------|---------------------|---|
| <u>23.11.84</u> | 3.00--4.00 pm | Inaugural Mass |
| Friday | 4.30--6.00 pm | <u>Inaugural Session</u> |
| | | <u>Keynote addresses:</u> |
| | | 1. Prof RK Anand, Paediatrician,
Consumer Guidance Society of
India, Bombay |
| | | 2. Representative of GK Project,
Bangladesh |
| <u>24.11.84</u> | 9.00--9.30 am | Introduction to Workshop, Objectives/
Program |
| Saturday | 9.30--11.00 am | SESSION I: UNDERSTANDING THE PROBLEM |
| | | <u>Speakers</u> |
| | | 1. <u>Dr B Ekhal</u> , President, Kerala
Sastra Sahitya Parishad,
Trivandrum: <u>The Indian Drug
Scene--Drugs and the industry
and government policy.</u> |
| | | 2. <u>Mr Augustine Velliath</u> , Voluntary
Health Association of India,
New Delhi: <u>Ten Commandments of
the Drug Industry.</u> |
| | | 3. <u>Dr CM Francis</u> , Co-ordinator,
Continuing Medical Education,
Christian Medical College, Vellore:
<u>Drugs and Primary Health Care.</u> |
| | 11.00--11.15 am | TEA |
| | 11.15 am to 1.00 pm | SESSION II: DRUGS AND THE HEALING
MINISTRY |
| | | <u>Speakers</u> |
| | | 1. <u>Fr George Lobo</u> , Papal Seminary,
Pune: <u>Ethics of Prescribing.</u> |
| | | 2. <u>Fr John Desroches</u> , Centre for
Social Action, Bangalore: <u>Church
Health Services--a social analysis</u> |
| | | 3. <u>Prof. George Joseph</u> , Council for
Healing Ministry, Madras:
<u>Professionals in the Church--
an introspection.</u> |
| | 1.00--2.00 pm | LUNCH |
| | 2.00--4.00 pm | <u>GROUP DISCUSSION I: FACILITATION TEAM</u> |
| | | a. Identifying the causes of the
problem |
| | | b. Identifying barriers to Action |
| | | c. Discovering our involvement in
the problem |

:2:

24.11.84
Saturday
(contd...)

4.00--4.30 pm
4.30--6.00 pm

TEA
SESSION III: TOWARDS RATIONAL
THERAPEUTICS
Speakers:

1. Dr Mira Shiva, Co-ordinator, All India Drug Action Network: What is Rational Drug Therapy?
2. Dr DBI Victor, Medical Superintendent, Star of Hope Hospital, Akividu, Andhra Pradesh: Banned Bannable and Hazardous drugs in our hospitals.
3. The situation in our hospitals

25.11.84
Sunday

9.00--9.30 am

Review of first day's program

9.30--10.30 am

SESSION IV: WHAT TO DO TO TACKLE
THE PROBLEM?

Speakers.

1. Dr S Joseph, Medical Superintendent, MGDH Hospital, Kottayam: What can our Hospitals do?
2. Mr Alan Cranmer, CMAI Consultant Pharmacist, Mysore: What can be done at a Pharmacy level?

10.30--10.45 am TEA

10.45--11.45 am SESSION V: SOME INITIATIVES

Case studies on: a. Drug Action Network; b. Kerala Sastra Sahitya Parishad; c. LOCOST; d. Bangarapet Tablet Industry; e. Kurji formulary.

12.00 noon
to 1.00 pm

SESSION VI: A PEOPLE'S MEDICINE

Speakers

1. Dr Joseph Chittoor and
2. Sr Innocent, Gudalur group: Herbal medicines and Home Remedies

1.00--2.00 pm

LUNCH

2.00--4.00 pm

GROUP DISCUSSION II: FACILITATION TEAM

What can we do as:--

- a. individuals;
- b. institutions;
- c. CHAI

4.00--4.15 pm

TEA

4:15--5:15 pm

Concurrent programmes*

5.30--6.30 pm

SESSION VI: CONCLUDING SESSION
: A statement of concern and
some resolutions
: Summing up

*Presentation of experiences on slide shows/films/video
(Participants to attend according to areas of their interest)

Catholic Hospital Association of India

CBCI Centre, Goldakkhana, New Delhi 110001

SECOND ANNOUNCEMENT

41st Annual Convention of CHAI and Workshop on Drug Issues.

1. Programme

- 23 (Friday) to 25 (Sunday) November 1984 : Meeting on —
"TOWARDS A PEOPLE ORIENTED DRUG POLICY"
26 (Monday) November 1984 : Annual General Body Meeting.

2. Venue

St John's Medical College, Bangalore 560 034.

3. Participants

Members of CHAI and special invitees.

4. Theme

The Indian Council of Medical Research and the Indian Council of Social Science Research have warned in their "Health for All" report that "*Eternal vigilance is required to ensure that the health care system does not get medicalised, that the doctor-drug producer axis does not exploit the people and that the abundance of drugs does not become a vested interest in ill-health*". This meeting is to understand the issues relevant to drug prescribing, drug distribution and pharmacy policy in our institutions in the context of the above warning.

5. General Objectives

- 5.1. To inform and make aware the CHAI members of the background to the above problem highlighted by the Indian Council of Medical Research/Indian Council of Social Science Research.
- 5.2. To challenge them to participate in the growing national response to the problem through a —
 - a) continuing study of the problem;
 - b) commitment to action at an individual, institutional, regional and national level.
- 5.3. To do this in the light of CHAI's new vision and in keeping with the Church's option for the poor.

6. Specific Objectives

WHAT IS THE PROBLEM ?

- 6.1. To create an awareness of —
 - a) the health situation in India
 - b) the role of drugs in health care
 - c) the pattern of drug production in India vis a vis the people's health needs
 - d) the dynamics of the drug industry
 - e) the patterns of drug distribution/availability in the health system
 - f) the national drug policies and laws.
- 6.2. To create an awareness of the growing —
 - a) irrational use
 - b) over use
 - c) misuse of drugs by health personnel

6.3. To look at the above issues within the context of the *CHURCH HEALTH SERVICES*.

6.4. To try and understand the problem from the people's point of view.

HOW/WHY THE PROBLEM ?

6.5. At the broader level to discover the social, economic, political, cultural and other factors responsible for this problem.

6.6. At a personal level to discover how all of us are part of the problem at the individual and the institutional levels.

WHAT TO DO TO TACKLE THE PROBLEM ?

6.7. To consider the various responses at national/international levels by groups/institutions/governments in the areas of —

- a) consumer awareness and people's movements
- b) continuing professional education
- c) pressure groups on policy makers
- d) search for low cost alternatives
- e) individual/group action
- f) institutional policy changes

6.8. To discuss ways and means by which participants can respond to this problem at

- a) individual,
- b) institutional, and
- c) regional/national levels

and identify ways and means by which follow up action will be taken on this growing commitment.

AN APPEAL

We request all member hospitals and dispensaries to send representatives who are involved with drug prescribing and or pharmacy policy in their institutions. These may be doctors/nurses/pharmacists or policy makers.

A preparatory check list of how to study the drug situation in your institution will be featured in the special issue of *MEDICAL SERVICE*—October-November 1984. Participants should use it to study their local situation so that their participation will be more meaningful. The special thematic issue will also give adequate background material for the meeting.

— EXECUTIVE DIRECTOR
Catholic Hospital Association of India

* For further information/suggestions on the theme, write to :

Drs Ravi & Thelma Narayan
Community Health Cell
326, 5th Main I Block
Koramangala, Bangalore 560 034.

* For further information on registration/accommodation/ticket arrangements etc., write to :

Sr. Anna Maria
Secretary
CHAI Annual Convention Committee 1984
St. Martha's Hospital, Nrupathunga Road
Bangalore - 560 009.

41st Annual Convention of the Catholic Hospital Association of India

Workshop on: TOWARDS A PEOPLE-ORIENTED DRUG POLICY

23-25 November 1984 : St John's Medical College and Hospital

Objectives

WHAT IS THE PROBLEM

1. To create an awareness of
 - a. the health situation in India
 - b. the role of drugs in health care
 - c. the pattern of drug production in India vis a vis the people's health needs
 - d. the dynamics of the drug industry
 - e. the patterns of drug distribution/availability in the health system
 - f. the national drug policies and laws.
2. To create an awareness of the following -
 - a. irrational use
 - b. over use
 - c. misuse of drugs by health personnel
3. To look at the above issues within the context of the CHURCH HEALTH SERVICES
4. To try and understand the problem from the people's point of view.

HOW/WHY THE PROBLEM?

5. At the broader level to discover the social, economic, political, cultural and other factors responsible for this problem.
6. At personal level to discover how all of us are part of the problem at the individual and the institutional levels.

WHAT TO DO TO TACKLE THE PROBLEM?

7. To consider the various responses at the national/international levels by groups/institutions/governments in the areas of -
 - a. consumer awareness and people's movements
 - b. continuing professional education
 - c. pressure groups on policy makers

- d. search for low cost alternatives
 - e. individual/group action
 - f. institutional policy changes
8. To discuss ways and means by which participants can respond to this problem at-
- a. individual
 - b. institutional and
 - c. regional/national levels
- and identify ways and means by which follow up action will be taken in this growing commitment.

PROGRAM	<u>Preparatory Workshop for Facilitation Team</u>
<u>11.00 am</u>	17th November 1984 St John's Medical College, Bangalore
11.00 am	Introduction of team/theme and details of the programme
11.20 am	<u>Group discussion:</u>
	a. What are the different dimensions of the drug policy and prescribing issues in India?
	b. What information would we like to have to further understand and analyse this problem?
12.40 p.m.	<u>Plenary session:</u>
	Listing out what we would like to know
1.00 pm.	LUNCH
2.00 p.m.	Information check list
3.30 p.m.	Tea
4.00 p.m.	Planning the group discussion and the facilitation
5.00 p.m.	Video presentation on the theme.

DRUG ISSUESInformation check listA. Drug Industry

Output	Profits
Type	Pattern of production
Structure	Drug Policy
Prices	Quality control
Research and Development	Consumption of Drugs

B. Drug Policy Issues (Problems)

Plethora of formulations	Mark up
Brand names	Net worth returns
Fixed drug combinations	Transfer pricing
Bio-availability argument	Sales promotion
Dumping	Samples
Me-too drugs	Advertising
Drug controls	

C. Drug Policy Issues (solving Problems)

Essential drug list	Formulary (level of use)
Generic prescribing	Bulk Drug formulation
Price control	Bulk purchasing
Labelling	Quality control
Low cost production	Cooperatives
Herbal gardens	Pharmaceutical code
Physicians code	Counter advertising
	Consumer Awareness

D. Drug Legislation/ReportsD. Drug Laws/Policies/Reports

Drugs and cosmetics Act	Drugs & Magic Remedies Act
The Pharmacy Act	Hathic Committee Report

National Drug Policy	Drug Price Control Orders
Health for All Report	Govt. Ban of 22 drugs

E. Irrational Drug use/prescribing typesTypes

Extravagant	Overprescribing
Incorrect	Multiple
Under-prescribing	

Causes

Inadequate basic training	Lack of continuing education
Lack of supervision	Inappropriate desire for prestige
Drug company sales promotion	Drug company misinformation
Heavy patient load	Patient pressure
Panic/fear induced prescription	Incorrect generalisations
Lack of patient awareness	Doctor-Drug producer axis

F. Problem DrugsSpecific

Analgin	Amidopyrin
Ancoloxin	Bromides
Chloral hydrate	Cloquinols
Dipyrone	E-P Forte
Ergot	Gripe water
Kaolin	Lomotil
Methapyrilene	Nialamide
Oxyphenbutazone	Phenylbutazone
Phenacetin	Practolol
Penicillin	Quinine
Sulphonamides	Strychnine

° Yohembine

Groups

Antibiotic combinations	Anabolic steroids
Analgesics	Antidiarrhoeals
Enzymes	Fixed dose combinations
Placebos	Steroids
OTC Drugs	Unani/Ayurvedic drugs

G. Church Health Services (context)

Institutional response	New vision/option
Community response	Humanisation
Holistic healing	Issues of social justice

H. People's Point of view

Availability	Accessibility
Cost	Cross-cultural conflicts
Mystique of injections	Communication failures
Self prescribing	Low cost home remedies

I. Initiatives

Meetings and workshops	Newsletters/bulletins
Books/journals	Professional awareness
Continuing education	Consumer awareness
Signature campaign	Memorandum to policy makers
Public interest litigation	Low cost drug production
Bulk/central purchasing	Cooperatives
Herbal gardens	Formularies
	Codes

J. Case studies

Bangladesh Ban	Vincent's Case
Operation Medicine	Ankuran
VHAI Cell	KSSP
Drug Action Network	Lok Vidnyan Sanghatana
IOCU HAI	LOCOST
Social Audit	Bangarapet Tablet Industry
mfc Rational Drug Policy	Kurji formulary
Cell	State Forum (AP/WB)

41st Annual Convention of the Catholic Hospital Association of India

Workshop on: TOWARDS A PEOPLE-ORIENTED DRUG POLICY

23-25 November 1984 : St John's Medical College and Hospital

Objectives

WHAT IS THE PROBLEM

1. To create an awareness of
 - a. the health situation in India
 - b. the role of drugs in health care
 - c. the pattern of drug production in India vis a vis the people's health needs
 - d. the dynamics of the drug industry
 - e. the patterns of drug distribution/availability in the health system
 - f. the national drug policies and laws.
2. To create an awareness of the growing -
 - a. irrational use
 - b. over use
 - c. misuse of drugs by health personnel
3. To look at the above issues within the context of the CHURCH HEALTH SERVICES
4. To try and understand the problem from the people's point of view.

HOW/WHY THE PROBLEM?

5. At the broader level to discover the social, economic, political, cultural and other factors responsible for this problem.
6. At personal level to discover how all of us are part of the problem at the individual and the institutional levels.

WHAT TO DO TO TACKLE THE PROBLEM?

7. To consider the various responses at the national/international levels by groups/institutions/governments in the areas of -
 - a. consumer awareness and people's movements
 - b. continuing professional education
 - c. pressure groups on policy makers

2

- d. search for low cost alternatives
 - e. individual/group action
 - f. institutional policy changes
8. To discuss ways and means by which participants can respond to this problem at-
- a. individual
 - b. institutional and
 - c. regional/national levels
- and identify ways and means by which follow up action will be taken in this growing commitment.

PROGRAM	<u>Preparatory Workshop for Facilitation Team</u> 17th November 1984 St John's Medical College, Bangalore
<u>11.00 am</u>	
11.00 am	Introduction of team/theme and details of the programme
11.20 am	<u>Group discussion:</u> a. What are the different dimensions of the drug policy and prescribing issues in India? b. What information would we like to have to further understand and analyse this problem?
12.40 p.m.	<u>Plenary session:</u> Listing out what we would like to know
1.00 pm.	LUNCH
2.00 p.m.	Information check list
3.30 p.m.	Tea
4.00 p.m.	Planning the group discussion and the facilitation
5.00 p.m.	Video presentation on the theme.

DRUG ISSUES-----
Information check list
-----A. Drug Industry

Output	Profits
Type	Pattern of production
Structure	Drug Policy
Prices	Quality control
Research and Development	Consumption of Drugs

B. Drug Policy Issues (Problems)

Plethora of formulations	Mark up
Brand names	Net worth returns
Fixed drug combinations	Transfer pricing
Bio-availability argument	Sales promotion
Dumping	Samples
Me-too drugs	Advertising
Drug controls	

C. Drug Policy Issues (solving Problems)

Essential drug list	Formulary (level of use)
Generic prescribing	Bulk Drug formulation
Price control	Bulk purchasing
Labelling	Quality control
Low cost production	Cooperatives
Herbal gardens	Pharmaceutical code
Physicians code	Counter advertising
<u>Drug Import/Export/Reports</u>	Consumer Awareness

D. Drug Laws/Policies/Reports

Drugs and cosmetics Act	Drugs & Magic Remedies Act
The Pharmacy Act	Hathic Committee Report

4

National Drug Policy
Health for All Report

Drug Price Control Orders
Govt. Ban of 22 drugs

E. Irrational Drug use/prescribing types

Types

Extravagant	Overprescribing
Incorrect	Multiple
Under-prescribing	

Causes

Inadequate basic training	Lack of continuing education
Lack of supervision	Inappropriate desire for prestige
Drug company sales promotion	Drug company misinformation
Heavy patient load	Patient pressure
Panic/fear induced prescription	Incorrect generalisations
Lack of patient awareness	Doctor-Drug producer axis

F. Problem Drugs

Specific

Analgin	Amidopyrin
Ancoloxin	Bromides
Chloral hydrate	Cloquinols
Dipyrene	E-P Forte
Ergot	Gripe water
Kaolin	Lomotil
Methapyrilene	Nialamide
Oxyphenbutazone	Phenylbutazone
Phenacetin	Practolol
Penicillin	Quinine
Sulphonamides	Strychnine
Yohembine	

Groups

Antibiotic combinations	Anabolic steroids
Analgesics	Antidiarrhoeals
Enzymes	Fixed dose combinations
Placebos	Steroids
OTC Drugs	Unani/Ayurvedic drugs

G. Church Health Services (context)

Institutional response	New vision/option
Community response	Humanisation
Holistic healing	Issues of social justice

H. People's Point of view

Availability	Accessibility
Cost	Cross -cultural conflicts
Mystique of injections	Communication failures
Self prescribing	Low cost home remedies

I. Initiatives

Meetings and workshops	Newsletters/bulletins
Books/journals	Professional awareness
Continuing education	Consumer awareness
Signature campaign	Memorandum to policy makers
Public interest litigation	Low cost drug production
Bulk/central purchasing	Cooperatives
Herbal gardens	Formularies
	Codes

J. Case studies

Bangladesh Ban	Vincent's Case
Operation Medicine	Ankuran
VHAI Cell	KSSP
Drug Action Network	Lok Vidnyan Sanghatana
IOCU HAI	LOCOST
Social Audit	Bangarapet Tablet Industry
mfc Rational Drug Policy	Kurji formulary
Cell	State Forum (AP/WB)

ARCHDIOCESE OF BANGALORE

H e a l t h S e r v i c e s

HOSPITALS

- | | |
|--|-----------------------|
| (1) O L of Lourdes Hospital
Kengeri PO 562118
Bangalore District | |
| (2) St John's Medical College
Hospital
Sarjapur Road
Bangalore 560034 | 565435 |
| (3) St Martha's Hospital
Bangalore 560009 | 74081 |
| (4) St Mary's Maternity Clinic
Chamarajpet
Bangalore 560018 | 62392 |
| (5) St Michael's Maternity Clinic
Old Madras Road
Bangalore 560038 | 52811 |
| (6) St Philomena's Hospital
Nilasandra Road
Bangalore 560007 | 577994, 52811, 577985 |
| (7) St Rita's Hospital
Kanakapura 562117
Bangalore District | |
| (8) St Theresa's Sanitorium
Rajajinagar
Bangalore 560010 | 80561, 80222 |

DISPENSARIES

1. Apostolic Carmel Seva Kendra
IV T Block
Jayanagar
Bangalore 560011
2. Arogya Seva Dispensary
Dodda Alahalli
Kanakapura Taluk
Via Sathanur
Bangalore Dist
3. Arpana Nilayam Dispensary
Carmelaram PO
Bangalore 560035
4. Cluny Convent Dispensary
11th Main Road, Malleswaram
Bangalore 560003
5. Diwan Bahadur Dr T C M &
Mrs Louisa Royan's Child Welfare
Centre
Albert Victor Road
Bangalore 560018
6. Dr Mary O'Grady Memorial Hospital
White Field 562136
Bangalore District
7. Holy Spirit Convent
Bannerghatta Road
Bangalore 560032 40430
8. Karuna Nilayam Dispensary
Carmelaram PO
Bangalore 560035
9. Lions Club Dispensary
Doresanipalya
Bangalore 560029
10. Lourdes Hospital & Dispensary
Kengeri PO
Bangalore 562118
11. Marian Nilaya Dispensary
and Maternity
Banaswadi PO
Bangalore 560043 57131
12. Missionaries of Charity
Ashoka Road
St Thomas Town
Bangalore 560005
13. Missionaries of Charity Dispensary
Venkatala Village
Yelahanka PO 562116
Bangalore District

14. Nirmala Dispensary
Infant Jesus Church
Viveknagar
Bangalore 560047 577206
15. Nirmala Dispensary
St Francis Xavier's Church
Somanahalli PO Bangalore
16. Nirmala Health Centre
Siluvepura
Chikkabanavar PO 562113
Bangalore District
17. OL of Lourdes Dispensary
Kunigal 572130
Tumkur District
18. O L of Lourdes Health Centre
Bon Secours Convent
Ramanagaram 571511
19. O L of Perpetual Succour
Dispensary
Harobale 562126, Bangalore District
20. O L of Providence Dispensary
Hosur Road
Bangalore 560029 40272
21. Perpetual Succour Dispensary
26 Davis Road
Bangalore 560005 50411
22. Prema Mandira Dispensary &
Family Planning Centre
4 Harris Road
Bangalore 560005
23. Presentation Convent Dispensary
Carmelaram
Bangalore 560035
24. Sacred Heart Novitiate
Avalahalli
Bangalore 560049
25. Sahodara Prema Seva Mandir
& Clinic
No.2, IV Street
Bharathi Nagar
Bangalore 560001
26. Shanti Nilaya Community Health
Care Centre
Krishnarajapura
Bangalore 560016
27. St Anthony's Health Centre
Basavanapura
Gottigere PO 560029
Bangalore

28. St Charles' Maternity
Home & Dispensary
Fraser Town
Bangalore 560005
29. St Joseph's Dispensary
Asirvanam Monastery
Kumbalagod PO 562118
Kengeri, Bangalore District
30. St Luke's Medical Guild Free
Clinic
Hennur Road, (Hosur Road
Nehrupuram, Royapuram,
Shantinagar)
Bangalore 5600
31. St Mary's Convent Dispensary
Chamarajpet
Bangalore 560018
32. St Mary's Dispensary
Gandhi Nagar
Tumkur 572102
33. St Michael's Maternity Clinic
Indiranagar
Bangalore 560038
34. St Paul's Dispensary
Marikuppam
K.G.F. 563117
35. St Philomena's Health Centre
Nagawara
Arabic College PO
Bangalore 560045
36. St Rita's Dispensary
Kanakapura 562117
Bangalore District
37. St Theresa's Dispensary
J C Road
Bangalore 560002
38. St Theresa's Dispensary
Rajajinagar
Bangalore 560010

.....

COMMUNITY HEALTH CELL

326 V Main I Block
Koramangala
Bangalore 560034

05 November 1984

Dear

This is further to our letter to you dated 26 Oct 1984.

This is to inform you that the Workshop for the Facilitation Team will now be held on Saturday, the 17th November 1984 at 11.00 a.m. in Room 116 of St John's Medical College, Bangalore.

The details of the meeting, mentioned in our letter cited above, remain unchanged.

We hope you have been receiving the background materials. The Special Issues of MEDICAL SERVICE (CHAI Journal) and the medico friend circle BULLETIN should also reach you before the 17th. These will form a comprehensive background for the topics to be covered in the Workshop.

Copies of other important reference materials are also available in the Staff Reading Room of St John's Medical College Library. Please contact Mr K N Kittur, the Librarian, to refer to them.

Please intimate your participation or otherwise.

Looking forward to meeting you on the 17th,

Yours sincerely,

Ravi & Thelma
Ravi and Thelma

1. Fr John Vattamattom; Fr Thomas Joseph; Fr Chacko; Sr Mariamma; Sr Jeyaseeli; Mr Abraham Mathew (CHAI Team)
2. Dr H Sudarshan (Secretary, Vivekananda Girijana Kalyana Kendra, BR Hills); Dr GD Ravindran (Medical Officer, Holy Cross Hospital, Kamagere); Dr Gerry Pais (DEED, Hunsur); Dr Raviraj Williams (Hoskote Mission Medical Center, Hoskote); Fr Rupert Rosario (Jnana Jyothi, Anekal); Mrs & Mr Jyothiraj (Rural Education for Development, Tumkur); Fr Joseph Chittoor (Gudalur)
3. Dr Prem Pais (St Martha's Hospital); Dr Sukhant Singh (CMAI); Dr Sylvia Babu (Baptist Mission Hospital); Dr Maya Jacob (Sumanahally); Dr Gurunath Kilare (Kidwai Hospital); Dr Esther Mabry (United Theological College); Sr Collette (Good Shepherd); Br Jose (Sevasadan); Dr Vijay Joseph (Bowring Hospital); Dr Ramakrishna (ASTRA); Dr Mohan Isaac (NIMHANS); Siddalingaswamy (Promotional Secretary, VHAK); Fr Francis Guntipally and Team (Ashirvad).
4. Dr PN Pandit (Assoc Prof Surgery); Dr R Narayanan (Assoc Prof Obst & Gynae); Dr Mario de Souza (Assistant Administrator); Dr Patrick Kamath (Gastro-enterology); Dr (Sr) Lillian (Obst & Gynae); Dr Raghuvir (Paediatrics); Dr MJ Thomas (Psychiatry);

Sajeev Joseph (Orthopaedics);
Paul Neelamkavil (Dermatology); Leo Menezes (Surgery); Jose
Joseph (Medicine) - St John's Medical College Hospital,
Bangalore

Dr Dara Amar (Head: Community Medicine); Dr MA Nagarani
(Asst Prof Pharmacology); Anura Kurpad (Physiology);
Pruthvish; Kishore Murthy; Shirdi Prasad Tekur (Community
Medicine); SM Subramanya Shetty (Health Education Officer)
--St John's Medical College, Bangalore

For information --

Fr Claude D'Souza (Rector, St Joseph); Sr Anna Maria
(St Martha's Hospital)

Fr Percival Fernandez (Secretary, CBCI Society for
Medical Education);
Dr GM Mascarenhas (Dean);
Dr AFA Mascarenhas (Medical Superintendent);
Fr Bernard Moras (Administrator);
Br Vincent (Administrative Officer)
-- St John's Medical College and Hospital, Bangalore.

Sajeev Joseph (Orthopaedics);
Paul Neelamkavil (Dermatology); Leo Menezes (Surgery); Jose
Joseph (Medicine) - St John's Medical College Hospital,
Bangalore

Dr Dara Amar (Head: Community Medicine); Dr MA Nagarani
(Asst Prof Pharmacology); Anura Kurpad (Physiology);
Pruthvish; Kishore Murthy; Shirdi Prasad Tekur (Community
Medicine); SM Subramanya Shetty (Health Education Officer)
--St John's Medical College, Bangalore

For information --

Fr Claude D'Souza (Rector, St Joseph); Sr Anna Maria
(St Martha's Hospital)

Fr Percival Fernandez (Secretary, CBCI Society for
Medical Education);
Dr GM Mascarenhas (Dean);
Dr AFA Mascarenhas (Medical Superintendent);
Fr Bernard Moras (Administrator);
Br Vincent (Administrative Officer).
-- St John's Medical College and Hospital, Bangalore.

COMMUNITY HEALTH CELL

326 V Main I Block
Koramangala
Bangalore 560034

05 November 1984

Dear

This is further to our letter to you dated 26 Oct 1984.

This is to inform you that the Workshop for the Facilitation Team will now be held on Saturday, the 17th November 1984 at 11.00 a.m. in Room 116 of St John's Medical College, Bangalore.

The details of the meeting, mentioned in our letter cited above, remain unchanged.

We hope you have been receiving the background materials. The Special Issues of MEDICAL SERVICE (CHAI Journal) and the medico friend circle BULLETIN should also reach you before the 17th. These will form a comprehensive background for the topics to be covered in the Workshop.

Copies of other important reference materials are also available in the Staff Reading Room of St John's Medical College Library. Please contact Mr K N Kittur, the Librarian, to refer to them.

Please intimate your participation or otherwise.

Looking forward to meeting you on the 17th,

Yours sincerely,

Ravi & Thelma
Ravi and Thelma

1. Fr John Vattamattom; Fr Thomas Joseph; Fr Chacko; Sr Mariamma; Sr Jeyaseeli; Mr Abraham Mathew (CHAI Team)
2. Dr H Sudarshan (Secretary, Vivekananda Girijana Kalyana Kendra, BR Hills); Dr GD Ravindran (Medical Officer, Holy Cross Hospital, Kamagere); Dr Gerry Pais (DEED, Hunsur); Dr Raviraj Williams (Hoskote Mission Medical Center, Hoskote); Fr Rupert Rosario (Jnana Jyothi, Anekal); Mrs & Mr Jyothiraj (Rural Education for Development, Tumkur); Fr Joseph Chittoor (Gudalur)
3. Dr Prem Pais (St Martha's Hospital); Dr Sukhant Singh (CMAI); Dr Sylvia Babu (Baptist Mission Hospital); Dr Maya Jacob (Sumanahally); Dr Gurunath Kilare (Kidwai Hospital); Dr Esther Mabry (United Theological College); Sr Collette (Good Shepherd); Br Jose (Sevasadan); Dr Vijav Joseph (Bowring Hospital); Dr Ramakrishna (ASTRA); Dr Mohan Isaac (NIMHANS); Siddalingaswamy (Promotional Secretary, VHAK); Fr Francis Guntipally and Team.(Ashirvad).
4. Dr PN Pandit (Assoc Prof Surgery); Dr R Narayanan (Assoc Prof Obst & Gynae); Dr Mario de Souza (Assistant Administrator); Dr Patrick Kamath (Gastro-enterology); Dr (Sr) Lillian (Obst & Gynae); Dr Raghuvir (Paediatrics); Dr MJ Thomas (Psychiatry);

Understanding the Drug situation in your hospital/ dispensary/health centre

(Note : To help you prepare for participation in the CHAI Workshop on "Towards a People-oriented Drug Policy" given hereunder is a check list of questions which you should go through along with other members of your team especially those who prescribe or dispense drugs. This list is not exhaustive but covers the main issues which will be discussed during the Workshop).

1. Range of Drugs

How many drugs are available in your centre?

Do you have a complete list?

Are these classified into groups?

Are there any duplicate drugs? (ie., drugs of the same type but different manufacturers)

Do you stock combination drugs?

If so, what are the commonest combinations?

Do you stock non-allopathic medicines? Which ones?

2. Drug Selection

Who selects drugs in your institution?

Is this a formal/informal process?

Do you have a selection committee?

If so, who does it consist of?

What are the criteria for selection?

Cost? therapeutic consideration? Cultural?

Availability? Packing? Any others

Efficacy? medical representative?

3. Dispensing

Who all dispense drugs in your institution?

Do you have a trained pharmacist or any other staff trained in pharmacy?

Do you dispense drugs in situations other than out patient/inpatient?

Health centres?

School/hostel infirmaries?

Mobile clinics?

Rehabilitation centres?

Any other

Do you have any guidelines for dispensing?

Are these different for different situations, types of staff and level of use?

4. Purchasing

How do you purchase drugs?

Wholesale?

Retail?

Through medical representative?

Do you purchase in bulk?

Do you purchase by generic names or brand names?

What sort of trade discounts do you allow/accept?

Do you prepare any medicines in the hospital/dispensary?

5 Pricing

How do you price your medicines?

Do you give medicines free or at concessional rates?

Are the 'free' or purchased medicines of the same type?

6. Drug Information

Do your staff get any kinds of information on therapeutic indications, dosages or side effects

Are these from medical representatives, drug companies or other sources?

Do you have a locally written—a) formulary

b) therapeutic manual

c) standardised drug regimes?

7. Pharmacy Facilities

Does your pharmacy have the following facilities?

a. basic library of reference books, bulletins and information filing system

b. special locked storage space

c. refrigerator

8. Pharmacy Policy

Do you have an institutional policy on

a. storage and administration of narcotics and dangerous drugs?

b. adverse drug reaction—monitoring and reporting

c. Ref Dealing with persuasive pressure tactics of sales representatives

d. Standardised drug distribution policies for

—ward stock

—prepackaged prescription

—protected drugs

—free drugs

e. standing orders for department/pharmacy

9. Expiry Dates

Do you have any policy about use of expired drugs?

If you use some beyond the expiry date, which are these?

For how long beyond expiry date do you use them?

10. Foreign Drug Donations

Do you get drugs donated from abroad?

Do you have a list of drugs? Sources?

Do they have instructions for use in a language your staff can understand?

If not, how do you get the information translated?

Do you have any in large quantities/or types which you cannot use?

11. Banned Drugs

Are you aware of the drugs banned by the government in July 1983?

Do you have a banned brand list?

Are your staff aware of the ban?

Have you weeded these drugs out of your practice.

12. Problem Drugs

Look at the list of problem drugs (p.)

Do you stock any of these in your pharmacy?

Which are the brands? What are the indications?

13. Placebos

Do you use any drugs as placebos?

Which are the commonest? and for what situation?

14. Initiatives

Have you taken any initiatives in recent years to rationalise your prescription/dispensing practices, in your institution?

What are they? How successful have they been?

15. Other information

Is there any other information about your pharmacy/dispensary or about drugs used in your centre which is relevant but is not covered by 1 to 14?

Drugs in Small Rural Hospital
: A repliminary study

Note: Tick where indicated

A. General Description of hospital

1. State in which hospital located:
2. Bed strength: < 25 25 > 50
3. Staff position (specify number and grades):
 - a. Medical Officer
 - b. Nurses
 - c. Others
4. Facilities available
 - a. Laboratory
 - b. X-ray
 - c. Pharmacy
 - d. O.T.
5. Patient load - numbers seen in last year.
 - a. Out-patients: _____
 - b. In-patients: _____
6. Commonest disorders seen (top 5 only)

	Medical	Obst & Gynae	Paediatric	Surgical
OPD				
IPD				

B. Drug Availability (range and type)

7. How many drugs are available in your pharmacy?
 - a. tablets/capsules:
 - b. Injections:
 - c. Syrups/liquids:
 - d. Skin/eye/ear: _____
 - e. Total: _____

8. What are the brands you stock in the following categories?
(Mention brand names (company names in brackets) eg.,
Beralgen (Hoechst))
- a. Antibiotics
 - b. Analgesic/antipyretic
 - c. Anti-inflammatory
 - d. Antidiarrhoeals
 - e. Steroids
 - f. Hormonal preparations
 - g. Psychotropic drugs
 - h. Anti-histaminics
 - i. Cough syrups
 - j. Tonics/Vitamins
 - k. Skin preparations
 - l. Non-allopathic drugs
(or combinations)
 - m. Food substitutes
 - n. Eye/ear preparations
9. What fixed-drug combination drugs do you stock in the following categories?
- a. Antibiotics
 - b. Vitamins with other drugs
 - c. Steroids with other drugs
 - d. Antihistaminics with others

C. Drug selection/Purchase/Pricing

10. Who selects drugs in your hospital?
11. What are all the criteria for selection?
12. Do you purchase -
 - a. whole sale; retail; through medical representative
 - b. by generic names or brand names?
13. Do you purchase any drugs in bulk? Specify.
14. Do you prepare any medicines/mixtures/ointments in the hospital? Specify.
15. Do you get drugs donated from abroad?
(Mention names and sources).
16. How do you price your medicines?
(What percentage formula over wholesale-retail price)
 - a. Injections:
 - b. Tablets/capsules:
 - c. Vaccines:
 - d. Samples:
 - e. Foreign drugs:

D. Dispensing/Prescribing

17. What categories of staff in your hospital -
 - a. prescribe?
 - b. dispense?

18. Do you have a trained pharmacist?
19. Does your hospital dispense drugs in any of the following situations? If so, in each one (a) who prescribes? (b) who dispenses? (c) is there a standardised list for each level?
- a. Mobile clinics
 - (a)
 - (b)
 - (c)
 - b. Village Health Centre/Sub-Centre
 - (a)
 - (b)
 - (c)
 - c. School/Hostel/infirmary
 - (a)
 - (b)
 - (c)
 - d. Rehabilitation Centre
 - (a)
 - (b)
 - (c)
20. What is the regime you follow in your hospital for the treatment of (specify brand names of drugs) -
- a. Malaria
 - b. Tuberculosis
 - c. Diarrhoea in children
21. a. Do you have any policy about use of expired drugs?
- b. If you use some beyond the expiry date, which are these?
 - c. For how long beyond expiry date do you use them?

22. Do you use any drugs as Placebos? Yes/No

If yes, which are the commonest and for what situation?

23. Are you aware of the drugs banned by the Government in July 1983?

Do you have a banned brand list?

Have you weeded these drugs out of your hospital?

E. Drug information

24. How do you/your staff get information on drug indications/doses/side effects.

a. Product literature - Yes/No

b. Drug company handouts - Yes/No

c. Any other sources

25. Do you have in your hospital -

a. formulary;

b. list of minimum/essential drugs; and

c. standardised drug regimes?

F. Adverse Reactions

26. Have you had any adverse reactions with drugs in your practice in the last one year? YES/NO
If yes, specify:

G. Drug Budget

26.1 What is the annual expenditure on drugs in the last financial year?

26.2 Did the pharmacy run at a loss or a profit? LOSS/PROFIT
If so, how much during that year?

H. Additional Information

27. Have you taken any initiatives in recent times to rationalise the prescribing/dispensing practices in your institution?

What are they? How successful have you been?

28. If there are any other problems/issues that you have come across with your hospital, please mention them here.

29. Have you identified any forms of irrational prescribing, over-prescribing, under-prescribing or wrong prescribing of the medical practitioners in your area through prescriptions your patients may have brought with them? Give details.

30. Are there any pressing drugs issues on which you would like reliable information?

31. Do you have any suggestions for issues/problems that should be discussed/considered at the workshop? Mention.

.....

U R G E N T

your prompt attention please

GD Ravindran
LT Menezes
Jose Joseph

St John's Medical College Hospital
Bangalore 560034

24 OCT 1984

Dear

The Catholic Hospital Association of India (CHAI) are holding a Workshop on 'Drug Prescribing and Drug Policy' as part of their annual meeting this year. The announcements and details have been given in the July/August issues of MEDICAL SERVICE. If we can move towards a rational and low cost drug policy in our hospitals, we can reduce the burden of the patients, the community and our institutions. This aim is in keeping with the CHAI's 'New Vision'.

As a preliminary to the Workshop, we are undertaking a survey on certain drug issues in our hospital. We would like you to give us frank feed back so that we can catalyse more relevant policy decisions.

The enclosed questionnaire should be filled in by you and sent back to :

COMMUNITY HEALTH CELL
326 V Main I Block Koramangala
Bangalore 560034

by the 10th of November 1984, latest. The short notice is regretted. However, keeping in mind the importance of the problem and the need for action, we are sure you will respond positively. The objective is to highlight common problems and issues not specific institutional problems.

In case you have instituted certain changes in policy during your work in the hospital, please refer to the earlier situation while answering the questions and mention changes brought about by you in Q.27.

Remember we are trying to determine what the situation is and not what it could be. Also none of the questions are a test of your knowledge!! or an evaluation of your institution!! It is just a study to stimulate action in the CHAI network.

For your information, the MEDICAL SERVICE--Oct-Nov 1984 issue will give useful background information on drugs. Write to Fr John Vattamattom, Editor, MEDICAL SERVICE, CBICI Centre, Goldakkhana, New Delhi 110001, for your copy.

Looking forward to an early reply and hoping to meet you during the Workshop,

Yours sincerely,

GD Ravindran LT Menezes Jose Joseph

enclosure

41st Annual Convention of the Catholic Hospital Association of India

November 23-26, 1984

St John's Medical College and Hospital, Bangalore 560034

Theme: TOWARDS A PEOPLE-ORIENTED DRUG POLICY

p r o g r a m

FRIDAY, 23 Nov 1984

- 9.30 am onwards : Registration (St John's Medical College)
- 1.00 pm : Lunch (Registration continues after lunch)
- 3.00 pm : Concelebrated Holy Mass
Chief celebrant: Most Rev P Arokiaswamy
Archbishop of Bangalore
- 4.00 pm : Tea (for delegates and invited guests)
- 5.00 pm : INAURAL ^{Session} SESSION
- 5.00 pm : Invocation : JANADHARE
- 5.05 pm : Welcome: Dr GM Mascarenhas
Dean, St John's Medical College
: Fr Ferdinand Kayavil
President, CHAI
- 5.15 pm : Inaugural address:
Shri H L Thimme Gowda
Minister for Health, Govt. of Karnataka
- 5.35 pm : Convention highlights:
Fr John Vattamattom SVD
Executive Director, CHAI
- 5.50 pm : Chairman's remarks:
Bishop Gilbert Rego
Ecclesiastical Advisor, CHAI
- 6.00 pm : Opening of the exhibition:
Shri J Alexander
Commissioner of Excise, Govt of Karnataka

- 6.15 p.m. : Cultural program on the theme: JANADHARE
- 7.15 p.m. : Vote of thanks:
Fr Joseph Kavalippadan
Vice-President, CHAI
- 7.30 p.m. : Dinner

SATURDAY 24 Nov 84

8.30--9.00 am : Introduction to Workshop, Objectives/Program

9.00--10.30 am : SESSION I: UNDERSTANDING THE PROBLEM

Chairman: Dr Zafrullah Chowdhury

Gonoshasthya Kendra, Bangladesh

Speakers:

1. Dr CM Francis, Coordinator, Continuing Medical Education, Christian Medical College, Vellore: Introducing the theme.
2. Dr B Ekbal, President, Kerala Sastra Sahitya Parishad, Trivandrum: The Indian Drug Scene-- Drugs and the industry and government policy.
3. Shri Augustine Veliath, Voluntary Health Association of India, New Delhi: Ten Commandments of the Drug Industry.

10.30--11.00 am : TEA

11.00 am to : SESSION II: DRUGS AND THE HEALING MINISTRY

12.00 noon

Chairman: Fr Percival Fernandez

Secretary, CBCI Society for Medical Education

Speakers:

1. Fr George Lobo, Papal Seminary, Pune: Ethics of Prescribing
2. Prof George Joseph, Executive Director, CSI Council for the Healing Ministry, Madras: Professionals in the Church--an introspection

12.00 noon-- : Sharing the Word (Eucharistic celebration)
1.00 pm

1.00 pm - 2.00 pm : LUNCH

2.30 - 4.00 pm : GROUP DISCUSSION I: Identifying the
different dimensions of the problem in
our dispensaries/hospitals and our role
in it (15 groups)

4.00 pm - 4.30 pm : TEA

4.30 pm - 6.00 pm : SESSION III: TOWARDS RATIONAL THERAPEUTICS

Chairman: Prof SV Rama Rao

Speakers:

1. Dr Mira Shiva, Coordinator, All India
Drug Action Network: What is Rational
Drug Therapy?
2. Dr DEI Victor, Medical Superintendent,
Star of Hope Hospital, Akividu, Andhra
Pradesh: Banned, Bannable and Hazardous
Drugs in our Hospitals.

*Navin
Ravindran
Suresh
Pera*

3. The situation in our hospitals

6.30 pm - 7.30 pm : Audiovisual presentation on theme

7.30 pm : DINNER

SUNDAY, 25 Nov 1984

7.30 am : Breakfast

8.30 am - 9.00 am : Review of first day's program

9.00 am - 10.00 am : SESSION IV: WHAT TO DO TO TACKLE THE PROBLEM?

Chairman: Fr Bernard Moras

Administrator, St John's Medical
College Hospital

Speakers:

1. Dr S Joseph, Medical Superintendent,
MGDM Hospital, Kottayam: What can our
hospitals do?
2. Shri Alan Cranmer, CMAI Consultant
Pharmacist, Mysore: What can be done
at a Pharmacy level?

- 10.00 am - 10.30 am TEA
- 10.30 am - 12 noon SESSION V: SOME INITIATIVES**
 Chairman: Sr Isabella Mary, Secretary, CHAI
 Case studies on: a. Drug Action Network;
 b. Kerala Sastra Sahitya Parishad; c. LOCOST;
 d. Bangarapet Tablet Industry; e. Kurji
 formulary and others
- 12.00 noon - 1.00 pm Sharing the word (Eucharistic celebration)
- 1.00 pm - 2.00 pm LUNCH
- 2.30 pm - 3.30 pm SESSION VI: A PEOPLE'S MEDICINE**
 Panel discussion on THE PEOPLE'S MEDICINE
- 3.30 pm - 4.00 pm TEA
- 4.00 pm - 5.30 pm GROUP DISCUSSION II
 What can we do?
 a. individuals
 b. institutions;
 c. CHAI
- 5.30 pm - 6.30 pm Demonstration of Herbal Medicines;
 Video film on theme and other concurrent
 programs**
- 6.30 pm - 7.30 pm SESSION VI: CONCLUDING SESSION
 : A statement of concern and some resolutions
 : Summing up
- 7.30 pm DINNER

FOR THE OFFICIAL DELEGATES OF THE CHAI MEMBER
 INSTITUTIONS ONLY

MONDAY, 26 Nov 1984

- 7.30 am Breakfast
- 8.30 am General Body Meeting
 Chairman: Fr Ferdinand Kayavil
 President, CHAI

**Details will be announced on the 24th Nov 84.

- 8.30 am Introduction: Chairman
- 8.45 am Report of the General Body Meeting of CHAI 1983
- Sr Isabella Mary, Secretary, CHAI
- 9.00 am Annual Report
Fr John Vattamattom SVD
Executive Director, CHAI
- 9.15 am Report of CHD
Fr Thomas Joseph
Programme Director, CHD
- 9.30 am Financial Report
Fr J Antony Samy
Treasurer, CHAI
- a. Presentation of the statement of
accounts for the year ended 31.12.1983
- b. Presentation of the budgets for 1985
- 9.45 am Presentation and approval of resolutions and
statement from the workshop by Chairman
- 10.00 am COFFEE
- 10.30 am Presentation of and discussion on the revised
membership fees
Discussion on the diocesan organisation of CHAI
- 12 noon - 1 pm Sharing the word (Eucharistic celebration)
- 1.00 pm LUNCH
- 2.00 pm Election of office bearers
- 4.00 pm TEA

.....

The Catholic Hospital Association of India

CBCI Centre, Goldakkhana, New Delhi

cordially invites you to the inauguration of

THE 41st NATIONAL CONVENTION AND WORKSHOP

on Friday November 23, 1984 at 5-00 p.m.

at

ST. JOHN'S MEDICAL COLLEGE, BANGALORE - 560034

Dr. H. L. THIMME GOWDA

(Hon'ble Minister for Health, Government of Karnataka)

has kindly consented to inaugurate the Convention

and

BISHOP GILBERT REGO

(Ecclesiastical Advisor, CHAI)

will preside over the function.

Convention Theme : TOWARDS A PEOPLE - ORIENTED DRUG POLICY

Duration : 23 - 26 November 1984

[Programme overleaf]

PROGRAMME

November 23, 1984

INAUGURAL SESSION

- | | | |
|-----------|------------------------------------|--|
| 5.00 p.m. | Invocation | |
| 5.10 p.m. | Welcome | : Dr. G. M. Mascarenhas, Dean,
St. John's Medical College
: Fr. Ferdinand Kayavil, President, CHAI |
| 5.20 p.m. | Inaugural address | : Dr. H. L. Thimme Gowda |
| 5.40 p.m. | Convention theme and
highlights | : Fr. John Vattamattom, svd
Executive Director, CHAI |
| 5.50 p.m. | President's remarks | : Bishop Gilbert Rego, Ecclesiastical Advisor
CHAI |
| 6.00 p.m. | Vote of thanks | : Fr. Joseph Kavalippadan
Vice President, CHAI |
| | | * * * |
| 6.10 p.m. | Opening of Exhibition | : Mr. J. Alexander IAS, Excise Commissioner
Government of Karnataka |
| 6.30 p.m. | Cultural programme | |

THEME: WORKING AND WALKING TOGETHER

ENTRANCE HYMN:

WALK WITH ME, O MY GOD

Walk with me, O my God,
Through the darkest night and brightest day,
Be at my side, O Lord,
Hold my hand and guide me on my way.

- 1. Sometimes the road seems long, my energy is spent.
Then, Lord, I think of you and I am given strength.
- 2. Stones often bar my path and there are times I fall
But you are always there to help me when I fall.
- 3. Just as you calmed the wind and walked upon the sea,
Conquer, my living Lord, the storms that threaten me.
- 4. Help me to pierce the mists that cloud my heart and mind
So that I shall not fear the steepest mountain side.
- 5. As once you healed the lame and gave sight to the blind,
Help me when I'm downcast to hold my head up high.

GREETINGS : Opening words by the Celebrant

INTRODUCTION :

Dear friends,

We have come together with hearts full of different feelings and experiences. During the last few days, we have been listening to each other and asking ourselves many questions about our healing ministry among the people of God.

As we celebrate today's mystery of the Word, and the fellowship at the table of the Lord, let us ask ourselves which spirit shall guide us and move us, when we leave these premises and begin work at our various institutions.

LORD HAVE MERCY

Lord have mercy, Lord have mercy, Lord have mercy
on us all 9 (2)

Christ have mercy

Lord have mercy

COLLECT PRAYER

Lord God, often we hesitate to be life-givers. Often we stand in silence and resign ourselves to the economic and social pressures which are at work. Strengthen our faith by your word and give us the courage to be advertisers of your spirit in our situations.

FIRST READING Exodus Chapter 4: 10 - 17

Moses said to Yahweh, 'But, my Lord, never in my life have I been a man of eloquence, either before or since you have spoken to your servant. I am a slow speaker and not able to speak well'. 'Who gave man his mouth?' Yahweh answered him. 'Who makes him dumb or deaf, gives him sight or leaves him blind? Is it not I, Yahweh? Now go. I shall help you to speak and tell you what to say.'

'If it please you my Lord,' Moses replied 'send anyone you will! At this the anger of Yahweh blazed out against Moses, and he said to him, 'There is your brother Aaron the Levite, is there not? I know that he is a good speaker. Here he comes to meet you. When he sees you, his heart will be full of joy. You will speak to him and tell him what message to give. I

shall help you to speak, and his too, and instruct you what to do. He himself is to speak to the people in your place; he will be your mouthpiece, and you will be as the god inspiring him. And take this staff into your hand; with this you will perform the signs.'

RESPONSORIAL HYMN :

Spirit of the living Christ come today and dwell in me.
Bathe me in your radiant light, show me how my life should be.
Give me courage from above, give me hands outstretched to help.
May your searing flame of love, burn from me the thought of self.
Holy Spirit make me hear, help me listen to your word.
Make me truthful, free from fear, graciously to serve the Lord.

GOSPEL : Luke Chapter 9 : 1 - 6

He called the twelve together and gave them power and authority over all devils and to cure diseases, and he sent them out to proclaim the kingdom of God and to heal. He said to them, 'Take nothing for the journey: neither staff, nor haversack, nor bread, nor money; and let none of you take a spare tunic. Whatever house you enter, stay there; and when you leave, let it be from there. As for those who do not welcome you, when you leave their town shake the dust from your feet as a sign to them.' So they set out and went from village to village proclaiming the Good News and healing everywhere.

COMMENTARY ON THE READINGS

In the first reading, the Lord asks Moses to share his concerns for the oppressed people. Aware of the various vested interests that exist, Moses retreats from taking up this responsibility. He feels that he lacks eloquence and experience to show up the manipulation of the self-serving institutions of his times. Understanding Moses' difficulty, the Lord makes him aware of the fact that he is not alone, but others, perhaps those of his own household, e.g. Aaron, share his concern.

In the Gospel too, the disciples are told that they are not alone. Together, they are to spread the good news of God's healing love for everyone. They are even told to take nothing for such a journey. Take no staff- in other words, take along no supports, take no haversack - in other words, do not go with pre-conceived ideas. Take no bread - in other words do not be bothered about self-satisfaction. Take no money - in other words, do not trade with their professions and the sick whom they cure. The Gospel tells that there will be people who will welcome them and will be ready to work with them. But, there will also be people who will not among such, they have to leave behind a sign. In any case, the Gospel tells the disciples that they have been given power and authority over all evils forces and sicknesses everywhere. In other words the Lord tells his disciples that if they go out together in his name, they can be sure of unmasking the sources of oppression and illness

- * Are we not disciples of Jesus?
- * If we are hesitant like Moses, have we the heart to realize that there may be others in society who share God's concern for the oppressed?
- * Is our medical calling merely on adventure of our prestige and professional gains?
- * Is our calling merely a vocation in the hands of the drug industrialist.
- * Is our calling merely satisfying the drug cravings of our patients?

* As Medical personnel, do we merely serve our individual prestige, the interests of the drug-pushers and the desire of the drug-users and the needs of our institutions to exist?

* Do we try to create a movement and a new order, where we are concerned with a wholesome situation for all the peoples?

Evidently, there are institutions existing, there are powers existing which have their vested interests. But God assures us that if we are people-oriented in our healing ministry, then he, along with some others like Aaron, and those who welcomed Jesus' apostles, will be with us.

PRAYER OF THE FAITHFUL :

Col: Brethren, let us express our intentions in this assembly of God.

Response: Lord, Make us advertisers of your way.

1. Lord we ask for your spirit to Guide and strengthen us with the good will of our brother and sisters in our endeavours for your justice. (R)
2. Lord, shake us loose from the manipulations of the drug industries. (R)
3. Lord, strengthen our resolve against the senseless use and prescriptions of drugs. (R)
4. Lord, help us to create institutions and movements to check the abuses in the production and distribution of drugs. (R)
5. Lord, Amidst the lack of information among consumers of drugs, we ask for the courage to enlighten their minds and to lighten the drain on their purses.

SECRET PRAYER

Hea-venly Fa-ther, hea-r the miseries of your people, liberate them the bonds which reduce them to acting as agents of the interests of prestige and power of drug producers and drug fans.

OFF. HYMN

TAKE MY HANDS

Take my hands and make them as your own,
And use them for your kingdom here on earth,
Consecrate them to your care,
Anoint them for your service where,
You may need your Gospel to be sown.

Take my hands they speak now for my heart,
And by their actions they will show their love,
Guard them on their daily course,
Be their strength and guiding force,
To ever serve the Trinity above.

Take my hands I give them to you Lord,
Prepare them for the service of your name,
Open them to human need,
And by their love they'll sow your seed,
So all may know the love and hope you give,

Take my hands, take my hands O Lord.

OFFERTORY PRAYER

Heavenly Father, we, like Moses bring our fears, hesitations, doubts and dilemmas into your presence - Transform this offering into a source of encouragement for others and ourselves.

PREPARE OF THE DAY

HOLY

Holy, holy, holy, holy, Lord of power, Lord of might
Heav'n & earth are filled with glory, sing Hosanna ever more.
Blest and holy, blest and holy, He who comes from God on high
Raise your voices, sing his glory, praise his name for ever.

EUCCHARISTIC CHAIN II

COMMUNION: We are one in the Spirit

We are one in the Spirit,
We are one in the Lord, (2)
And we pray that all unity
may one day be restored!

Ch: And they'll know we are,
Christians by our love, by our love,
Yes, they'll know we are Christians
by our love!

We will walk with each other,
We will walk hand in hand, (2)
And together we'll spread the news,
That God is in our land.

We will work with each other,
We will work side by side, (2)
And we'll guard each man's dignity,
And we-we each man's pride,

All praise to the Father
from whom all things come.
And all praise to Christ Jesus His only Son,
And all praise to the Spirit,
Who makes all things one.

COMMUNION PRAYER:

Lord, we have broken your bread, the token of your love,
and eaten it together. Keep us together in our resolve to
share your concern amidst the overpowering-interests of the
producers, distributors and users of drugs. Send us out
towards your people as responsible harbingers of your ways.

RECESSTONAL: WORLD STANDS IN NEED OF LIBERATION

The world stands in need of liberation, my Lord,
It still has to feel your power.
The blind and the deaf, the dumb and the maimed,
All need to feel your healing touch.
The world stands in need of liberation, my Lord,
It still has to learn to love.

There are those who have eyes but refuse to see
Their inhumanity to men;
There are those who have ears, but refuse to hear
The cries of men in agony.

There are those who have mouths, but refuse to speak
Against injustice done to men.
There are those who have hands, but refuse to reach
Them out in love and brotherhood.

There are those who have talents, they do not use
To build a new community.
And we know that we all have the talent to love
But leave it buried in ourselves.

Prepared by the STUDENT FRIARS and SIDNEY MASCARENHAS, ofm
St. Anthony's Friary, 85, Hosur Road,
Bangalore - 560034.

NEW LIFE (contd.)

3. You are the hope of all your dreams
The fountain of our being.
You give us living bread, you bid us come and eat.
We come to you,
We thank you for the hope of new life !
4. You are the joy of all our life,
The source of all our love.
You give us life everlasting, you bid us come and live.
We come to you,
We thank you for the gift of new life !

IF WE EAT OF THE LORD

If we eat of the Lord,
And we drink of the Lord,
Like the Lord we all shall be,
Then we live with His life,
And we share in His love,
And his truth will make us free.

The Lord tells us His plans,
Listen to His commands :
"To the Father come through Me,
Share this banquet of love,
Eat my flesh, drink my blood,
Do this in my memory",

"This command" says the Lord,
"I give specially to you,
Love each other as I love you,
By this sign all will know,
What I have to bestow,
Through this love, men I renew".

From this banquet of life,
Bring my love to the world,
Be a sign for all to see,
That I bring men my peace,
Through the breaking of bread,
That I come to make him free.

COMMUNION PRAYER :

God our Father, your Son was a good shepherd for his flock. He cared for them. He gave his life for them. May medical services arouse in them the life that you share with us each day at the Eucharist. This we ask of you Christ our Lord. Amen.

RECESSIONAL HYMN : O GIVE THANKS TO THE LORD

Ch : O give thanks to the Lord
for he is good (3)
Yes, eternal is His love.

O GIVE THANKS TO THE LORD (Contd.)

1. I will sing to my God never ceasing,
All my life, I will tell of His wonders,
He's the maker of all earth and heaven,
Of the ocean, the seas and all they hold !
 2. The Almighty is faithful forever,
He is just to the poor and the outraged,
It is He who gives bread to the hungry,
Who delivers the captives from their chains !
3. He gives sight to the blind in His mercy
And He raises the lowly, the humble,
It is He who gives shelter to strangers,
Every orphan and widow He defends !
 4. To the just He is gracious and loving,
But the wicked He foils and they stumble,
Yes, the Lord reigns forever and ever,
He is king over Zion without end.

Prepared by the FRIAR STUDENTS and SIDNEY MASCARENHAS ofn,
St. Anthony's Friary,
85, Hosur Road,
Bangalore - 5600 34.

Catholic Hospital Association of India

CBCI Centre, Goldakkhana, New Delhi 110001

SECOND ANNOUNCEMENT

41st Annual Convention of CHAI and Workshop on Drug Issues.

1. Programme

23 (Friday) to 25 (Sunday) November 1984 : Meeting on —
"TOWARDS A PEOPLE ORIENTED DRUG POLICY"
26 (Monday) November 1984 : Annual General Body Meeting.

2. Venue

St John's Medical College, Bangalore 560 034.

3. Participants

Members of CHAI and special invitees.

4. Theme

The Indian Council of Medical Research and the Indian Council of Social Science Research have warned in their "Health for All" report that "Eternal vigilance is required to ensure that the health care system does not get medicalised, that the doctor-drug producer axis does not exploit the people and that the abundance of drugs does not become a vested interest in ill-health". This meeting is to understand the issues relevant to drug prescribing, drug distribution and pharmacy policy in our institutions in the context of the above warning.

5. General Objectives

- 5.1. To inform and make aware the CHAI members of the background to the above problem highlighted by the Indian Council of Medical Research/Indian Council of Social Science Research.
- 5.2. To challenge them to participate in the growing national response to the problem through a —
 - a) continuing study of the problem;
 - b) commitment to action at an individual, institutional, regional and national level.
- 5.3. To do this in the light of CHAI's new vision and in keeping with the Church's option for the poor.

6. Specific Objectives

WHAT IS THE PROBLEM ?

6.1. To create an awareness of —

- w a) the health situation in India
- w b) the role of drugs in health care.
- w c) the pattern of drug production in India vis a vis the people's health needs ?
- w d) the dynamics of the drug industry
- w e) the patterns of drug distribution/availability in the health system
- w f) the national drug policies and laws.

6.2. To create an awareness of the growing —

- w a) irrational use
- w b) over use
- w c) misuse of drugs by health personnel

picture / statistics / we needess drugs
w = to be discussed at 3rd workshop.
GD = for group discussion.

slides

exhib. posters

counter ads. OPPS

6.3. To look at the above issues within the context of the *CHURCH HEALTH SERVICES*.

6.4. To try and understand the problem from the people's point of view. — visuals ? B. Rose

HOW/WHY THE PROBLEM ?

6.5. At the broader level to discover the social, economic, political, cultural and other factors responsible for this problem. — CHAI report, B. DAN, } member } deep supply

6.6. At a personal level to discover how all of us are part of the problem at the individual and the institutional levels. — (G-D)

WHAT TO DO TO TACKLE THE PROBLEM ?

6.7. To consider the various responses at national/international levels by groups/institutions/governments in the areas of —

- ✓ a) consumer awareness and people's movements —
- ✓ b) continuing professional education
- ✓ c) pressure groups on policy makers
- ✓ d) search for low cost alternatives
- ✓ e) individual/group action
- ✓ f) institutional policy changes

AIDAN
Initiatives — India
Abroad

6.8. To discuss ways and means by which participants can respond to this problem at

- a) individual,
- b) institutional, and
- c) regional/national levels

and identify ways and means by which follow up action will be taken on this growing commitment.

AN APPEAL

We request all member hospitals and dispensaries to send representatives who are involved with drug prescribing and or pharmacy policy in their institutions. These may be doctors/nurses/pharmacists or policy makers.

A preparatory check list of how to study the drug situation in your institution will be featured in the special issue of *MEDICAL SERVICE*—October-November 1984. Participants should use it to study their local situation so that their participation will be more meaningful. The special thematic issue will also give adequate background material for the meeting.

— EXECUTIVE DIRECTOR

Catholic Hospital Association of India

* For further information/suggestions on the theme, write to :

Drs Ravi & Thelma Narayan
Community Health Cell
326, 5th Main I Block
Koramangala, Bangalore 560 034.

* For further information on registration/accommodation/ticket arrangements etc., write to :

Sr. Anna Maria
Secretary
CHAI Annual Convention Committee 1984
St. Martha's Hospital, Nrupathunga Road
Bangalore - 560 009.

SUNDAY THE 25th NOVEMBER, 1984

THEME : INVOLVEMENT

PRAYER HYMN

OUR JOY, O LORD, IS IN YOU

1. Our joy, O Lord, is in you. (2)
You gather us around your table. (2)
You make us one at heart in peace and love.
2. Our light you are and our life.
You guide your people to the Kingdom.
You share with us, O Lord in peace and love.
3. This day of yours, Lord, we hail!
We long to hear your words of comfort,
and evermore to live in peace and love.
4. This bread of life we shall eat,
We'll share the cup that brings salvation.
United we shall be in peace and love.
5. To God the Father give praise.
To God the Son and Holy Spirit.
Give glory to the God of peace and love.

PREPARINGS: by the Celebrant

Introduction:

As human beings and Christians we are called to be co-creators with God. We are given the task of restoring to people their whole person, life and health through our human touch and care. It is through this process that the sick as well as ourselves become more wholesome. The Eucharistic celebration reminds us of the total self giving of Christ. Let us reflect today on the way we commit ourselves to God's task the people.

LORD HAVE MERCY: THERE'S A WIDENESS IN GOD'S MERCY

1. There's a wide-ness in God's mer-cy, Like the wide-ness of the sea;
There's a kind-ness in his justice, Which is more than lib-er-ty.
There is wel-come for the sin-ner, and more bless-ings for the good;
There is mer-cy with the Sav-i-or; There is healing in his blood.
2. For the love of God is broad-er Than the measure of man's mind;
And the heart of the E-ter-nal Is most won-der-ful-ly kind.
There is plen-ti-ful re-demp-tion In the blood that has been shed;
There is joy for all the mem-bers Now at one with Christ our Head.

GLORIA : Glory to God, Glory to God, Glory to the Father: (2)
To Him be glory forever (2)

Alleluia Amen (4).

2. 'Son of the Father

3. Glory to the Spirit

COLLECT:

Lord God be with us in the struggle of our eternal vigilance, that the drug industries may not exploit the people and that the abundance of drugs may not become a vested interest in ill-health. Protect us in the burdens and challenges of life. Help us to become more aware of your loving design so that we may more willingly give our lives in service of all. This we ask through Christ your son our Lord.

FIRST READING: James 3: 13-18

If there are any wise or learned men among you, let them show it by their good lives, with humility and wisdom in their actions. But if at heart you have the bitterness of jealousy, or a self-seeking ambition, never make any claims for yourself or cover up the truth with lies - principles of this kind are not the wisdom that comes from above; they are only earthly, animal and devilish. Whenever you find jealousy and ambition, you find disharmony, and wicked things of every kind being done; whereas the wisdom that comes down from above is essentially something pure; it also makes for peace, and is kindly and considerate; it is full of compassion and shows itself by doing good; nor is there any trace of partiality or hypocrisy in it. Peacemakers, when they work for peace, sow the seeds which bear fruit in holiness.

RESPONSORIAL HYMN: WHAT A FRIEND IN JESUS

1. What a friend we have in Jesus, all our sins & griefs to bear,
What a privilege to carry, everything to God in prayer,
O what grace we often forfeit, O what needless pain we bear,
All because we do not carry, everything to God in prayer.
2. Have we trials & temptations, is there trouble anywhere?
We shall never be discouraged, take it to the Lord in prayer.
Can we find a friend so faithful, who will all our sorrows share
Jesus knows our every weakness, take it to the Lord in prayer.

Allclaus: ALLELU, Allelu, Allelu, Alleluich
Praise ye the Lord.

GOSPEL: Mark 1: 29-34

On leaving the synagogue, he went with John straight to the house of Simon and Andrew. Now Simon's mother-in-law had gone to bed with fever, and they told him about her straightaway. He went to her, took her by the hand and helped her up. And the fever left her and she began to wait on them.

That evening, after sunset, they brought to him all who were sick and those who were possessed by devils. The whole town came crowding round the door, and he cured many who were suffering from diseases of one kind or another; he also cast out many devils, but he would not allow them to speak, because they knew who he was.

COMMENTARY ON THE READINGS:

We come from various parts of India. All of us are involved in medical service. Most probably we have experienced dark, difficult moments of crisis. We experienced various conflicts motivating us. We also face various opposing forces in medical services which we undertake.

On the first reading we are reminded about various possible forces which would motivate our commitment; the commitment of some is motivated by jealous regard for their own privileges. They quarrel about their rights, unabashed they seek their own ambition. Unabashed they are concerned about their own positions, glory and fulfillment. They lack the critical sense.

They are puppets of various powers. They are demons, as St. James calls them. Lacking the global view, they merely strive after their own individual needs and ambitions. Such commitment, says St. James, is opposed to God's spirit. Such commitment is opposed to divine love and charity. Such commitment is subservient to own needs and ultimately leads to the destruction of everything. God's spirit, divine love and charity requires that their involvement be truthful, open to reason and other-oriented. God's love requires that service is equated with compassion. In other words, God's love

demands that they involve themselves in the suffering of others, not merely on an individual but also on a global basis to their commitment, if it is divine, proceeds from beyond their own needs and desires for self-fulfilment. Their commitment, if it is divine, rises above any sort of rivalry, partiality and hypocrisy. Their commitment, if it is divine sows peace.

Peace, which bears fruit, is holiness or, should we say, wholesomeness of health?

In the Gospel reading we see the Lord, heal the mother-in-law of Peter. He did not trade his healing power for a livelihood. He went to her. He took her by the hand. He helped her up. In other words, he awoke something in her. He awoke her full humanity. We read that when he healed her, she in her turn began to wait on them. She in her turn began to serve them. Jesus' healing service awakens man to his neighbour. Man when touched by Jesus, is rid of his selfish powers. Man when touched by Jesus, finds his jealousy and the spirit of rivalry numbed. Man, when touched by Jesus, finds himself serving the other. Man, when touched by Jesus, becomes the other-oriented, not self-oriented.

Let us today reflect on our own involvement in the medical field. Let us discern today, the forces at work in our own commitment as well as in the commitment of all medical services.

Do we merely cure people of their maladies? Do we merely trade for our livelihood through the medical profession. Does the Spirit of our commitment enable us to unmask the forces of de-humanization which is at work all around us? Do our medical service re-enforce and encourage the resources of life in each patient and in society? Do our medical services make us craftsmen of wholesome humans and societies?

PRAYER OF THE FAITHFUL:

Celebrant: Let us express our intercessions in the assembly of God.

1. We pray for this whole congregation. That we may bring about a universal family of love and brotherhood where everyone's physical and mental illness is well looked after. For this, we pray to the Lord.

Res: Lord make us craftsman of wholesome humans and societies.

2. Let us pray that we impart our healing power through the help of drugs in the spirit of Christ.

Res: Lord make us craftsman of wholesome humans and societies.

3. We pray that we may have the courage to work for justice and peace among all our exploited sick people.

Res: Lord make us craftsman of wholesome humans and societies.

4. We pray for the wisdom to diagnose patients as your loving gifts to us and not as objects of drugs. For this, we pray to the Lord.

Res: Lord make us craftsman of wholesome humans and societies.

5. We pray for the spirit of discernment in the matter of our involvement and prescription of drugs for your people. For this, we pray to the Lord.

Res: Lord make us craftsman of wholesome humans and societies.

Let us Pray: God, our Father, listen to the intercessions of your people. Strengthen them in their resolve. This we ask through Christ our Lord.

CONFESSORY HYMN:

ACCEPT ME MY LORD

Ref.: Accept me, my Lord, accept me for this while,
accept me, my lord.

1. Let these orphaned days that passed
without Thee, be forgotten.
2. Only spread this little moment wide across thy lap,
Holding it under thy light.
3. I have wandered in pursuit of voices
That drew me, yet led me nowhere
4. Now let me sit in peace and listen to thy words
In the soul of my silence.
5. Do not turn away thy face
from my heart's dark secrets,
But burn them till they are alight with thy fire.

SECRET PRAYER:

God, author of all life, we offer you bread and wine.
They are the symbols of our involvement in medical service. Bread
symbolizes the fruits of our trade by which were able to meet our daily
nourishments. Wine signifies the sorrow, the loneliness, the joy and the
Spirit of working together which we experience in our medical profession.
May this our involvement be transformed into the Spirit of your Son.
This we ask of you through Christ our Lord.

PREFACE OF THE DAY:

HOLY: Leader : Holy, holy, holy Lord, God of power and might.
Assembly : Holy, holy, holy Lord, God of power and might.
Leader : Heaven, heaven and earth are full of your glory.
Assembly : Heaven, heaven and earth are full of your glory.
Leader : Sing hosanna
Assembly : Sing hosanna
Leader : Sing hosanna
Assembly : Sing hosanna
Leader & Assembly : Sing alleluia

Leader : Blessed, blessed is he who comes in the name
of the Lord.
Assembly : Blessed, blessed is he who comes in the name
of the Lord.
Leader : Sing hosanna

EUCCHARISTIC PRAYER : Canon II

COMMUNION HYMN : NEW LIFE ! NEW LIFE !

New life ! New life ! You came to bring us new life.
New life ! New life ! We find such joy in your abundant
life.

1. You are the source of our great joy,
The fountain of all life.
You give us living water, you bid us come and drink,
We come to you, we bless you, Lord, we glorify your name !
We praise you, Lord, we worship you,
We thank you for your gift of new life !
 2. You are the source of our new life,
In your light, we see light
You show to us your goodness, you bid us taste and see
We come to you,
- We thank you for your gift of new life !

ROLE OF TRADITIONAL MEDICINE IN PRIMARY HEALTH CARE

Traditional systems of medicine are deeply rooted in the civilization of Asian Region and India in particular has recognized systems of traditional medicine which have continued to flourish upto modern times. Practitioners of traditional systems of medicine in like manner have remained a part of the community they serve. Being sensitive to the traditions, beliefs and customs of the people they exert considerable influence within the community in relation to health and health related practices.

Recognizing this health man-power potential in the delivery of primary health care services the joint UNICEF / WHO study recommended to mobilise and train practitioners of traditional systems of medicine for primary health care services.

Traditional medicine is the sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing. 2.

The traditional systems of medicine practiced in our country recognised by the Government include the Ayurveda, Siddha, Unani, Yoga and naturopathy systems. In our country today there are 4,50,000(3) traditional practitioners out of which, 3,41,408 are traditionally trained. This includes herbalist, bonesetters, spiritual healers and traditional birth attendants and another 1,08,592 institutionally qualified practitioners in various systems of traditional medicine. / there are

It is unfortunate that a large number of these practitioners are in the field but largely working outside the National Health Service system. The manpower potential available may be utilised for primary health care services for achieving the goal of health for all by the year 2000.

A combination of traditional healing and modern medicine appears to be the most promising and appropriate for the health problems facing the developing countries. Ayurveda or the "Science of Life" contributes much in this direction as majority of the Ayurvedic preparations are cost-effective non-toxic and can be prepared locally.

It is well known that in many ailments of functional origin like constipation, dyspepsia, indigestion and cases that have proved refractory to modern medical treatment good results have been produced by the indigenous system. Yoga practice and meditation, forms the part of the indigenous system. They were once considered only as a subjective experience. These practices have been objectively assessed and their physiological effects and possible clinical application in many anxiety disorders are being recognised.

The practitioners of Ayurveda normally prepare the medicines needed for the patients in their own clinics from simple decoctions to powder. The physician also advises the patient to prepare them in their own homes, from locally available herbs. For example in villages combination of Thulasi leaves juice, pepper powder and honey for cough is used which is inexpensive, effective and also easily available in rural areas. However in urban areas the practitioners give prescriptions for patent drugs which are available at Chemists and Drug shops. The large scale production of Ayurvedic drugs is now undertaken by many pharmaceutical companies like Himalaya Drug Company, Baidyanath Company and Indian Medical Practitioners Co-operative Pharmacy and Stores Limited (IMCOPS) Madras using modern pharmaceutical technology. These products include patent, proprietary and classical preparations. Every state has got its own drug standardisation centre which supervises and maintains standard of Ayurvedic drugs. There are as many as 4500 pharmacies which produce these drugs in South - Eastern Asia. Statutory controls over the manufacture of Ayurvedic drugs are also enforced in some countries.

Ayurvedic pharmacopoeia contains 8000 recipes. Besides these there are large number of recipes which have not been documented but which are used by the community in every day practice.

C.M.C.

Paper Presented by Dr. T. N. Manjunath, Assistant Medical Officer, (ISM) CHAD Programme, at the workshop on "Towards a People-oriented Drug policy" at St. John's Medical College, Bangalore from 23rd to 25th November, 1984.

Ayurvedic medicines are prepared in the form of distillates (Arka) fermented preparations (Asava, Arishta) Linctus (lehya) incinerated minerals, Ghalls (bhasma) powder (Choorna) ghas (Gritham) Tablets, pills (vati) decoction (Kwatha).

The Community Health and Development (CHAD) Programme of the Community Health Department of Christian Medical College is studying the feasibility of incorporating the traditional practitioners in the Primary Health Care. The CHAD Programme provides services for the entire block of Kaniyambadi with a population of 80,000. This study is being conducted in a population of 15,000.

Availability of Ayurvedic, Allopathic and Accupuncture treatment under the same roof is a unique feature of the CHAD health programme and is a definite step towards integration.

The objective of the study is to identify the constraints which prevents the effective involvement of practitioners of traditional medicine in primary health care programme and evolve strategies for their greater involvement in promotion of Family Planning, Maternal and Child Health (MCH) and immunization programmes. It also includes their orientation, training, monitoring and supervision and identify areas where integration is possible. It also aims to identify possible linkage between the practitioners of traditional systems of medicine and national health care system.

11 Practitioners have been identified in the 15,000 population. These practitioners were interviewed, and their willingness to participate in the programme determined. The practitioners are visited by the Assistant Medical Officer of Indian Systems of medicine of the CHAD Programme and their activities are supervised every week, during which he tries to establish a good rapport and get their participation in the health programmes.

Initially they were reluctant to share their knowledge and practices. After gaining the confidence in the programme through the repeated visits of the health team they slowly started sharing their knowledge and techniques. They were also afraid that their practices may be asked to be stopped or controlled. This was overcome by assuring them that their practices which are good and helping the community will be maintained and strengthened. They were also informed of the unhealthy practices like branding, and persuaded to discontinue them.

They had misconception that vasectomy affects their general health and makes man very weak and he is susceptible to diseases. This was removed by continued education by all categories of health workers of the programme.

Initially they were treating even those conditions which were not responding to their treatment and after education they are convinced that certain conditions like high fever, of 3 days duration, bleeding should be referred for modern medical care.

There was no proper reporting system regarding the type of cases treated. They were asked to maintain a record in which they have to register the Name, Age, Sex, Complaint, Treatment, Response and referral. This will be scrutinized and supervised.

In the early stages there was over reporting of cases by the practitioners. This was cross checked by surprise visits when they were asked to show the cases. Following this over reporting came down.

It is observed from the preliminary studies that the traditional practitioners by virtue of their close association with the community plays a key role as educator and change agent on matters relating to health and family welfare. He, as a part of health team, actively involves himself with national health programmes both as a practitioner and as a community leader. They are being used in the Tuberculosis, filariasis, Rf/RHD, Malaria eradication programmes.

Diarrhoeal diseases which causes high morbidity and high infant mortality needs promotion of oral rehydration therapy, which would make an impact particularly on the infant mortality. The traditional practitioners have been educated on the correct use of oral rehydration salts and its practical application in the treatment of acute diarrhoeas with the ultimate goal of making oral rehydration therapy for treatment of diarrhoeas a routine practice in the community.

ORS packets are distributed to them repeatedly and they are taught to prepare ideal oral rehydration solution in the absence of readymade packets in which they have shown a definite improvement in the management of diarrhoeas.

These traditional practitioners are educated on various health and health related problems in their own village and in their own language. Oral rehydration for the child with diarrhoea has also been accepted with enthusiasm in preference to the crude cauterisation or branding. This is really a change brought about by their

education, helped changing their attitude regarding some beliefs which does not have any basis.

The high cost of drugs and inability of many developing countries to purchase such drugs have prompted several countries to look forward for local products in the form of medicinal plants and herbal medicines that have proved to be effective, safe, inexpensive and culturally acceptable.

In this direction a herbal garden is grown in CHAD Campus as a means of home remedy for common ailments and also encouraging traditional practitioners to identify locally available and commonly used medicinal plants and herbs and make use of them in their treatment. The community is being educated regarding herbs in the Mahila Mandal (Women's Group) as a means of home remedy to make people become more self-reliant and make herbal medicine as people's medicine.

A few low-cost effective remedies taught at Mahila Mandal (Women's Club) meeting and used by the community.

1. For cold inhalations of eucalyptus oil in boiling water helps much relieving cold or fumes of turmeric powder.
2. Pomegranate skin dry powder in buttermilk helps in certain cases in relieving Dysentery.
3. Decoction of oman seeds helps in relieving tummy ache in case of indigestion.
4. For fresh cuts and wounds fresh ginger paste with Jaggery helps much in healing and stops pus formation.
5. Scabies paste of margosa leaves mixed with turmeric helps much.
6. For scorpion stings rubbing a piece of onion on the site of the sting and refer to hospital.
7. For intestinal worms seeds of papaya works effectively.
8. Clove oil application for tooth ache.
9. For certain diabetic cases in the community bitter gourd has helped much in bringing down blood sugar level.

References:

1. Primary Health Care: Report of the International Conference on Primary Health Care, WHO Geneva Health for all series No.1, 1978
2. Promotion and development of Traditional medicine, WHO Geneva Technical reports series 1978, 622.
3. Gunaratna V.T.H., Voyage towards health, New Delhi, Mc Grawhill, 1980.

tar.

11 Day

Dr. Kava

SATURDAY THE 24th NOVEMBER, 1984

THEME : THE GREAT PHYSICIAN: What is the Lord telling us?
INTROSPECTION

ENTRANCE HYMN

LET'S TALK ABOUT JESUS

Let's talk about Jesus,
The king of Kings is He,
The Lord of Lords supreme;
Thro'out eternity.
The great I AM the way.
The Truth, the Life, the Door.
Let's talk about Jesus more and more.

Let's talk about Jesus,
Let all the world proclaim;
The Pow'r and Majesty.
Of such a wondrous name,
The Babe of Bethlehem,
The Bright and Morning Star,
Let's sing His praises near and far.

Let's talk about Jesus,
The prince of Peace is He,
The great Physician too,
Down thro' all history,
The Lily pure and white
The Rose of Sharon fair,
The shepherd of such tender care.

GREETINGS : Opening words by the Celebrant.

INTRODUCTION :

Dear friends,

Today we gather around the table of the Lord: The Great Physician! We want to open our minds and the medical profession to the illnesses of the people, rather than the needs of the medical industries, the medical institutions and our professional needs. Let us celebrate God's word and see how the Lord approaches his people in their illness. Let us see how God heals us, God, the Great Physician.

COLLECT (Introductory Prayer)

Lord God, our loving Father, we, your children, have come around this table to listen to your word. We, your people, are burdened with the excessive use of drugs. Look upon the affliction of your people. Liberate us. Heal us, so that we may move towards a wholesome situation. Through Christ our Lord, Amen.

1st Reading: Exodus 3: 7 - 12

And Yahweh said, 'I have seen the miserable state of my people in Egypt. I have heard their appeal to be free of their slave-drivers. Yes, I am well aware of their sufferings. I mean to deliver them out of the hands of the Egyptians and bring them out of that land to a land rich and broad, a land where milk and honey flow, the home of the Canaanites, the Hittites the Amorites, the Perizzites, the Hivites and the Jebusites. And now the cry of the sons of Israel has come to me, and I have witnessed the way in which the Egyptians oppress them, so come, I send you to Pharaoh to bring the sons of Israel, my people, out of Egypt.'

Moses said to God, 'Who am I to go to Pharaoh and bring the sons of Israel out of Egypt? 'I shall be with you,' was the answer' and this is the sign by which you shall know that it is I who have sent you ... After you have led the people out of Egypt, you are to offer worship to God on this mountain.'

RESPONSORY : FOR YOU ARE MY GOD

Ch : For you are my God, You alone are my joy.
Defend me. O Lord.

1. You give marvelous comrades to me,
The faithful who dwell in your land;
Those who choose alien gods
Have chosen an alien band.
2. You are my portion and cup;
It is You that I claim for my prize.
Your heritage is my delight:
The lot You have given to me.
3. Glad are my heart and my soul;
Securely my body shall rest.
For you will not leave me for dead,
Nor lead your beloved astray.
4. You show me the path for my life;
In your presence the fulness of joy.
To be at your right hand forever
For me would be happiness always.

ALLELUIA : JESUS IS LORD

Hallelujah, (2) give thanks to the risen Lord
Hallelujah, (2) sing praise to His Name.

Jesus is Lord over all the earth,
He is the King of Creation

Spread the good news around the earth,
Jesus had died and is risen.

We have been crucified with Christ,
Now we shall live forever.

God has proclaimed a just reward
Life for all men Hallelujah.

GOSPEL READING : Mark 5 ; 24 - 34.

Jesus went with him and a large crowd followed him; they were pressing all round him. Now there was a woman who had suffered from a haemorrhage for twelve years; after long and painful treatment under various doctors, she had spent all she had without being any the better for it, in fact she was getting worse. She had heard about Jesus, and she came up behind him through the crowd and touched his cloak. 'If I can even touch his clothes,' she had told herself 'I shall be well again.' And the source of the bleeding dried up instantly, and she felt in herself that she was cured of her complaint. Immediately aware that power had gone out from him, Jesus turned round in the crowd and said, 'Who touched my clothes?' His disciples said to him, 'You see how the crowd is pressing round you and yet you say, "Who touched me?"' But he continued to look all round to see who had done it. Then the woman came forward, frightened and trembling because she knew what had happened to her, and she fell at his feet and told him the whole truth. 'My daughter,' he said 'your faith has restored you to health; go in peace and be free from your complaint.'

COMMENTARY ON THE READINGS :

In the first reading, we come to know something about the God we believe in. We come to know something about his acts, how he relates Himself to people.

He tells us : "I have seen the miserable state of my people in Egypt."

God sees the miseries of people. He is not blind to the oppression people have to undergo.

Not only does he see, he even hears their appeal. He says; "I have heard their appeal."

Further, God does not merely hear their appeal, he analyzes their situation. He examines the forces which are at work and causing His people's oppression. He notices that among men there are slaves and the slave-drivers. He does not stop with an analysis of human society. He does not stop at a medical diagnosis. He goes further. He also hears their plea to be free from their oppressive forces. He says : "I have heard their appeal to be free of their slave-drivers."

Our God is a God who is well aware of His people's sufferings.

But awareness alone is not enough for our God. He is a God who acts. He tells Moses : "I mean to deliver them out of the hands of Egyptians and bring them out of that land, to a land rich and broad. A land where milk and honey flows."

In other words, our God is a God who means to deliver oppressed people out from a situation of conflicts and oppression. Our God gives his people a hope of a wholesome situation. This process and wholesome situation is to be a sign that he is at work. Our God thus leads his people towards a wholesome situation, where men search ways in order that they may not oppress their fellowmen. Such is our God according to the first reading.

In the Gospel text, we hear about crowds following Jesus pressing all around him. They followed him and press him with request for instantaneous healing.

There was also among them a woman who suffered from a haemorrhage for twelve years. She had undergone long and painful treatment under various doctors for twelve years.

This woman searched for Jesus. She had faith in him. She does not say : "Lord, heal me instantaneously." She rather touches him quietly. She longs for the moment when she could tell her whole story to Jesus of Nazareth.

Jesus on his part, shuns those who followed Him, with request for instantaneous healing. He refused to be a wonderman. He refused to provide wonder-prescriptions and drugs for healing. Whereas with regard to the woman with the haemorrhage, who sought to tell him the full story, He turned around to listen to her. He made time so that she could tell him the whole truth. Then only was she restored to whole health, through her faith in Him. Then only could He truly say to her, 'Go in peace and be free from your complaint.'

How do we medical personnel respond to the patients who visit us? Do we merely play the wonderman, providing instantaneous relief with the help of drugs? Do we merely prescribe a pill for every ill and an ill with every pill? Do we like Yahweh discern between the oppressive forces and the oppressed? Do we like Yahweh give our

patients the hope of a wholesome situation, a land of milk and honey ? Do we like Jesus of Nazareth, provide the time, so that the whole truth can be related to us by the patients ? Do we like Jesus of Nazareth seek to restore whole health to our patients ?

It is only when we seek the cause of oppression and offer a situation to our patients, that we witness that God has sent us to them and that we are revealing God's love for them.

PRAYER OF THE FAITHFUL :

Celebrant : Brothers and sisters, let us make known our needs to the Lord.

Response : Hear our prayer, O Lord.

1. That the medical personnel be liberated from prescribing people merely pills for every ill and an ill with every pill. For this we pray to the Lord.
2. That we realize that drugs alone do not make people whole For this we pray to the Lord.
3. That the numerous villages in our country receive the basic medical care for a wholesome and happy life. For this let us pray to the Lord.
4. That we have the courage to create time to encounter people with your saving touch. We pray to the Lord.

Let us pray : God our Father, you sent your only Son, Jesus, as the Saviour and healer of humanity. We too have been called by you to continue the good works he has begun. Help us in our endeavours. We make this prayer thru Christ Our Lord. Amen.

OFFERTORY HYMN : I SURRENDER ALL

All to Jesus I surrender
All to Him I freely give
I will ever love and trust Him
In his presence daily live.

Ch : I surrender all, I surrender all
All to thee, my blessed Saviour
I surrender all

All to Jesus I surrender
Humbly at His feet I bow
Worldly pleasures all forsaken
Take-me Jesus, take me now.

All to Jesus I surrender
Lord, I give myself to Thee;
Fill me with Thy love and power,
Let Thy blessing fall on me.

OFFERTORY PRAYER :

Everloving Father, accept these gifts of bread and wine as symbols of ourselves. As you transform them into the body and blood of your Son, transform us likewise. May we bring true healing to all those in need, just like your Son who offered genuine service not for His glorification, but unto your glory. This we ask of you through Christ our Lord. Amen.

EUCCHARISTIC PRAYER : Canon II

COMMUNION HYMN : SONS OF GOD

Ch : Sons of God, hear his Holy Word,
Gather round the table of the Lord
Eat his Body, drink his Blood,
And we'll sing a song of love,
Allelu (3) alleluia.

1. Brothers, sisters, we are one,
And our life has just begun;
In the Spirit we are young;
We can live forever.

2. Jesus gave a new command
That we love our fellow man,
Till we reach the promised land,
Where we'll live forever.

3. If we want to live with Him,
We must also die with Him,
Die to selfishness and sin,
And we'll rise forever.

4. Make the world a unity,
Make all men one family,
Till we meet the Trinity,
And live with them forever.

5. With the Church we celebrate
Jesus' coming we await;
So we make a holiday,
So we'll live forever.

DEEP CALLS TO DEEP

1. Deep calls to deep, and my soul finds no resting place but him,
He is my God, the yearnings of my heart his touch can still.

Ch ; And each rare moment that I've felt his presence,
I shall remember and forever cherish.

2. Deep calls to deep, and at his feast I am welcome guest,
He gives me food, the hunger of my soul is laid to rest.
And each rare moment

3. Deep calls to deep, for he created me to be his own
He understands the joy and pain of life he too has known.
And each rare moment

THANKSGIVING PRAYER :

Heavenly Father, thank you for the bread of heaven with which you have nourished us and have revealed to us your loving care and concern. We make this prayer through Christ our Lord. Amen.

RECESSIONAL HYMN : GREAT, BIG WONDERFUL GOD

We've got a great big wonderful God, Hallelujah;
Great big wonderful God,
A God who's always victorious,
Always watching over us,
Great big wonderful God.

We've got a great big wonderful God, Hallelujah;
Great big wonderful God,
A God who loves every one of us,
Does so much for all of us,
Great big wonderful God.

He never, never, leaves us,
He's always standing by,
To pick us up if we stumble,
We're the apple of His eye.

We've got a great big wonderful God, Hallelujah;
Great big wonderful God,
Oh what a glory it is to sing
Praise to our coming King,
Great, big, wonderful God.

We've got a great, bit, wonderful, marvellous,
Glorious -
We've got a great, bit, wonderful God !

Prepared by the FRIAR STUDENTS and SIDNEY MASCARENHAS, O.F.M.
of St. Anthony's Friary,
85, Hosur Road
Bangalore - 560034.

I Day - Inauguration Dr. Ravi

THE CATHOLIC ASSOCIATION OF INDIA
THE 41st NATIONAL CONVENTION AND WORKSHOP
INAUGURATION MASS, FRIDAY 23rd NOVEMBER, 1984.

THEME : ENTER INTO OUR EXPERIENCES WITH OPENNESS AND THE INSPIRATION OF GOD'S SPIRIT.

BHAJAN : Om Bhagavan (3)
Om Bhagavan Prabhu Pita Bhagavan
Om Bhagavan (3)
Om Bhagavan Prabhu Christa Bhagavan
Om Bhagavan (3)
Om Bhagavan Prabhu Atma Bhagavan.

ENTRANCE : LISTEN

Listen, let your heart keep seeking,
Listen to his constant speaking,
Listen to the Spirit calling you.
Listen to his inspiration,
Listen to his invitation,
Listen to the Spirit calling you.

1. He's in the sound of the thunder, in the whisper of the breeze.
He's in the might of the whirlwind, in the roaring of the seas.
2. He's in the laughter of children, in the patter of the rain.
Hear him in cries of the suffering, in their moaning and their pain.
3. He's in the noise of the city, in the twitter of the bird.
And in the nighttime the stillness helps you listen to his word.
4. He speaks through all your companions, thru the friendly, thru the foe.
Therefore give ear to the Spirit wheresoever He may blow.

GREETINGS : Opening words by the Celebrant.

INTRODUCTION :

Dear friends,

We have come here with different experiences. We use a lot of drugs which are dumped on us by industries. Often, we feel forced to play up to the expectations of people, lest we be considered useless doctors and nurses. Most of us do not have time to address ourselves to the real needs of people. We are drowned with specimens of pills for every ill. We cannot spend too much time in listening to the needs of people, lest we be considered incompetent and indecisive. We come from the situations which are appalling and lack basic health amenities.

Today as we listen to God's word and celebrate the Eucharist, let us ask ourselves how are we to address ourselves to the real needs of the people during the coming days. Let us pool our experiences in order that the whole well-being of humanity may find peace and joy in their hearts.

COLLECT (See the last page)

LORD HAVE MERCY

Lord have mercy on your servants (3)
Lord have mercy on us all.

Christ have mercy on your servants (3)
Christ have mercy on us all.

Lord have mercy on your servants (3)
Lord have mercy on us all.

GLORIA

Glory to God, Glory to God, Glory to the Father; (2)
To him be glory forever (2)

A L L E L U I A Amen (4)

2. Son of the Father

3. Glory to the Spirit

1st Reading : Exodus 2; 11 - 15 (See page 3)

RESPONSORY - Oh, The Love Of my Lord

1. Oh, the love of my Lord is the essence
Of all that I love here on earth.
All the beauty I see he has given to me
And his giving is gentle as silence.
2. Every day, every hour, every moment
have been blessed by the strength of his love
At the turn of each tide, he is there at my side.
And his touch is as gentle as silence.
3. There've been times when I've turned from his presence
And I've walked other paths, other ways.
But I've called on his name in the dark of my shame.
And his mercy was gentle as silence.

Alleluia

1. Word of God, come down on earth, alleluia
Touch our hearts and bring to birth, alleluia
Faith and hope and lasting love, alleluia
Word of God, come down on earth.
2. Speak to us, eternal Word, alleluia
You who brought all things to life, alleluia
Word that came from heav'n to die, Alleluia
Speak to us, eternal Word.
3. Speak and heal our mortal ills, alleluia
Word that caused blind eyes to see, alleluia
Deaf we are, our healer be, alleluia
Speak and heal our mortal ills.
4. Word made flesh, we long for you, alleluia
Word that speaks the Father's love, alleluia
Word that sends the Spirit blest, alleluia
Word made flesh, we long for you.

1st Reading

Moses, a man by now, set out at this time to visit his countrymen and he saw what a hard life they were having; and he saw an Egyptian strike a Hebrew, one of his countrymen. Looking round he could see no one in sight, so he killed the Egyptian and hid him in the sand. On the following day he came back, and there were two Hebrews, fighting. He said to the man who was in the wrong, 'What do you mean by hitting your fellow countrymen?' And who appointed you the man retorted 'to be prince over us, and judge? Do you intend to kill me as you killed the Egyptian?' Moses was frightened, 'Clearly that business has come to light' he thought. When Pharaoh heard of the matter he would have killed Moses, but Moses fled from Pharaoh and made for the land of Midian. And he set down beside a well.

Gospel : St. Luke 10: 29 - 37.

But the man was anxious to justify himself and said to Jesus, 'And who is my neighbour?' Jesus replied, 'A man was once on his way down from Jerusalem to Jericho and fell into the hands of brigands; they took all he had, beat him and then made off, leaving him half dead. Now a priest happened to be travelling down the same road, but when he saw the man, he passed by on the other side. In the same way a Levite who came to the place saw him, and passed by on the other side. But a Samaritan traveller who came upon him was moved with compassion when he saw him. He went up and bandaged his wounds, pouring oil and wine on them. He then lifted him on to his own mount, carried him to the inn and looked after him. Next day, he took out two denarii and handed them to the innkeeper. "Look after him," he said "and on my way back I will make good any extra expense you have," Which of those three, do you think, proved himself a neighbour to the man who fell into the brigands' hands?' 'The one who took pity on him' he replied. Jesus said to him, 'Go, and do the same yourself'.

Commentary on the readings

Dear friends;

Today's two readings are very beautiful stories. Most of us have heard them many times. Yet let us once more dwell on them and see their meaning for us Doctors, Priests, Nurses, Nuns and health-workers.

Conflicts always exist. If we are part of this world, we always experience conflicts between vested interests.

As long as Moses lived in the palace, he also experienced conflicts. He saw an Egyptian strike a Hebrew. He thought he had solved the conflict. But the very next day, he saw his own people fighting. When he asked his fellow man who was in the wrong: 'What do you mean by hitting your fellow countryman, the man retorted; "Who appointed you to be the prince and judge over us. Do you mean to kill me as you killed the Egyptian." This made Moses frightened and made him get cold feet. It made him retreat from entering into and resolving the conflict. He

fled the place and sat down by a well—a well, the source of life!

In the Gospel text we have the response of Jesus to the lawyer. The lawyer wants to catch Jesus on his words and justify himself—his self-complacency. He rhetorically asks Jesus: "Who is my neighbour?" He was convinced that each man lives his own self — that each neighbour is an extended ego of himself that each man minds his own business and leaves the fate of the conflicts around him in the hands of God. He was convinced that he should love his neighbour merely to inherit eternal life. To this self-complacent lawyer Jesus told the story of the good Samaritan. He told him of a man who lay by the way side—beaten up and half dead, most probably this man was a Jew. A priest happened to travel on the same road. A levite also travelled on the same road. Both the priest and levite were also Jews. But probably, they suspected this was a trap set up by brigands. So if they stopped they would themselves be the victims of the gang. But a Samaritan, a rival of Jews who, perhaps, also was aware of the brigands who trapped and over laid travellers on the road, stopped. He had compassion. He took upon himself the suffering of the man along the way side. He decided to be responsible for the victim of the conflict, although as Samaritan he was despised by the Jews. He did not leave this victim who rivalled him to his fate.

In our world of Medical Service no one can deny that there are conflicts between vested interests. We have come here together to share our experiences of being victims of vested interests.

What are these vested interests?

Drugs have become commercialized, they have become an industry. They are profit oriented. They are not health oriented. People want doctors to prescribe them the latest drugs. They want drugs — not health. And lastly, vested interests want certain banned drugs to be produced despite the knowledge of their ill-effects on the health of people.

Doctors are tantalized with the financial and material gains which are offered if they prescribe certain drugs. Their prestige in the eyes of patients is heightened with the help of wonder-drugs which cure instantaneously and keep them unaware of impending illnesses caused by these same drugs. In short, it looks as if man is doomed to drugs and drugs are not produced to restore health. There is a drug for many ills, and an illness from many drugs.

Where do we stand amidst these conflicts of vested interests? Do we like Moses take flight and flee the situation? Are we like the lawyer very complacent and legal-minded? Are we like the priest and levites who are afraid to take the risk of burdening themselves with the victims of such conflicting situations? Or are we going to be like the Samaritan, burdening ourselves with the sources of this conflict and searching for the human even in the man who is his victimised rival?

Ce: — Brothers and Sisters, let us express our intercessions before the Lord.

Prayer of the faithful:

1. Heavenly father, we come here to be opened and challenged by you. Let your wisdom and love possess us. For this, let us pray to the Lord.

Res: Jesus we trust in you.

2. Physicians prescribe medicines of which they know little, to cure diseases of which they know less, in human beings of which they know nothing. Grant that in these coming days we may deepen and strengthen our service of healing. For this, let us pray to the Lord.

Res: Jesus we trust in you.

3. Lord Jesus, our people are oppressed by drug culture and by the vested interest of drug industries. Help our people to make them realize what is really good. For this, let us pray to the Lord.

Res: Jesus we trust in you.

4. O God, you are the great physician, give us the right knowledge and wisdom to diagnose the real cause of sickness. For this, let us pray to the Lord.

Res: Jesus we trust in you.

5. We pray for each individual who has gathered here- may we learn from Jesus the healer and thus practice his love and concern in our lives. For this let us pray to the Lord.

Res: Jesus we trust in you.

Prayer: Lord, hear the prayers of your faithful. Strengthen their will to be open to your Son and the guidance of your Spirit in what they share during the coming days. This we ask through your Son and your Spirit, one God forever and ever. Amen.

Offertory: Accept Me, My Lord

Chorus: Accept me, my Lord, Accept me for this while,
accept me my Lord.

1. Let those orphaned days that passed without thee be forgotten.
2. Only spread this little moment wide across thy lap holding it under thy light.
3. I have wandered in pursuit of voices that drew me yet led me nowhere.
4. Now let me sit in peace and listen to thy words in the soul of my silence.
5. Do not turn away thy face from my heart's dark secrets, but burn them till they are alight with thy fire.

Secret Prayer: Lord, God, we come here with heavy hearts, often we feel ourselves the victim of drug industries and drug cravings of people. Grant that our service may be life giving just as this bread and wine is a source of wholesome life for all times.

Preface of the Day:-

Holy:

Holy, holy, holy, holy, God of might and God of power
Glory fills all earth and Heaven, sing hosanna to the Lord.

Blessed is the one who comes, comes in the glory from the Lord
Raise your voices sing his praises, sing hosanna to the Lord.

Eucharistic Canon II

Communion: Jesus you are my salvation

Jesus, you are my salvation,
Jesus, you're my inspiration.
Jesus, you're the treasure of my life.

1. Jesus, you offer new sight to the blind,
Healing the crippled, the deaf and the mute,
Cleansing the leper and banishing ills,
Raising the dead to life.
2. Jesus, you nurture the hungry with bread,
Stilling the tempest and calming the sea,
Turning life's water to glittering wine,
Shedding your blood for me.
3. Jesus, my refuge, in you do I trust,
Jesus, my Saviour, in you I rejoice,
Jesus, my way and my truth and my life.
Jesus who sets me free.

4. Jesus, the wisdom and power of the Lord,
Jesus, our high priest, our passover Lamb,
Jesus, the brightness and image of God,
Jesus, the King of peace.

Communion Prayer:

Jesus, we have partaken in the bread of life and in the experiences of your people. Grant that in the coming days we may continue this sharing so that your will be done. This we ask of you through Christ our Lord.

Recessional:

IT'S UP TO ME

1. There's my neighbour so lone and forgotten,
It's up to me to make things lighter for him.
There's my neighbour so lone and forgotten.
It's up to me to help him through.
If I can work with courage for the rights of men,
Then my neighbour, so lone and forgotten,
May find the strength to live to-day.

Love and friendship have a power,
Love and friendship can bring new Joy
and hope to men.
2. There's my neighbour who can't get employment.
3. There's my neighbour who's seeking a lodging.
4. There's my neighbour who can't get a hearing.
5. There's my neighbour so tried by injustice.

COLLECT PRAYER

O God, we have come together to pool our experiences in the field of medical Service. Open our eyes, hearts and minds, so that we may touch by the real "question of Service. As we listen to you, may our vocation of service find new dimensions and be inspired by your spirit, not by our cravings or our societal fads.

Prepared by the STUDENT FRIARS and SIDNEY MASCARENHAS, ofn,
St. Anthony's Friary, 85, Hosur Road,
Bangalore - 560034.

Workshop on 'TOWARDS A PEOPLE-ORIENTED DRUG POLICY'

24-25 Nov 1984: St John's Medical College, Bangalore

Brief resume of resource personnelC M Francis

First Director of Sri Chitrathirunal Medical Research Center
Trivandrum
Ex-Dean of St John's Medical College
Ex-Director of Salgaoncar Medical Research Center, Goa
Presently Coordinator, Continuing Medical Education,
Christian Medical College, Vellore

Fr George Lobo, sj

Professor of Moral Theology in Jnana Deepa Vidyapeeth, Pune
Chaplain of Indian Federation of Medical Guilds
Member, CBCI Theological Commission
Author of 5 books including Current Problems in
Medical Ethics

D B I Victor

Medical Officer in Baptist Mission Hospital during 1966-69
Head of Surgical Unit, Scheifflien Leprosy Research
Training Centre, Karigiri
Member of Rehabilitation team, Govt of Tamilnadu
Director of Eye Services, Star of Hope Hospital
Presently Superintendent of Star of Hope Hospital, Akividu
Was elected Member of the International Leprosy
Association, in 1981

George Joseph

Ex-Professor of Community Medicine at the All India
Institute of Medical Sciences, New Delhi

Presently Executive Director of the Healing Ministry
of the CSI, Synode Secretariat, Madras

Samuel Joseph

Working with the MGDH Hospital, Kangazha, Kottayam,
for the last 17 years as Chief Physician and
Medical Superintendent
Project Director, Community Health & Development,
MGDM Hospital, Kangazha
President of the Kerala Voluntary Health Services
Hon. Editor, Journal of the Christian Medical Association
of India

Alan Cranmer

Member of the Pharmaceutical Society of Britain
Worked with the Hospital Pharmacy Services of Great Britain
from 1960 to 1966
In 1966 joined the Holdsworth Memorial Hospital, Mysore
as Chief Pharmacist
In 1970 became Consultant Pharmacist to the CSI Karnataka
Inter-Diocesan Medical Board
From 1973 onwards Consultant Pharmacist to the Christian
Medical Association of India

contd... from pre-page

Mira Shiva

Coordinator, Low Cost Drugs and Rational Therapeutics,
VHAI
Member of the medico friend circle
Coordinator, All India Drug Action Network
Member, Health Action International

CHAI WORKSHOP ON 'TOWARDS A PEOPLE-ORIENTED DRUG POLICY'

23-25 Nov 1984

Resource persons - accommodation

Name	Arrival	Departure	Accommodation
1. Prof George Joseph	23.11.84	26.11.84	Guest House
2. Mrs George Joseph		12.30 pm	
3. Dr Ekbal			-do-
4. Dr Manjunath	23.11.84	26.11.84	-do-
5. Dr Pratap Naidu	23.11.84	26.11.84	-do-
6. Dr Zaferullah	23.11.84	25.11.84 (evening)	-do-
7. Mr Alan Cranmer	23.11.84	25.11.84	Dr Mario's residence
8. Dr REI Victor	23.11.84	26.11.84 12.30 pm	-do-
9. Mr Badal Sengupta	23.11.84	25.11.84	Guest House
10. Fr George Lobo	22.11.84 (evening)	25.11.84 5.00 pm	SJMC Hospital
11. Augustine Veliath	()		
12. Fr Joseph Chittoor	((Seva Sadan
13. Sr Innocent	(

To
 Mrs Chary, Guest House Caretaker
 Dr Mario D'Souza
 SJMC Hospital Reception/enquiry
 Sevasadan

cc Fr Bernard Moras
 CHAI Office (SJMC Camp) - for information

facilitation team

1. Dr H Sudarshan
Hon. Secretary
Vivekananda Girijana
Kalyana Kendra
B R Hills 571317
Mysore Dist.
2. Dr GD Ravindran
Holy Cross Hospital
Kamagere
Kollegal Taluk 571443
3. Dr Gerry Pais
DEEDS
HD Kote Road
PO Box No.20
Hunsur 571105
4. Ravi Raj Williams
Hoskote Mission Medical
Center
Hoskote 562114
Bangalore Dist.
5. Fr Rupert Rosario
Jnana Jyothi
Anekal 562106
Bangalore Dist.
6. Mr & Mrs Jyothiraj
Rural Education for
Development
SIT Extension
Tumkur 572103
7. Fr Joseph Chittoor
St Mary's Church
Puthur, M J Nagar
Gudalur
Nilgiris 643250
8. Dr Prem Pais
Consultant: Medicine
St Martha's Hospital
Bangalore 560009
9. Dr Sukhant Singh
CM & FP Department
CMAI, 197/C VIII-B-Main
Jayanagar III Block
Bangalore 560011
10. Dr Sylvia Babu
Director of Community Health
Bangalore Baptist Hospital
Bellary Road, Hebbal
Bangalore 560024
11. Dr Maya Jacob
SUMANA-PALLI
Old St Mary's Seminary Building
99 Residency Road
Bangalore 560025
12. Dr Gurunath Kilare
Kidwai Memorial Institute of
Oncology
Hosur Road
Bangalore 560029
13. Dr Esther Mabry
Director: Community Health
United Theological College
17 Millers Road
Bangalore 560046
14. Sr Collette
Good Shepherd Convent
Museum Road
Bangalore 560025
15. Br Jose
SEVASADAN
Post Box 3417
Koramangala, Bangalore 560034
16. Vijay Joseph
████████████████████
38 Berlie Street
Bangalore 560025
17. Dr Y Ramakrishna
ASTRA
Indian Institute of Science
Bangalore 560012
18. Dr Mohan Isaac
Dept of Psychiatry
NIMHANS
Hosur Road
Bangalore 560029
19. Shri Siddalingaswamy
Promotional Secretary
VHAK
St John's Medical College Hospital
Bangalore 560034

20. Fr Francis Guntipally
and Team
C/o ASHIRVAD
St Mark's Road
Bangalore 560001
21. Dr PN Pandit
Assoc Prof: Surgery
St John's Medical College
Hospital
Bangalore 560034
22. Dr R Narayanan
Assoc Prof: Obst & Gynae
St John's Medical College
Hospital
Bangalore 560034
23. Dr Mario de Souza
Assistant Administrator
St John's Medical College
Hospital
Bangalore 560034
24. Dr Patrick Kamath
Asst Prof: Gastro-enterology
St John's Medical College
Hospital
Bangalore 560034
25. Dr (Sr) Lillian
Dept of Obst & Gynae
St John's Medical College
Hospital
Bangalore 560034
26. Dr Raghuvir
Paediatrics
St John's Medical College
Hospital
Bangalore 560034
27. Dr MJ Thomas
Psychiatry
St John's Medical College
Hospital
Bangalore 560034
28. Sajeew Joseph
Orthopaedics
St John's Medical College
Hospital
Bangalore 560034
29. Dr Paul Neelamkavil
Dermatology
St John's Medical College Hospital
Bangalore 560034
30. Leo Menezes
PG Student in Surgery
St John's Medical College Hospital
Bangalore 560034
31. Jose Joseph
PG Student in Medicine
St John's Medical College Hospital
Bangalore 560034
32. Dr Dara Amar
Head: Community Medicine
St John's Medical College
Bangalore 560034
33. Dr MA Nagarani
Asst Prof: Pharmacology
St John's Medical College
Bangalore 560034
34. Dr Anura Kurpad
Physiology
St John's Medical College
Bangalore 560034
35. S Pruthvish
Community Medicine
St John's Medical College
Bangalore 560034
36. S P Tekur
Community Medicine
St John's Medical College
Bangalore 560034
37. SM Subramanya Shetty
Health Education Officer
Community Medicine
St John's Medical College
Bangalore 560034
38. Kishore Murthy
Community Medicine
St John's Medical College
Bangalore 560034

Fr John Vattamattom
Executive Director, CHAI
CBCI Centre, Goldakkhana
New Delhi 110001

Fr Claude D'Souza
Rector
St Joseph High School
Museum Road
Bangalore 560025

Sr Anna Maria
St Martha's Hospital
Bangalore 560009

**Annual Report of the Community Health Department
of Catholic Hospital Association of India (CHAI)
(NOVEMBER 1983—NOVEMBER 1984)**

Introduction

With great pleasure we present before this august Assembly the annual report of the Community Health Department (CHD) of Catholic Hospital Association of India (CHAI) for the year 1983-84. This department was set up in CHAI in November 1981. Until April 1983 the department concentrated its attention on orientation programmes in Community Health (CH) and training of village health workers. With the addition of more personnel in the department, the entire team with few more resource personnel spent about three months for study and reflection, and formulated a philosophy and vision to base its activities in future. Ever since, the CHD team spared no efforts to translate this vision into action through various activities at different levels. Since you were kept informed of these from time to time through our journal, we will limit this report only to high light some of our activities since last convention at Bombay. The team's involvement consisted mainly in promoting people based Community Health programmes especially in the rural areas of our country.

1. The Major Thrust of CHD of CHAI

The team involved in the promotion of Community Health believes that, by and large the entire health care system in the country serves the interests of the elite and is hardly capable of responding to the real needs and problems of the people. We strongly believe in the power of the poor and the marginalised in this country to maintain their own health; provided they can meet their basic needs and rectify the social imbalances. Through our programmes we try to inculcate in our trainees the awareness of the existing situation, newer attitudes and proper skills conducive to the transformation of the society to make it more humane.

2. Training Programmes

The team has developed two types of training programmes meant mainly for the middle level personnel or the people at the supervisory level. The uniqueness of our training programmes consists in its nonformal approach, participatory method and inbuilt theological and pastoral reflections.

a. Community Health Team Training (CHTT) Programme

This training programme is spread over a period of fifteen months with theoretical and practical training. The trainees are followed up through field visits and input sessions at regular intervals. This course aims at building up teams to work in village communities with a comprehensive understanding and integrated approach in people based health and development activities, and oriented towards building up healthy communities. At present we have two such programmes, one in Ajmer, organized by the Mission Sisters of Ajmer and another at Varanasi, organized by the Bishop. Both training will get over in April 1985.

b. Short-term Programmes in CH.

We have evolved a 3 weeks intensive training meant for people involved in Community Health programmes. This short term programme aims at sharing our philosophy and vision, clarifying concepts in Community Health and upgrading skills. We have conducted two such programmes in Kerala. Also we assisted as resources personnel in the following programmes:

- a. Seminar on CH at Satna.
- b. Workshop on CH at Hyderabad.
- c. Seminar on CH and development in the Diocese of Ooty.
- d. 6 weeks training in CH organized by Deenabandhu (T.N.)

We are also closely associated with the on going people based community health programme of the Diocese of Allahabad.

3. Workshop in Community Health (CH)

Apart from working with other national organization, we organized the workshops, the first one for the sisters involved in CH, in the Arch Diocese of Delhi and the second one at Thanjavur for the sisters working in the rural health centres; and the third at Hyderabad for the staff of Andhra Pradesh Social Service Society (APSSS).

4. Assistance in Planning Community Health Projects

During the reporting period we rendered assistance to the Arch Diocese of Delhi and the Vincentian Sisters at Alirajpet (A.P.) in planning community health project.

5. Collaboration with like minded agencies and groups

Two meetings of the different Delhi based national organization were held to work out possibilities of mutual collaboration in the promotion of Community Health. Apart from the sharing the vision the meeting was also meant to draw up common strategies to intensify efforts in the promotional work. Along with short term programmes organized by ourselves, we worked with National and Regional Organizations in Community Health promotional work. We have established a close link with the Voluntary Health Association of India (VHAI) both in the planning and evaluation of our various programmes.

6. Discussions with financing Agencies

During the reporting period we had discussions with team from Cebemo and Misereor. We shared our vision on Community Health and have requested them to finance projects falling in line with this vision, more in future. Both the organizations have been very much appreciative of our programmes and are showing keen interest in our approach in Community Health.

7. Evaluation of the Activities

The Community Health Department has got regular evaluation and planning of its activities, both by the team members themselves and with the assistance of other resource personnel. We have three meetings of the former type a year; and one of the latter, which is called the annual evaluation and study session, which lasts for ten days. This year's session was at Bangalore in the month of May. Usually it is on such occasion that we broadly plan our activities for future. A brief report of this was published in the May-June and August issues of our Journal, "Medical Service".

8. Team development programme

The team members are encouraged to attend short term course and seminars, depending of the interests and need of each member. The following are some of the programmes we attended during the reporting period to update our own skills.

- i. Seminar on tools of Analysis at Ujjain, organised by Caritas India.
- ii. Symposium on Christian Perspectives to stewardship of earth's, resources, at C.M.C. Vellore, organised by Ruhsa.
- iii. Follow up get together of the former trainees at Deenabandhu.
- iv. One month course on Hindi at Navsadhana, Varanasi.
- v. Seminar on Religion in different modes of production at ISI Bangalore.
- vi. Training in Women's development programme at National Institute of Rural Development (NIRD) Hyderabad.

Apart from this we have regular team meeting for internal evaluation and planning of our work. During these occasions, different topics are discussed, and this forms part of our on-going study programmes.

9. Allied Programmes

(a) *Exhibition at Bombay Convention*

The community health department put up an exhibition stall in the convention premises during the annual convention and exhibition at Goregaon, Bombay from 6th—10th Nov. 1984, along with sample home remedies. We were encouraged by the written comments received on the exhibition.

(b) *Herbal Medicines and Home remedies*

In our Community Health programme we have realised the importance of this and we are determined to promote these fast dying practices among the common people especially the rural flock, due to the unhealthy influences and pressure of the modern drug industry. We are collecting information from different parts of the country on various herbal and home remedies, which are being practiced today.

(c) *Documentation*

We are making efforts to collect as many resources materials as possible on Community Health and development to share with individuals and groups involved in this field. Efforts are being made to translate some of these materials to regional languages, to reach it to the people at the grass roots. Also we are building up a small library in the department.

(d) *Integrating Community Health and development training in the religious formation*

Efforts are being made to integrate the Community Health and development training into the religious formation. We form part of a big team involved in this attempt with the Franciscan Brothers at Bangalore, during their two year formation period.

(e) *Workshop on "Towards a people oriented drug policy"*

The CHD team was also involved together with other facilitators and resource persons, in the preparation of two day work-shop on "towards a people oriented drug policy" in connection with the annual convention of CHAI, in Bangalore.

(f) *Exhibition on the concept of CH based on new vision and on herbal medicines*

The CHD team was also responsible together with some others in the preparation of an exhibition on the concept of Community Health based on the new vision of CHAI and also on herbal medicines along with this year's convention in Bangalore.

10. Future Plans

There are a number of requests from the Dioceses, Religious Congregations and groups for conducting training and orientation course. We have to continue the 2 CHTT programmes which we have already committed to in the dioceses of Ajmer and Varanasi. We will also be making some commitments to the diocese of Karwar and to the Franciscan Brothers at Bangalore. But with limited number of persons at the central team we will not be in a position to take up too many programmes. However our attempt will be to create linkages with other resource teams in the country and collaborate with them where by making CH a movement in India. This is a dream for the realisation of which we are committed to. We count on the cooperation, help and suggestions from all concerned.

11. The Present Team

At present we have a five member team and an office secretary in the department. Miss. Rita and Miss. Lovely who were with us from the beginning left the organization after their marriage in April and May respectively. we are indebted to them for the contribution they have made to this department. Mr. Abraham Mathew joined the team in March 1984 and Mr. K.A. Antony in October 1984.

The following persons constitute the present team.

Sr. Jeyaseely F.M.M.
Sr. Mariyamma F.M.M.
Mr. Abraham Mathew,
Mr. K.A. Antony,
Fr. Chacko Paruvanani, (Part time)
Fr. Thomas Joseph.

12. Conclusion

In our last annual evaluation and study session we have realized that our future efforts should be concentrated more on making Community Health a movement, and not limit our activities, merely to training programmes and workshops. The strategy we have worked out is to identify as many likeminded individuals, groups and institutions, to share our new vision and philosophy on Community Health and eventually to work with them and through them as our allies and partners. For, we are aware that any movement can be only at the people's level and hence it is absolutely necessary to join hands with every one who is interested in people's growth and development.

With the motto "Health for many more" we are moving ahead steadily, making honest and serious attempts. We hope and pray that many of our institutions will reflect seriously on the prevailing situation of thousands around them, for whom in most cases we have started the very institution itself.

Finally, before we end this brief report we place on record our deep gratitude to so many people who encouraged, supported, guided, criticized, and questioned us. And with the assurance of your continued support, guidance and suggestions we look forward to the future with much hope and courage, Thank you.

New Delhi
26-11-1984

Sd/-
Fr. Thomas Joseph
for the CHD of CHAI

Annual Report of the
Catholic Hospital Association of India (CHAI)
(NOVEMBER 1983—NOVEMBER 1984)

1. Introduction

It is a matter of great pleasure to present before this distinguished assembly this brief report of the Catholic Hospital Association of India (CHAI) the various events and happenings since our last convention and General Body Meeting in Bombay. Yet another year has slipped in to history bearing witness to many events the most shocking of which was the ghastly assassination of our beloved Prime Minister Mrs. Indira Gandhi on the morning of 31st October 1984.

As Executive Director of CHAI this is the fifth annual report I am privileged to present to you. As usual, in the first place I thank the Lord for all His blessings He has showered on our organisation during this one year. Weatever we have achieved it is through His grace and secondly through the wonderful cooperation I have enjoyed from the part of our member institutions, staff and friends. I would be failing in my duties if I do not place on record my gratitude to all of you here present and all others who could not be here today for one reason or the other. Through our journal, Medical Service, you were already kept informed of the important events from time to time. What follows is only a brief report of the activities during this one year and the present situation.

2. Membership

It is gratifying to note that CHAI is growing year by year During the reporting period 98 new institutions have joined as members besides associate members and diocesan Social Service Societies. Hence, as on 15.11.1984 the position of our membership is the following :

Hospitals :	499
Dispensaries & Health Centres :	1274
Diocesan Social Service Societies :	45
Associate members :	62
Total	1871

Regarding the payment of the membership most of the institutions are regular. During the reporting period a sum of Rs. 2,13,474/- was collected. There are still some who have not yet paid their dues. I do hope they will do so soon and I request them the same.

3. Medicine Supplies

The Catholic Medical Mission Board (CMMB), through CRS continues to assist our institutions by supplying medicines etc. freely. During the reporting period 2015 cartons of various medical supplies were received worth US \$ 900,822-23 as per their calculation. These were received by 418 institutions in different parts of the country. Application forms for further supplies were received from the member institutions and forwarded them to CMMB through CRS, New Delhi. We place on record these great help of both CMMB and CRS especially for smaller institutions in rural areas.

4. Pastoral and Spiritual aspect of health care

The importance of this in the field of health care can hardly be exaggerated. However not enough attention is paid to this in our country. We are trying in a small way to bridge this big gap. However, what is being done is insignificant to what remains to be done. During the reporting period, one preliminary course and one follow up course for sister doctors and one follow up course for sister nurses were conducted. The preliminary course for sister-doctors was at Amarjyoti, Kattappana was sixteen sister-doctors participated in it. The follow up courses for sister doctors and sister-nurses were held at Ishvani Kendra, Pune, in which 12 sister-doctors and 17 sisters-nurses participated. These courses are very much appreciated by the participants.

We had also a two day consultation of resource persons on pastoral care to discuss and plan for future course of action. Seven persons were present for the meeting which was held at Holy Spirit Hospital, Bombay. The need was felt to continue similar programmes for all the health care personnel. Also it was proposed to design a full fledged course for hospital Chaplaincy to train sister nurses as Chaplains. The work is in progress. Eventually we hope to have a separate department of pastoral care in CHAI with necessary staff. It is to be noted that these courses were subsidised by the generous contribution from MISSIO, Aachen, West Germany. During my recent visit to MISSIO, they have promised to continue to help us in the programme.

5. Pro-Life Movement

This again is an important aspect for us to take serious note of. It is hoped that like in the case of pastoral care we will build up a separate depart-

ment for Pro-Life in CHAI eventually with necessary staff and other arrangements. During the reporting period, the follow up of last years convention theme was done by taking again the same theme Respect Life for this year's Hospital Sunday Celebration. A good number of our institutions took real pains in organising this and the reports were sent. But unfortunately due to pressure of work and want of space this could not be published in our journal. I apologise for this.

In the national level a consultation was held in Bombay on 4th and 5th October 1984 on Euthanasia. More than 40 people from various parts of the country participated. The consultation studied about the possible threat to life if a bill on euthanasia is passed. The consultation was held in connection with a proposed bill in Maharashtra Assembly by one of the members. The consultation urged the concerned authorities not to introduce such a bill.

I also had the opportunity of attending the International Pro-Life meeting in Mexico City in August 1984 along with the U.N. Population Congress. The meeting was organised by PLAN an international organisation promoting respect life. Some of the delegates for this meeting also attended in U.N. meeting. A brief report of this was published in the September issue of our journal.

6. Film on Abortion

A $\frac{1}{2}$ hour long 16 mm film in colour on abortion entitled "A matter of Life or Death" in English was prepared with the help of Amruthavani, Communication Centre, Secunderabad. Unfortunately the Sensor Board has not given the certificate for this film yet. Therefore we cannot make the copies of this film available in English and other regional languages. We have appealed to the Board again and hope to get the certificates soon. After that the film will be made available to those who need it. The purpose of the film is to educate the public about the scientific aspect of human conception and life and what happens when an abortion is done.

The necessary financial help for the preparation of the film was obtained from MISSIO, Aachen, West Germany. We place on record this thier generous help.

7. Community Health

Our attempt in the promoting of Community Health and Primary Health Care is meeting with great success. To make Community Health a movement rather than a programme is the need of the time. A separate report will be presented on Community Health department. Besides, what is given in that report, I had the opportunity to speak to the delegates of the provincial chapter of Holy Spirit Sisters and Augustinian Sisters in Bangalore during their

Provincial Chapters. In two sessions of the Project Selection Committee of Caritas India presentation was made on the various aspect of Community Health. A paper was also prepared. This will be made available to you through Caritas magazine.

8. Medical Service

Our journal "Medical Service" is gaining more and more acceptance. During the reporting period the editorial board met twice, both in Bangalore, to discuss about the possible improvement. Though there is considerable improvement, yet there is plenty of room for further improvement. We do hope to do more in the future in this regard. Our regular columns like Medical Ethics Forum, Legal Education, People, Pills and Prescription are very much appreciated by our readers. Your suggestions, criticisms, etc. for the further improvement of our journal are most welcome.

9. N F P

Our involvement in NFP is becoming more and more important. This is not only because it will form part of our Community Health Programme, but we may have to assist our member-institutions to promote this. In this connection I must say that the world famous scientist doctors the Billings from Australia made a six (6) weeks tour in India during February to April this year. As per their request the tour programme was arranged by me. They had very enthusiastic response from all the places they went. We also had occasions to meet some government level people like the health secretary Dr. Vaidyanathan, the Commissioner Family Planning Dr. R.P. Kapoor, Dr. B.N. Saxena, Senior Deputy Director General of ICMF, Prof. Kavoori, the Executive Director Family Planning foundation etc. They all were very enthusiastic about this programme. It will be up to us how we can make best use of this good will from the part of the government by giving a well planned project to them.

The book and slides of Fr. Joe Menezes, NFP in pictures, published by CHAI are gaining acceptance more and more. Now it is available in Hindi and English. Efforts are being made to print it in other regional languages too. For the publication in English and Hindi we were financially assisted by Misereor, and another organisation known as "Church in need", both in West Germany.

10. Employment

We assist our member institutions to get medical personnel and medical personnel to get employment by publishing the requests in the employment column of our Journal. This service is done free of cost.

11. Projects

a. Discretionary Fund

We have this scheme of assisting small institutions and groups in the initial stage of their health care ministry to buy some medicines and small equip-

ments. A maximum of Rs. 5000/- is given for this purpose from a block grant we receive from MEMISA and Dutch Bishop's Lenten Fund in Holland. During the reporting period a sum of Rs. 5,61,000.00 was given to 143 applicants, as on 15.11.1984 there is still a balance of Rs. 1,15,244.04 in this fund to be given for deserving applicants.

b. Memisa Projects

We are assisting Memisa in Holland a funding organisation for Medical projects in studying the project applications they receive from India. During the reporting period we received 34 projects for study. This service is very much appreciated by both Memisa and the applicants.

c. Medical Relief Fund

This is a small fund to help individual applicants for medical treatment etc. A maximum of Rs. 500/- is given to the deserving applicants from this fund. A sum of Rs. 8,129.65 was given to different applicants and at present we do not have any amount left in this fund. Your generous contribution towards this fund is requested.

12. Rural Placement of St. John's Medical Graduates

CHAI continues to assist St. John's Medical College in their Rural Placement Scheme by meeting the administrative expenses of this scheme. During this reporting period a new step was taken in this line. A two day sharing session for the doctors from this scheme was organised in collaboration with St. John's on 19th & 20th May 1984. During the two days deliberations along with some resource persons and our Community Health team, the participants brought out positive, constructive and frank suggestions for the improvement of this scheme. A detailed report was sent to all concerned, for further action along the suggestions made. This was the first such attempt and the same was appreciated by all concerned.

13. Hospital Sunday Celebrations

As usual many institutions have celebrated Hospital Sunday (3rd Sunday in March). The theme for this years celebration was again "Respect Life" as a follow up of the last convention. Due to the unavoidable circumstances, we could not publish the reports of this year's celebration in our journal. This is deeply regreted. However I request all the institutions to celebrate this day with added enthusiam.

14. Meeting on National Health Policy and 7th Plan

By a letter from the Director General of Health Services, dt, 25th February 1984, CHAI, was requested to give some suggestions within the over all ambit of National Health Policy Document for being considered for incorporation in

the ensuing Seventh Five Year Plan. A meeting of the National and Church related organisations was called by CHAI to discuss this and suggestions were sent to the Director General of Health Services accordingly.

15. Central Purchasing Service (CPS)

Eversince its inception in 1974-75, CPS of CHAI is doing commendable service to the people of India through various institutions and organisations of social objectives irrespective of any religious affiliations. CPS is well known and our services are appreciated by all in the voluntary sector.

During the reporting period the total value of orders placed for various products is worth Rs. 19.37 million at the deemed export price. Another Rs. 2 million worth orders for products have been scrutinised and awaiting order placement.

Yet another activity of the department was organising Centrally Purchasing of Medicines. This was started as an experimental basis in Kerala in collaboration with Kerala Unit of CHA. Now the detailed working out of the project is entrusted to Kerala Unit of CHA.

In this connection I have to inform you that Mr. C.T. Thomas, Head, CPS department has submitted his resignation from the organisation on 1st August 1984. His resignation has been accepted and he has been relieved of his responsibilities in the organisation wef. 15th of October 1984. He has left us for better prospects. We place on record his services to the organisation and through it to the people at large for nearly 7½ years. We wish him well in his future carrier.

16. CHAI Office

Work regarding the construction of our office premises in Hyderabad is in progress. Meanwhile a project for the possible financing of the office building was submitted to Misereor, West Germany and Cebemo, Holland to be considered jointly. I am happy to inform you that our request has been considered favourably by both organisations and the necessary amount (Rs. 16 lakhs approximately) will be placed at our disposal shortly. Meanwhile preparations are going on to obtain the necessary permissions etc. from the authorities and the construction work may begin at any time.

17. Towards self-reliance

So far ours was a hand to mouth existence as far as the financial position is concerned. It is time for us to think of ways and means to move towards self reliance. With this in view in consultation with our auditors a proposal to start a Corpus Fund for CHAI was presented by the Executive Director to the Executive Board in its meeting held in May at Ootty. It has been accepted by

the Executive Board and now everything is ready to start this fund. We need to raise a substantial amount the interest of which will be used for our various administrative expenses. This amount will have to be raised during the next three years. Appeal will be made from time to time to the member institutions, friends, benefactors, funding agencies and others for collecting the required amount.

I appeal to all of you now to think of various ways and means to raise this amount and respond generously to the appeals as and when it comes. Self reliance is a real sign of growth. It is a challenge. Let us meet this challenge courageously and with full of hope.

18. Conclusion

More than in the past, this reporting year has been of hectic activities. Much has been done and achieved, no doubt. But much more still remains to be done. We are at a cross road in the field of health care. The future of the health care activities in our country especially in our Church sector will depend on which way we are taking. The signs of the time are clear who look for it sincerely and with an open mind. This is a great challenge before us. Honesty and hard work and Christ like concern and commitment to the cause of the poor can only help us to meet this challenge. There will be difficulties and disappointments. Even may be also misunderstandings. But these are only natural and we should be able to see beyond all these. Let me close this report with a word of gratitude to all of you and others who have made our work possible.

New Delhi
November 15, 1984

Sd/
Fr. John Vattamattom SVD
Executive Director

41ST ANNUAL CONVENTION OF CHAI AND WORKSHOP ON DRUG ISSUES
ST. JOHN'S MEDICAL COLLEGE
BANGALORE-560 034

23 - 26 NOVEMBER, 1984

LIST OF DELEGATES

SL. No. Name & Address	SL. No. Name & Address
1. Sr. Luke	14. Sr. Catacina A.C. Fatimagiri Health Centre Nilambur 679 330 Kerala.
2. Sr. Rosita St. Anthony's Hospital Madhavaramhigh Road Madras-600 060	15. Sr. Evelyn UMI Karunashray Hospital Civil Lines Sultanpur 228 001, U.P.
3. Sr.(Dr.) Prema Devaraj	16. Mother Marie Renee
4. Sr. Shaila Khrist Niketan Disp. New Area, Sasaram PO, Rohtas Dt, Bihar-821 115	17. Sr. Leene
5. Sr.(Dr.) Emily Susai FMM Assumption Hospital Thomaspuram, Avanashi PO, Coimbatore, T.N. 638 654	18. Dr. V. Krishnamurthy Sacred Heart Leprosy Centre Sakkottai - 612 401 Kumbakonam R.S. Thanjavur Dist, T.N.
6. Sr. (Dr.) Louie	19. Sr. Hermine St. Joseph's Convent Cheyyur PO, Chingleput Dt, Tamil Nadu 603 302
7. Sr. Tresa Josgiri Hospital Tellicherry-670 101 Kerala.	20. Sr.(Dr.) Marie Therese St. Joseph's Hospital Tindivanam, S.A. Dt, Tamil Nadu 604 002
8. Sr.(Dr.) Scholastica Thompra Community Health Centre Near Block Office S.Bathery PO, Wyanad, 6 Kerala 673 592	21. Sr. Anna Patricia
9. Sr. Immaculata	22. Sr. Hyacinth St. Joseph's Hospital Santha Pet Nellore 524 001, A.P.
10. Sr.(Dr.) Herman Joseph St. Jude's Hospital Sipri PO, Jhansi, Uttar Pradesh.	23. Sr. Jacinta DSA
11. Sr.(Dr.) Carmel Kalayathinal	24. Sr. Ethelina DSA Ranchi Archdoicese Health Service, C/o Catholic Charities, Purulia Rd., Ranchi, Bihar 834 001
12. Sr. Lea Thailammanal Mary Immaculate Hospital Krishnanagar Nadia Dist, W.Bengal-741101	25. Sr. Sudha A.C. Sancta Maria Health Centre Palliagaram PO Chingleput Dist Via, Salavakkam Tamil Nadu 603 107
13. Sr. Anne Mathew FMM Annai Mary Dispensary Malayampalayam PO Kilambady, Erode Periyar Dist, Tamil Nadu.	26. Sr. Teresita MSJ
	27. Sr. Mary MSJ Fatima Hospital Maunath Bhanjan Assamgarh-275 101, U.P.

<u>S.No.</u>	<u>Name & Address</u>	<u>S.No.</u>	<u>Name & Address</u>
28.	Sr. Grätia St. Anne's Hospital Kumbakonam 612 001 Thanjavur, T.N.	41.	Sr. Annette Mary
29.	Sr. Flavia	42.	Sr. Salette Mary Loka Rakshaka Hospital Thevalakara PO Quilon Dt. Kerala 690 524
30.	Sr. Lucy Jose Bp. Vayalil Medical Centre Moolamattom 685 589 Idukki Dt. Kerala	43.	Sr. Linde Roseline
31.	Sr. Teresita	44.	Sr. Regina St. Mary's Hospital Arisipalayam Salem-9, T.N.
32.	Sr.(Dr.) Baptista Catholic Mission Hosp. Kalunga PO Sundergarh Dist Orissa.	45.	Sr. Philo Machado Child Jesus Hospital Trichy-620 001
33.	Sr.(Dr.) Peter Claver	46.	Sr. Augustine
34.	Sr. Elsy St. Joseph's Hospital 18, Romain Roland St. P.B. No.32, Pondicherry 605 001	47.	Sr. Therasa Joseph
35.	Sr. Pushpa Poriyath SCJM Comm. Health Centre Jyotiniketan Ashram Kareli, Bareilly U. P. 243 404	48.	Sr. Gabriel St. Theresa's Hospital Sanathnagar Hyderabad.
36.	Fr. Joseph Chungath Damien (L) Institute Ayyappenkavu, Trichur Kerala 680 751	49.	Sr. Leema Josephine
37.	Sr. Josephine JMJ Our Lady of Lourdes Hosp. Koilkuntla 518 134 Kurnool Dist., A.P.	50.	Sr. Sebastina Damian Lep. Control Centre Diravianagar, Nilakottai Madurai, T.N. 624 208
38.	Sr. Mary Paul JMJ St. Theresa's Hospital N.R. Pet, Kurnool Dist A.P. 518 001	51.	Dr. M. Fernanda
39.	Sr. Mildred Asha Niketan Rehabilita- tion Centre Private Sector E/6 Bhopal 462 014 (M.P)	52.	Sr. Lilly Jose Mariampur Hospital Shastrinagar, Kanpur U. P. 208 005
40.	Sr. Marykutty Thomas FMM I. C. Convent Hospital Big Bazar Street Coimbatore-641 001	53.	Sr.(Dr.) Tresa Karuna Hospital Nandini Road, Khursipur PO, Bhilai-2, Durg Dt. M.P.
		54.	Fr. Emmanuel Maniamkott
		55.	Sr. Albertha SABS Social Hospital Kalamassery, Kerala.
		56.	Fr. J. Antony Samy Udhagamandalam S.S.S. Bishop's House Complex Udhagamandalam 643 001 Tamil Nadu.
		57.	Sr. Daya Christine
		58.	Sr. Josephine Munthode St. Luke's Hospital Shrirampur 413 709 Ahemednagar, Maharastra.

Contd...3.

<u>Sl.No.</u>	<u>Name & Address</u>	<u>Sl.No.</u>	<u>Name & Address</u>
59.	Sr. Hilda FCC Pushpa Dispensary R.D.S.S. Pushpa Social C. Silwani PO, Raisen Dt., Madhya Pradesh-464 886	73.	Sr.M. Immaculata Joseph Sr.(Dr.) Ippolita St. Ann's Hospital Fatimanagar Warrangal-506 004
60.	Sr. Joanna Thomas FMM St. Joseph's Hospital Arokiapuram PO Tuticorin 628 002	75.	Sr. Jacinta St. Ursula Hospital Kombir-Neatoli-835 229 Dt. Gumla, Bihar.
61.	Sr. G. Mary St. Anne's Dispensary Ongur, Uthiramerur PO Chingleput Dt. T.N.	76.	Sr. M. Rosaria SMA St. Theresa's Mission Hosp. Thandla PO, Jhabua Dt., M. P. 457 777
62.	Fr. Cyril Lobo. Sacred Heart of Jesus Disp. Sandesh Sadan, Seoni 480 661, M.P.	77.	Sr. Stella
63.	Sr. Ancy	78.	Sr. Merline
64.	Sr. Grace St. Vincent Hospital Vincentgiri, Vemon PO Manathavady 670 645.	79.	Sr. Isabel Mary
65.	Sr. Rosemond CMC Centenary Hospital Vijnthala, Palayamparambu PO Kerala 680 741	80.	Sr. Mary Bridget Holy Cross Hospital Kottiyam, Quilon.
66.	Sr. Mathew Our Lady of Fatima Hosp. Porumamilla 516 193 Cuddapah Dt., A.P.	81.	Sr. Bridget Francis St. Joseph's Poor Lep.Hosp. Greengardens Shertally PO, Alleppey Dt. Kerala 688 524
67.	Sr.(Dr.) Grace Kujur At. Angela's Hospital Chandmari Road Chakradharpur PO Singhbhum Dt., Bihar 833 102	82.	Sr. Sabina Mary
68.	Sr. Rosila	83.	Sr. Bridgit Beruclet S.H. General Hospital Green Gardens, Shertally Kerala 688 524
69.	Sr. Saly Archana Hospital Perumpunna PO Peravoor, Cannanore Dt., Kerala.	84.	Sr. Suchita George Holy Cross Hospital Kunkuri 496 225 Dist Raigarh, M.P.
70.	Sr. Martha Macedo St. Mary's Convent Disp. Kotagiri-643 217, T.N.	85.	Sr. Francis S.H. St. Mary's Hospital Ariankavu PO Kalthurrutty, Quilon Dt., Kerala-691 316
71.	Sr.(Dr.) Lauretta SRA	86.	Sr. Philomina T.M. Srs of St. John the Baptist 341 Anna Nagar Madurai-20, T.N.
72.	Sr. Gracia SRA Francispur Hospital Via Rasra, Dt. Ballia, U. P. 221 712	87.	Sr. Lily Thomas D.M.
		88.	Sr. Vincent D.M.
		89.	Sr. Paschel D.M. St. Joseph's Hospital Anchal, Quilon Dt. Kerala.
		90.	St. Philomina St. Joseph's Hospital Palakurichy Trichy Dt. T.N.

<u>Sl.No.</u>	<u>Name & Address</u>	<u>Sl.No.</u>	<u>Name & Address</u>						
91.	Fr. Mathew Arackal	106.	Fr. Joy J. Chittoor						
92.	Sr. Francis Therese	107.	Sr. Roseline						
93.	Sr. Judith	108.	Sr. Prema						
94.	Sr. Francina High Range Medical Centre Pallikunnu PO Peermade 685 531, Idukki Kerala.		Peermade Devpt. Society Comm. Health Programme P.B. No.11, Peermade Kerala 685 531						
95.	Sr. Mary SSA Arokia Annai H. Centre Kadapakkam Madurandhakam, Chingleput Dt.603 304	109.	Sr.(Dr.) Jessy Maria SH	110.	Sr. Lourde Mary SH Medical Centre Hosp. Nagampadam, Kottayam-1 Kerala 686 001				
96.	Amulya (Sr.) Ursuline Convent Disp. Samtoli PO, Simdega Dt. Gumla-835 223 Bihar	111.	Sr. Ursula SH A K M Hospital Pazhayidom Via Kanjirapally Kerala	112.	Fr. Kurian Thomas	113.	Sr. Mary Anthony	114.	Sr. Louis Marie Madras Social S. S. Catholic Centre Madras-600 001
97.	Sr. Stella Maria FCC Providence Clinic Palai, Kottayam Dt., Kerala.	115.	Sr. M. Lucina Roberts Nursing Home Residency Aara Indore-452 001	116.	Sr.(Dr.) Adele Thaliyan St. Joseph's Dispensary C/o Sisters of Charity PO Krishnagar City Jn. Nadia Dist. W. Bengal				
98.	Sr. M. Bertilla	117.	Sr. Rita Little Flower Dispensary Kochuveli, Titanium PO Trivandrum 695 021						
99.	Sr. M. Harriet Our Lady of Lourdes Charitable Hospital Kelgori Road Dharwar 580 008	118.	Sr. Loretta	119.	Sr. Emma	120.	Sr. Agnes Carmel Hospital Ashokapuram Alwaye 683101, Kerala.		
100.	Sr. Mary Arackal Jyoti Health Centre Kometlepetta PO Rayagada, Koraput Dt. Orissa 765 001	121.	Sr. M. Alma Augustine Lourdu Matha Hospital Thallada Khammam Dist Andhra Pradesh 507 167	122.	Sr.(Dr.) Clarissa Kota Stone Mariam Hosp. Ramganjmandi Kota Dist. Rajasthan 326 519				
101.	Fr. Joseph Kannathukuzhy								
102.	Sr. Michael SABS								
103.	Sr. Elizabeth SABS Vimala Hospital Vellathooval Idukki Dist, Kerala 685 563								
104.	Sr. Ann Thomas Holy Cross Hospital Ambikapur PO Surguja Dist M.P. 497 001								
105.	Br. Antony Palumattom St. John's Hospital Kattappana 685 508								

<u>Sl.No.</u>	<u>Name & Address</u>	<u>Sl.No.</u>	<u>Name & Address</u>
123.	Sr. Galgang SABS	138.	Sr. Eusebia Mary
124.	Sr. Mary Koduyan SABS M. A. J. Hospital Edappally 682 024 Ernakulam, Kerala.	139.	Sr. Rosary Mary Ep. David's Health Centre Santhavasal PO N. Arcot Dist. T.N.
125.	Sr. Pradeep Tirkey SCJM Dur Lady of Fatima Disp. Hulhundu PO, Ranchi, Bihar 835 221	140.	Sr.(Dr.) Sarto Mary Assisi H.D. Hospital Talavady PO 638 461 Sathyamangalam Periyar Dt., T.N.
126.	Sr. M. Paula Our Lady of Health Hosp. Arulanda Nagar Thanjavur 613 007	141.	Sr. Bernarditte SM Nirmala Hospital Anicadu 686 503 Kottayam Dt., Kerala.
127.	Sr. Elsy James St. Mary's Hospital Karimannoor, Thodupuzha Kerala 685 581	142.	Sr. Victorine JMJ
128.	Sr. Faustine DM St. Joseph's Hospital Panachamood, Mancode PO, K.K. Dist, Via Edacode Tamil Nadu 695 152	143.	Sr. Alphonse Mary JMJ
129.	Sr. Bridget Francesca Bharat Mata Hospital Chota - Muri PO Ranchi, Bihar 835 101	144.	Sr. John JMJ St. Joseph's Hospital Guntur PO, Andhra Pradesh 522 004
130.	Miss Louisine Lopez St. Xaveir's S.S.S. P.B. No.4088, Navrangpura, Ahmedabad 380 009	145.	A. John Berchmans Ozanam Free Dispensary St. Joseph's College, Tiruchi-2, T.N.
131.	Sr. Rose Mary RJM	146.	Fr. Antony Purayidom
132.	Sr. Rita RJM Jesus & Mary Mission Disp. Chalil, Copalapetta Tellicherry 670 102 Kerala.	147.	Sr. Jessy Vimala Hospital Chemperi PO Cannanore Dist Kerala 670 632
133.	Sr. Alexa Alapatt	148.	Mr. J.E. Salvadoray I G S S S 28, Lohi Road, Institutional Area New Delhi-110 003
134.	Adelbert Alapatt Assisi Hospital Kanjikode PO, Palghat 678 621	149.	Sr. Lydia St. Joseph's Hospital Dindigul 624 007 Madurai Dist., T.N.
135.	Sr.(Dr.) Luka Kolencherry Mercy Hospital PO Poreyahat Godda Dt., Bihar 814 153	150.	Sr. Rose S/W St. Joseph's Dispensary Thathoor PO Via Karunkuzhy, Chingleput Tamil Nadu.
136.	Fr. X. Barrett	151.	Sr. Mary Rexaline Social Action Dispensary S.H. Seminary, Poonamallee Madras 600 056
137.	Sr. Catherine Katra Hospital Mandla Dist Madhya Pradesh 481 661	152.	Sr.(Dr.) Philomina Joseph
		153.	Sr. Elsy Francis St. Isabel's Hospital 18, Oliviar Road, Mylapore, Madras-600 004

<u>Sl.No.</u>	<u>Name & Address</u>	<u>Sl.No.</u>	<u>Name & Address</u>
154.	Sr. Fabiola	166.	Bro. Leopold CST
155.	Sr. Roseline Deva Matha Hospital Kochattukulam Ernakulam Dist Kerala 686 662	167.	Sr. Fatima CSN Mar Augustine Golden Jubilee Hospital Mookkannur 683 577 Kerala.
156.	Dr. K.E. Eapen Kadampuzha Hospital Kanjirapally 686 507 Kerala.	168.	Sr. Leonard CMC
157.	Sr. Judith S.D. Ashadham Hospital Wirur, Chandrapur Dt., Maharashtra 442 905	169.	Sr. Celestine CMC K.C.M. Hospital Nooranad L.S.PO Alleppey, Kerala.
158.	Sr. Zacharia Asha Bhavan H. Centre Semari Kalan, Sultanpur PO, Raisen Dist, M.P. 464 986	170.	Sr. Leoni Mary Jyoti Health Centre Charoda BMV Durg, M.P. 490 025
159.	Sr. Lucy Alilakuzhy Vincent Health Centre Alirajpet PO, Gajwel Dt, A.P. 502 281	171.	Sr. Annamma O.P. Jeevadhara Hospital Kutgicad PO, Pariyaram, Trichur Dist., Kerala
160.	Sr. Mary Jacob Holy Cross Dispensary C/o Holy Cross Convent Teppukulam PO Tiruchirappalli 620 002	172.	Sr. Mary Agnes IBMV Misereor Hospital PO Shahpur Pati Dist. Bhojpur Bihar 802 165
161.	Fr. George Purathoott St. Thomas Hospital Kirathoor PO, K.K. Dist., Tamil Nadu	173.	Sr. Therese
162.	Sr. Anastasie St. Mary's Maternity Home Chamarajpet Bangalore 18	174.	Sr. Amala Cherupushpam Trust Hosp. Palai, Kerala 686575
163.	Sr.(Dr.) M.K. Gesualda Good Shepherd Hospital Vayithiri, Wyanad Kerala 673 576	175.	Sr. Bensy CMC Vimala Hospital Sirvel PO, Kurnool Dt., A. P. 518563
164.	Sr. Gemma Vijaya Marie H. Centre Siruguppa PO, Bellary Dist Karnataka 583 121	176.	Sr. Linet Christanand Hospital Brahmapuri, Chandrapur Dt., Maharashtra 441 206
165.	Sr. Elizabeth Thomas Nirmala Nursing Home Finger Post Ootacamund 643 006	177.	Sr. Josita St. Joseph's Hospital Attur, Salem Dt. Tamil Nadu 636 102
		178.	Sr. Evangelist S.D. Samaritan Hospital Pazhanganad, Kizhakkambalam Kerala 683 562
		179.	Sr. Julia Lukens Infant Jesus Dispensary Mulagumoodu 629 167 K.K. Dist. T.N.

<u>Sl.No.</u>	<u>Name & Address</u>	<u>Sl.No.</u>	<u>Name & Address</u>
180.	Fr. John C. Puthenveedu St. John's Hospital, Kuriode, Chadayamangalam Quilon Dt. Kerala.	198.	Sr. Fatima Ignatius
181.	Fr. Mathew Thayil CMI	199.	V. Irudayaraj
182.	Sr. Merlin Jose CMC	200.	S.M. Regina Cazabon Hemerijckx Rural Centre Rawttakuppam, Auroville, S.A. Dist. T.N. 605 101
183.	Miss Mollykutty P.C. St. Rita's Hospital Nalukody PO Changanacherry 686548	201.	Sr. Dorothy St. Ann's Maternity Hosp. Jaggayyapet 521 175 Krishna Dt., A.P.
184.	Fr. Wenceslans CMI	202.	Fr. S. Kulandaisamy Tiruchirapalli Multipurpose Social Service Society Bishop's House, P.B. 14 Tiruchirapalli-620 001
185.	Jaisy Carmel CMC St. Antony's Mission Hosp. Kainakary, Alleppey.	203.	Fr. Isidore Fernandes
186.	Sr. Blaise Maliekal Holy Cross Hospital Kanagere PO 571 443 Mysore Dt. Karnataka.	204.	Sr. Leoni
187.	Sr. Redempta	205.	Sr. Julita Narareth Hospital 13-A, Kamla Nehru Road Allahabad 211 001
188.	Sr. Felix St. George's Hospital Vazhakulam PO Muvattupuzha, Kerala.	206.	Sr. Anita
189.	Sr. Mary Tom S.H. Jayamatha Hospital Odanavattom PO Kottarakara 691 512	207.	Sr. Nirmala Navajeevan Health Centre Rajawallipuram Tirunelveli Dist 627 359
190.	Sr. Kochuthresia Devamatha Hospital Keratty, Trichur, Kerala 680 308	208.	Sr. Elizabeth George St. Theresa's Hospital Bonnidi PO Dharmapuri Dt. Tamil Nadu 635 301.
191.	Sr. Carmela Arokia Matha Nilayam Gangavalli, Attur Salem Dt., T.N. 636 105	209.	Dr. John Philip Archbishop Attipetty M. Disp. & Welfare Centre C/o St. Joseph's Convent Kalamassery PO, Kerala
192.	Sr. Anacleto FCC	210.	Sr. Francisca Fatima Hospital Jayankondam, Trichy Dt., Tamil Nadu 621 802
193.	Sr. Liboria FCC St. Joseph's Hospital Mangalamdam Vandazi, Palghat.	211.	Sr. Regis
194.	Sr. Lisieux	212.	Sr. Augustine Holy Family Hospital Satnapalli 502 403 Guntur Dt. Andhra Pradesh.
195.	Sr. Ritty Carmel Hospital Mahudanr, Palamau Dt. Bihar 822 119	213.	Sr. Antoinette St. Joseph's H. Centre Periyathachur Anilady PO, T.N. 605 651
196.	Sr. Gratia Rasiah		
197.	Sr. Sophia Puthenpurayil Holy Redeemer Hospital Theni 626 531		

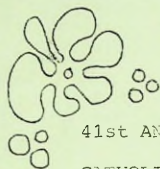
<u>Sl.No.</u>	<u>Name & Address</u>	<u>Sl.No.</u>	<u>Name & Address</u>
214.	Dr. R.A. Erinjery	230.	Sr. Annie Maria CMC Alphonsa H.D. Hospital P.O. Baromasia Via Pathargama, Bihar 814147
215.	Sr.(Dr.) Beena St. Joseph's Hospital Choondal, Trichur Kerala 680 502	231.	Sr. Grace Madamana St. Joseph Hospital Calimpur, Barior PO W. Bengal 731 220
216.	Fr. Antony Kalathiveetil	232.	Sr. Rose Mary Prakash Health Centre Prakashpalayam, Kothanur PO Mysore-571 440
217.	Sr. Maria Teresa	233.	Sr. Alice S.C.
218.	Sr. Massimila Lourdes Hospital Ernakulam, Cochin-12	234.	Sr. Grace S.C. Srs. of Charity Disp. Dudhani, Dumka PO, Bihar 814 101
219.	Fr. Stephen Kottackal St. Joseph's Hospital Manantoody, Wyanad Kerala 670 645	235.	Sr. Bapista D.M. Nirmala Mission Hosp. Peyyanam PO Konni, Pathanamthitta Dt. Kerala
220.	Fr. Thomas Becket D'Souza The Organisation for the Development of People Clergy House, Bannimantap 'B' Layout Mysore-570 015	236.	Dr. Prem Pais
221.	Sr. Assunta	237.	Sr. Anna Byrne
222.	Sr. Selma	238.	Sr. Anne Mary
223.	Sr. Marietta St. Ann's Hospital Vijayawada-2, A.P.	239.	Sr. Anita Hodges St. Martha's Hospital Nrupathunga Road, Bangalore 560 009
224.	Sr. Luke D'Souza R.J.M. St. Joseph's Dispensary Catholic Church, Khambhol-388 620	240.	Mr. Thomas Umminithottam Ep. Vayalil Medical Centre Moolamattom, Kerala 685 589
225.	Sr. Albina S.D. St. George Hospital Chemmanathukara, Vaikom, Kottayam Kerala-686 606	241.	Sr. Mary James S.H.
226.	Sr. Pavitra S.D. Golden Jubilee M. Hosp. Chempu PO, Vaikom Kerala 686 615	242.	Sr. Jane Mary S.H. Christuraj Hospital Thokkilangady Nirmalagiri PO Cannanore Dist. Kerala.
227.	Sr. Carmela St. Mary's Health Centre Katipalla PO South Kanara, Karnataka 574 149	243.	Sr. Valentina Cotta SFM
228.	Fr. Joseph Kurinjiparampil Good Samaritan Hospital Amboori PO, Trivandrum Kerala 695 505	244.	Sr. Esperanca Gracias Fr. Faustino D8 Souza Charitable Dispensary C/o Holy Family Convent P.O. Cortalim, Goa-403 710.
229.	Sr.(Dr.) Scholastica Pillar Clinic, Haddo PO, Port Blair 744 102	245.	Sr. Catherine St. Ann's Health Centre Kondapalli 521 228 Krishna Dt., A.P.

<u>Sl.No.</u>	<u>Name & Address</u>	<u>Sl.No.</u>	<u>Name & Address</u>
246.	Fr. Joseph Vazhuthanapally Nav Jeevan Dispensary Khadi PO Sunlersi, M.P. 465 113	259.	Sr. Francis FCC Holy Family Hosp. Kodarma PO Hazaribagh Dist. Bihar 825 410
247.	Fr. Samuel Edamannil St. John's Lep. Hospital Pirappencode PO Vejraramoodu 695 607 Kerala.	260.	Fr. James Puthenpura Quilon Social Service Soc. Fatima Road, Quilon.
248.	Sr. Adelaide CHF St. Joseph's Hospital Poovathussery Parakadavu PO Kurumassery-683 579 Kerala.	261.	Sr. M. Theresia
249.	Sr. Marie-Lourdes Assisi Dispensary St. Francis Convent, Raisen-464 551, M.P.	262.	Sr. M. Valeria St. Theresa's Hospital Agashi PO, Via Virar Thane, Bombay 401 301
250.	Sr. Crizy FCC Nirmal Public Health Service Centre Nawadah PO, Bihar 805 110	263.	Sr. Silvana Lobo
251.	Sr. James JMJ	264.	Sr. (Dr.) Florence Athickal
252.	Sr. Praxedas JMJ Nirmala Maternity & Gen. Hospital. Masapeta PO, Cuddapah, A.P.	265.	Sr. (Dr.) Mauricia Nirmala Niketan Vijayawada 520 008
253.	Sr. M. Gertrude St. Joseph's Hospital Chamaraj Nagar PO Mysore, Karnataka 571313	266.	Sr. Pauline
254.	Sr. Kensie Mary Maria Mater Gen. Hosp. Arokia Nagar Sarakanei, Ramnad 623 405	267.	Sr. Amedee St. Joseph's Hospital Maryland Visakhapatnam, A.P.
255.	Fr. Augustine OCD Carmel Hospital Manalikalrai Kanyakumari Dist Tamil Nadu 629 164	268.	Prof. Gerson Kannikal Vincentian T.B. Clinic Kalamassery PO Ernakulam Dist, Kerala
256.	Dr. Angel Mary	269.	Sr. Lissy St. Joseph's Dispensary Thiruparkadal 632 503 N.A. Dist, Tamil Nadu
257.	Sr. Annaclate Sacred Heart Hosp. Payankulam, Maliakombu PO Thodupuzha, Idukki Dt., Kerala.	270.	Sr. Rita Mary Sacred Heart Hospital Tuticorin 628 002 Tamil Nadu.
258.	Sr. (Dr.) Mary Rose St. Rita's Hospital Manikpur PO, Banda Dist Uttar Pradesh-210 208	271.	Sr. Hope
		272.	Sr. Lucia D' Cruz St. Thomas Hospital Vadakangulam 627 116 Tirunelvely, Tamil Nadu.
		273.	Sr. Rosaritta Nitya Sahaya Matha Hosp. PO Adat, Trichur 680 554 Kerala.
		274.	Sr. Mary Melani S.S.
		275.	Sr. Elizabeth Ancitta S.S. Lourdes Hospital, Mannuthy, Trichur, Kerala

<u>Sl.No.</u>	<u>Name & Address</u>	<u>Sl.No.</u>	<u>Name & Address.</u>
276.	Fr. Kuriakose Kavalakat	291.	Sr. Fausta
277.	Sr. Virginia St. Joseph's Hospital, Vellad, Karuvanchal, Alakode 670 571 Cannanore Dt. Kerala.	292.	Sr. Prisca Daughter of St. Mary of St. Mary's Paediatric Hosp. Moondrumavadi, Madurai-7, T.N.
278.	Sr. Philomina	293.	Sr. Aloysius MSJ
279.	Sr. Christina St. Louis Hospital Krishnagiri PO Dharmapuri 635 001	294.	Sr. Fatima MSJ St. Joseph's Hospital Kothamangalam Kerala.
280.	Sr. Mary Teresa St. Jerome Hospital Kunnam PO, Mavelikara Kerala.	295.	Sr. Mariantonia Divya Jyoti Community H. Mundgod, N. K., Centre Karnataka 581 349
281.	Sr. Libia Mary Benziger Hospital Beach Road, Quilon-1	296.	Sr. Raphael St. Ignatius H. Centre Durgi-522 612 Macherla, Guntur Dist, Andhra Pradesh.
282.	Sr. Lorena Mary Assisi Hospital Channapetta PO Kerala 691 311	297.	Sr. Crescentine St. Xavier's Hospital Xavierpet, Ongole
283.	Dr. Ancilla Nazareth Hospital Mokama 803 302 Patna, Bihar.	298.	Sr.(Dr.) Jose Maria
284.	Sr. Ajaya Notre Dame Disp. Jamalpur, Monghyr Dt. Bihar 811 214	299.	Sr. Elcitta San Joe Hospital Perumbavoor 683 542 Kerala.
285.	Sr. Suso Maria Assumption Hospital Melukavumattom PO Kottayam Dist Kerala 686 652	300.	Sr. Andrea Mary Maria Goretti Disp. Edacochin, Cochin-6
286.	Sr.(Dr.) Rose Korah Sagaya Matha Hospital Balaclava Hill Coonoor, Nilgiris 643102	301.	Sr. Tessa Nirmala Dispensary C/o St. Charles Convent Richards Town, St.Thomas TownPO Karnataka 560 084
287.	Sr. M. Anita SRA	302.	Sr. Dora Mary Assisi Hospital Punnapra, Alleppey-4.
288.	Sr. M. Sandra SRA	303.	Sr. Theresa George Karunalay Mission Hosp. Anklav, 388 510 Gujrat.
289.	Dr. Antony Fernandes Goretti Hospital Santhekatti PO Udupi, Karnataka-576 125	304.	Sr. Pauline St. Ann's Convent Mambakkam, Tiruvanakoil PO, Chingleput 603 106
290.	Sr. Mary George St. Luke Hospital Pedda Dornala PO Prakasam Dt. A.P.		

<u>Sl.No.</u>	<u>Name & Address</u>	<u>Sl.No.</u>	<u>Name & Address</u>
305.	Sr. Shantal Mary Sneh Swasthaya Kendra Hardeo Project, Korba Bilaspur, M.P. 495 686	324.	Sr. Georgia Mary Amala Health Centro Purnea PO Bihar 854 301
306.	Sr. Grace MSJ	325.	Sr. Karuna D.M. Bethany H. Centre C/o Bethany Ashram Nodumangad 695 541 Trivandrum, Kerala.
307.	Sr. Bridget MSJ Assumption Hospital Kanhirapuzha, Palghat Dist Kerala 678 591	326.	Fr. Louis Philipose
308.	Armida Colombo (Sr.)	327.	Sr. Florence D.M.
309.	Sr. Maristella Saidanha "Snehalaya" Solur PO, Magadi, Bangalore Dist. 562 127	328.	Sr. Sherlet D.M. Vimal Mission Hosp. Kalluvathukal PO Quilon, Kerala 691 578
310.	Sr.(Dr.) Agostina Thomas Asha Hospital Gollepudi Vijayawada Tk, ap521 225	329.	Sr. Constance Rural H. Programme Sevanalaya, Pambanar PO, Peermade 685 537
311.	Fr. Thomas Parecattil CMI	330.	Sr. Ancy Job CMC St. Joseph's Hospital Pathikonda, A.P. 518380
312.	Sr. Sonia C.S.F. Sant Paul Health Centre Satpuli, Pauri-Garhwal U. P. 246 172	331.	Sr.(Dr.) Consilia Fernandes
313.	Sr.(Dr.) Jose Mary	332.	Sr. Annunciata Colaco Vijay Marie Hospital Saifabad, Hyderabad-500004
314.	Sr. Helen Nirmala Hospital Marikunnu PO, Calicut, Kerala 673 012	333.	Mary Pete St. John's Health Centre Kadambathur PO Chongelpet, T.N.
315.	Sr. Emma Providence Dispensary Lady's Seat Raod Yercaud 636 601 Tamil Nadu.	334.	Sr. Gerome A.A.J.M. Hospital Thuruthipuram Via Kodugaloor Ernakulam Dt.
316.	Dr. Alfred Mascarenhas	335.	Sr. Beatrice S.D. St. Thomas Hospital Meloor, Kerala.
317.	Dr. Mario C.De Souza	336.	Sr.(Dr.) Angela Rodrigues Daya Sadan Dawakhna Zankhave Via Surat Dist Gujrat.
318.	Sr. Lissia	337.	Sr. Mary Jo Srs. of Mary Immaculate Krishnagar, Nadia W. Bengal 741 101
319.	Sr. Ignatius	338.	Sr.(Dr.) Vilma Nazareth Dayanand Hospital Talasari 401 606 Maharashtra.
320.	Fr. Bernard Moras St. John's Medical College Bangalore-560 034		
321.	Sr. Theodore Isaac		
322.	Miss Louise Duncan Nirmala Rani Health Centre Cluny Convent Devikapuram, N.A. Dist Tamil Nadu-606 902		
323.	Sr.(Dr.) Lucian Leonard Hospital Batlagundu 624 202 Madurai, T.N.		

<u>Sl.No.</u>	<u>Name & Address</u>	<u>Sl.No.</u>	<u>Name & Address</u>
339.	Sr. Mary Fr. Patrao Hospital Darlee PO, Puttur D.K., Karnataka.	352.	Sr. Simon Snehamatha Nursing Home Rajamattom, Thottakadu Kottayam.
340.	Sr. Mary Joseline St. Paul's Health Centre Thondamanthurai 621 103 Trichy, Tamil Nadu.	353.	Fr. A. Michael. Thanjavur Multipurpose Social Service Society P.B. No. 77, Trichy Road Thanjavur, T.N.
341.	Sr. Conard Mary De Britto H.Sec. School Devakottai 623 303 Ramanad Dt., T. N.	354.	Sr. Stella Ruby St. Kulanai Theresa H.Centre Kolpet, Mambalapet, Villupuram, S.A. Dist. Tamil Nadu-605 303
342.	Sr. Christina Christu Deepalaya Court Road Doddaballapur Bangalore Dist.		
343.	Sr. Annie Puthiyadathu- kunnel		
344.	Sr. Marianos Holy Ghost Mission Hosp. Muttuchira PO Kottayam Dist. Kerala 686 613		
345.	Sr. Cecily Jane Fatima Hospital Kadagathur Dharmapuri Dt. Tamil Nadu.		
346.	Sr. Flora V. G. Hospital Srs. of Charity, Convoy Road, PO Boiragimath Dibrugarh Tamil Nadu 786 001		
347.	Sr. Raymond		
348.	Sr. Betina Uphara Mata Hospital Koduvila PO East Kallada, Quilon Dist Kerala 691 502		
349.	Sr. Rose Mary		
350.	Sr. Mary Joseph St. Joseph's Health Centre Pulivendla-516 390 Cuddanpha, A. P.		
351.	Sr. Bruna Our Lady of Dolours R.C. Hospital Mogaltur PO 534 218. W. Godavari, A.P.		



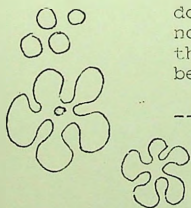
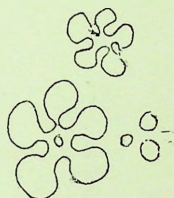
41st ANNUAL CONVENTION

CATHOLIC HOSPITAL ASSOCIATION OF INDIA

23-26 NOVEMBER 1984

WORKSHOP THEME:

towards a people-oriented drug policy



'Eternal vigilance is required to ensure that the health system does not get medicalised, that the doctor-drug producer axis does not exploit the people and that the abundance of drugs does not become a vested interest in ill-health'.

---ICMR/ICSR Health for All Report.

Venue: ST JOHN'S MEDICAL COLLEGE, BANGALORE 560034

SIGNIFICANCE OF THE THEME

THE Workshop is to help participants understand the issues relevant to drug prescribing, drug distribution and pharmacy policy in our institutions in the context of the ICMR/ICSSR warning and to challenge them to participate in the growing national response to the problem.

WHAT does the 'abundance of drugs' mean to the millions of the poor in our country who struggle in life to make both ends meet? Can they ever have access to the modern health care system which has become a business today, rather than remaining at the service of humanity at large? Do they have essential and life saving drugs at their reach within a price range they can afford?

IS our drug policy today more profession-oriented, drug industry-oriented rather than patient-oriented? Whose interests are we serving in our institutions?

HOW can we move towards a more people and patient-oriented drug policy?

THESE are some of the QUESTIONS which we shall respond to in our Workshop.

.....

"Community Health is a process of enabling people to exercise collectively their responsibilities to maintain their health and to demand health as their right. Thus it is beyond mere distribution of medicines, prevention of sickness, and income generating programmes".

--CHAI new vision

.....

OBJECTIVES

3

1. TO CREATE AN AWARENESS OF:-

the health situation in India, the role of drugs in health care, the pattern of drug production in India vis-a-vis the people's health needs, the dynamics of the drug industry, the pattern of drug distribution and availability in the health system, the national drug policies and laws.

2. TO CREATE AN AWARENESS OF:-

irrational use, over use and misuse of drugs by health personnel.

3. TO DISCOVER

the social, economic, political, cultural and other factors responsible for this problem.

4. TO DISCOVER

how all of us are part of the problem at a personal level.

5. TO CONSIDER

the various responses at national/regional levels in the areas of :-- consumer awareness and people's movements; continuing professional education; pressure group on policy makers; search for low cost alternatives; individual/group action; institutional policy changes.

6. TO DISCOVER

ways and means by which we can respond to this situation at individual, institutional and regional/national levels.

.....

PROGRAMME HIGHLIGHTSSessions on:

Understanding the problem
Drugs and the healing ministry
Towards rational therapeutics
What to do to tackle the problem
Some initiatives in the country
The people's medicine

Group discussions on:

What/why the problem in our health institutions?
What can we do to tackle this problem?

Liturg

Reflecting on our calling and the faith dimension
of our response

Exhibition on:

Socio-political dimensions of Health and Drugs
Rational Drug Therapy
Home remedies and Herbal medicines

Studies on:

Drugs for a Community Health Center
Understanding the injection/tonic culture
Use/misuse of drugs in surgery
Drug situation in small rural hospitals
Cost of treatment

Cultural Programme

Understanding the problem from the poor man's
point of view.

.....

SYNOPSIS OF PAPERSDrugs for Primary Health Care (C M Francis)

An integral part of our commitment to primary health care is the provision of essential drugs to all those who need them, in adequate quantity and quality and at affordable prices wherever the person is. The various aspects of the drug problem needing our attention include production, what drugs are required, choice of drugs, National Drug Policy, selection of drugs, drug production and procurement, logistics of supply, quality control, regulating the drug trade, drugs for immunization, drugs for cure, drugs for symptomatic relief, search for new drugs, drug information and the need for evaluation of the efficacy of primary health care including drugs.

The Ten Commandments of the Drug Industry (Augustine Veliath)

1. Thou shalt have tens of thousands of drugs
2. Thou shalt not question the price of a drug
3. Thou shalt not tamper with nature's garden
4. Thou shalt respect thy doctor more than thyself
5. Thou shalt betray thy people and thy nation for petty rewards
6. Thou shalt not covet, court, or subscribe to any other system of medicine
7. Thou shalt never reveal company secrets
8. Thou shalt first seek remedies for fashionable ailments
9. Thou shalt be a dumping ground for banned drugs
10. Thou shalt be a guinea pig for new and untried drugs.



Rational Drug Therapy

① Socially conscious.

Relevant

Concerned (people/patient sensitive)

yet scientifically sound medicine.

↑
a virtue that has probably
been the casualty
in today's world
of commercial
intervention

② Practice of Medicine & Humility not Arrogance

a) Accepting limitations of drugs

b) Recognising non-role in certain conditions

c) accepting limitations of western medicine

d) openness to other systems - to learn

- to continue scientifically

e) openness to the Faith dimension

f) Accepting that Drugs are not synonymous
& Health or healing.

③ To understand rational we must first
understand the irrational

1. Extravagant - expensive drugs
symptomatic Rx of mild conditions
Brand names
Tonics
- antibiotic
- oral
- etc drugs

2. Overprescribing - not needed drug -
- too large dose
- too long a time
- quantities/Rx are that reqd for present Rx,] cough synds

3. Incorrect prescribing
Incorrect diagnosis -
Wrong drug. -
improperly written Rx → Doctor pride in hard hand writing
adjustments not made for] econ. cond. of pt
medical] factors
genetic
environmental
economic

4. Multiple prescribing
i) For all possible conditions - yesterday's play
ii) Two of the same remedy
iii) One for each symptom - Typical G.P.

Vitamins
Tonics

The Ethics of Prescribing (George Lobo, sj)

Discusses reasons for the unfortunate situation related to drugs prevalent today, viz., technological model of health care leading to manipulation of the patient, search and demand for instantaneous cure of symptoms, mystification of medicine, profit motive and 'free enterprise' of the pharmaceutical industry, a deep rooted cultural alienation from the people, exploitation of dependent developing countries, decreasing emphasis being given to preventive medicine and other systems of medicine.

The use of drugs should be regulated by the principles of totality (overall good of the patient) and of double effect (the good effect overriding any harmful effect). It suggests remedies for the development of a person-centred and holistic approach to health care.

Professionals in the Church - an introspection (George Joseph)

Serious questions have been raised about the institutional witness of the church in India, particularly its relevance in the social context of today. In the case of the Healing Ministry there is urgent need to critically look at our priorities and commitment and our style of functioning in the light of the gospel. The role of the professionals have to be reassessed as part of an overall effort to bring back the true spirit of 'Diakonia' into this ministry.

The whole issue regarding the need for evolving a 'rational drug policy' has to be seen in this perspective.



Under prescribing

- i) inadequate dosage (Rural medicine class)
- ii) too brief treatment
- iii) needed drugs not R,

Spurious / useless
prescribing

Characteristics of Rational - (12 points) Maybe more

- | | |
|---|---|
| <ol style="list-style-type: none">② Efficient③ Safe - (low side effects)④ Low cost (not cheap)⑤ Easy to administer⑥ Interest in Follow up | <ol style="list-style-type: none">① Good Diagnosis② Concern for pt.③ Proper Communication } R₁
} Topk
} relate④ Open mind } learning
} Questioning mind⑤ Time to explain to pt
non-drug advice |
|---|---|
- 11) Not because pt wants it
 - 12) Not because drug company pushes it

Rational Therapy - is a dynamic concept.

constant response to the situation
to the patients and their
difference
to ones experience
to others experience.

A rational mind is a Questioning Mind

What is Rational Drug Therapy? (Mira Shiva)

Rational drug therapy means practice of socially conscious, relevant, concerned and yet scientifically sound medicine. It recognizes the non-role of drugs in certain conditions, the role of alternative systems of medicine and recognizes the limitations of Western Medicine in our social context.

It emphasises selective use of drugs based on essentiality, efficacy, safety, easy availability, easy administration, quality drugs preferably of indigenous production.

Rational Drug Therapy recognizes the concept of essential drugs and the concept of graded essential drug lists for different levels of health personnel. It recognizes the right of health personnel and consumers to drug information and its effective communication.

It is taking of a conscious decision to boycott certain drugs and use others only when needed. It means prescription with awareness, to avoid as far as possible -- iatrogenesis (drug induced problems, drug interactions, adverse drug reactions and emerging drug resistance).

It is understanding the role of drugs and rational drug therapy in the emerging health movement.

What can be done at a pharmacy level (Alan Cranmer)

- (a) Management of Pharmacy Services include involving the users of the service; the Pharmacy Committee - its constitution and functions, viz., implementation of hospital policy, selection of medicines, sources of medicines, cost versus quality, basic drugs and formulations, medicines banned in India and abroad, medicines from other systems; stock control; prescribing discipline and pharmacy discipline.
- (b) Good dispensing services involve need for good professional service to patients, proper presentation of patient's medicines, preparation of medicines in the pharmacy compared to purchase, medicines in the pharmacy and at clinic level.

contd.....

What is Rational Drug Therapy? (Mira Shiva)

Rational drug therapy means practice of socially conscious, relevant, concerned and yet scientifically sound medicine. It recognizes the non-role of drugs in certain conditions, the role of alternative systems of medicine and recognizes the limitations of Western Medicine in our social context.

It emphasises selective use of drugs based on essentiality, efficacy, safety, easy availability, easy administration, quality drugs preferably of indigenous production.

Rational Drug Therapy recognizes the concept of essential drugs and the concept of graded essential drug lists for different levels of health personnel. It recognizes the right of health personnel and consumers to drug information and its effective communication.

It is taking of a conscious decision to boycott certain drugs and use others only when needed. It means prescription with awareness, to avoid as far as possible -- iatrogenesis (drug induced problems, drug interactions, adverse drug reactions and emerging drug resistance).

It is understanding the role of drugs and rational drug therapy in the emerging health movement.

What can be done at a pharmacy level (Alan Cranmer)

- (a) Management of Pharmacy Services include involving the users of the service; the Pharmacy Committee - its constitution and functions, viz., implementation of hospital policy, selection of medicines, sources of medicines, cost versus quality, basic drugs and formulations, medicines banned in India and abroad, medicines from other systems; stock control; prescribing discipline and pharmacy discipline.
- (b) Good dispensing services involve need for good professional service to patients, proper presentation of patient's medicines, preparation of medicines in the pharmacy compared to purchase, medicines in the pharmacy and at clinic level.

contd.....

- (c) Relationships with suppliers, ie., with representatives in the pharmacy and an assessment of products offered and their sources.
- (d) Educational requirements - basic courses, legal requirements, course content, continuing education for pharmacists.
- (e) Relationships with hospital colleagues.

.....

Challenge of Rational Therapy

1. Tonics/Vitamins/Enzymes 35% of our Drug budget
health restaurants
in a country where 66% of the 800 millions are below poverty line.
2. 30000 formulations, are licensed when
WHO - 200
Hathi Committee - 116
3. US Study - The Medical Heretic
The greatest danger to health in India
is Doctors | Drugs | Hospitals.
4. ICMR/ICDDR warning - _____
5. Antidiarrhoeals 54 - listed in CIMS - 47 were ^{useless} - ^{unaction}
- 7 had some validity, in specific uses/kases
- ORT sheet anchor of R_y did not figure.

INITIATIVES IN THE COUNTRY

(1)

Arogya Dakshata Mandal, Pune has been raising awareness about drug related issues among medical professionals and the lay public since the past 8 years. They publish a monthly--'Pune Journal of Continuing Health Education'-- on drug issues and are also bringing out a book 'Rational Drug Therapy' in December 1984.

They launched a movement called 'Operation Medicine' in 1977 against irrational prescription of vitamins, tonics and tinned foods.

(2)

All India Drug Action Network: A number of groups have been working in the field of drug related issues at various levels during the past 3-4 years. They have been in contact with each other and have been working informally together sharing information, putting forward a memorandum (demanding a Rational Drug Policy), participating in campaigns, lobbying with government etc. In August 1984, they felt the need to have a more organized base and have formed the All India Drug Action Network. CHAI is also a member of the Network.

(3)

Lok Vigyan Sanghatana, Maharashtra, or the People's Science Movement have launched campaigns about anaemia and irrational anti-anaemia drug preparations and also about over the counter drugs. They organize jathas, hold district/town seminars, write in the mass media etc.

(4)

Kerala Sastra Sahitya Parishad is a voluntary non-government organization consisting of scientists, doctors, engineers, social scientists, teachers, students, workers, peasants, technicians who are committed to popularising science and channelising it for social revolution. The KSSP has recently decided to take up the Drug issue and initiate a big campaign to expose the anti-people and exploitative tactics of the Multinational Drug Companies. The questions of essential versus non-essential and dangerous drugs, the inadequacy of drug safety control measures, the rising prices of life saving drugs and the non-implementation of the Hathi Committee recommendations are the highlights of the programme.

(5)

LOCOST or Low Cost Standard Therapeutics is a collective voluntary enterprise for rational therapeutics. LOCOST aims to promote low cost, scientifically tested medicine under generic names. LOCOST is a response to a growing demand and challenge of the voluntary health sector to meet the needs of the deprived sectors of the society for not only low priced but also good quality medicine. LOCOST includes procurement, quality testing and control, distribution and educational efforts, and is located in Gujarat.

(6)

Bangarapet Mission Tablet Industry in Karnataka is a successful small scale venture providing low cost, good quality formulations to some mission hospitals in the country.

(7)

Low Cost Drugs and Rational Therapeutics Cell of the Voluntary Health Association of India, New Delhi, has been instrumental in bringing together various groups in India on the issue of drugs. They have been providing informational backing to these groups, organizing meetings, informally coordinating some actions etc.

(8)

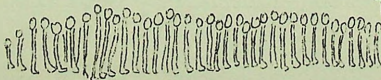
medico friends circle is a group of socially conscious individuals, interested in the health problems of our people. Through their monthly bulletin, they discuss drug issues among others. They have formed a Rational Drug Policy Cell and have launched a campaign on anti-diarrhoeals.

(9)

The Kurji Holy Family Hospital Formulary is the result of the accumulated experience of the hospital over the last 10 years. It gives a comprehensive list of drugs to treat 98% of the hospital admissions. It also gives the generic name, dosage, indications, contra-indications and side effects of these drugs. Information about comparative cost of treatment is also provided.

HEALTH FOR ALL

98%



(10)

State Forums: During the past year drug action forums have been active in Andhra Pradesh and West Bengal. Drug Action Forums are also being initiated in Gujarat and Orissa.

(11)

The Pharmacology Department of the Post-Graduate Institute of Medical Education and Research, Chandigarh, provide unbiased technical information on drugs and therapeutics through a monthly publication 'The Drugs Bulletin'.

(12)

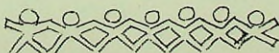
Others: The following organizations have also been involved in drug related issues and are part of the All India Drug Action Network:

Consumer guidance Society of India, Bombay
 Consumer Education Research Centre, Ahmedabad
 Federation of Medical Representatives
 Association of India
 Health Services Association, Calcutta
 Delhi Science Forum, New Delhi
 People's Participation in Science and Technology,
 Madras/Bangalore
 Centre for Science and Environment, Delhi
 Centre of Social Medicine and Community Health,
 J N University, New Delhi

What we can do?

- Support them
- Join them
- Keep them informed about what you are doing

.....



RESOURCE MATERIALS

- ☛ People, Pills and Prescriptions, column in MEDICAL SERVICE since May-June 1984.
- ☛ Objectives of the Workshop, a handout.
- ☛ Understanding the Drug situation in our Hospitals, a check list.
- ☛ Towards a People-Oriented Drug Policy, Special Convention Issue of MEDICAL SERVICE (October-November 1984) and a supplement to this issue will be distributed during the Workshop.
- ☛ Drugs awareness and Action, mfc BULLETIN Special Issue No.107 November 1984.
- ☛ DECCAN HERALD Supplement on the Workshop.

.....

.....

"What people really need, first and foremost is clean drinking water, latrines, school and land, not urban hospitals with their wonder drugs".

-- Planning Commission

.....

Reading

The story of the sickman
at the pool of Bethesda

John 5: 1-9

Reflection

The action of Jesus in bypassing the pool is an invitation to us to look more critically at our own health care system. Thanks to our emphasis on curative health care, we have grown accustomed to thinking solely in terms of the health needs of the individual rather than addressing ourselves to the community as a whole. While concentrating on the symptoms, we have failed to take into account the environment and other social factors. Poor sanitation, polluted water supply, the superstitious beliefs and taboos of the community are also related to sickness and disease.

Further, the miraculous pool in its ineffectiveness is a symbol of our own ineffective health care system despite the highly qualified doctors and nurses, well equipped private and public hospitals, medical research centres and multinational drug industry.

The poor man in the gospel story lived very close to the pool, yet he was helpless because of his poverty. In like manner the poor in our midst remain helpless in the shadow of an expensive, curative health care system that is geared exclusively to the service of the rich.

Source: The Bible: Aspirin or Dynamite
by Cedric Rebello s.j.

Banned

F.D.C's - 18

Amidopyrine
Phenacetin
EP Forte

Ergot

Penicillin

Sulpha F.D.C's
Skin/eye ointment

F.D.C's of Steroids

F.D.C's of Allopathy
2 Unani/Ayurvedic

F.D.C's of Vitamin c

Analgesics
Antihistamines
Tetracycline
Anti-inflammatory
Tranquillizers

References

Bannable

Analgesic/Depressant

Cloquinal

Lomokl

or



Caution

Anticoloxon

Anabolic Steroids

Enzymes

Oxyphenbutazone
phenyl butazone

Steroids

Tonics

Chloro-steps

Shephopen

Paediatric
Tetracycline

Dr. GDR

Some

Dr. N. M.

Dr. S. Doc

i) A beginning has been made.

ii) PE/Peoples pt of new not necessary rational (Should use exploit them) (Tonics are best examp)

iii) Rational therapy 50/2000

References

1. Irrational drug use
2. A to Z of problem drugs
3. Questions to ask before prescribing
4. Learning to use antibiotics wisely (David werners)
5. 12 Papers from VHA1 on this matter

41st Annual Convention of the Catholic Hospital Association of India

Workshop on: TOWARDS A PEOPLE-ORIENTED DRUG POLICY
24-25 Nov 1984 : St John's Medical College, Bangalore

group allotment of FACILIATION TEAM

Group 1

1. Fr Thomas Joseph
2. Dr S Pruthvish
3. Dr Vijay Joseph
4. Dr Zafarullah

Group 2

1. Dr Dara Amar
2. Abraham Mathew
3. Dr Srinath Dore
4. Dr Manjunath

Group 3

1. Dr Pratap Naidu
2. Sr Jeyaseeli
3. VJ Joseph
4. Dr George Joseph

Group 4

1. Dr PN Pandit
2. Fr Rupert Rosario
3. Dr Naveen Machado
4. Dr Mira Shiva

Group 5

1. Dr R Narayanan
2. Sri SMS Shetty
3. AJ Perumpanani
4. Dr S Joseph

Group 6

1. Dr MJ Thomas
2. Sri Siddalingasamy
3. Dr Gerry Pais
4. Dr DBI Victor

Group 7

1. Dr K Keshavan
2. Dr Raghuvir
3. Dr Sukhant Singh
4. Sri Augustine V

Group 8

1. Dr Neelamkavil
2. Sri MC Raj
3. Sr Collette
4. Dr A Kurpad

Group 9

1. Dr GD Ravindran
2. Mrs Jyothi Raj
3. Dr Patrick Kamath
4. Dr CM Francis

Group 10

1. Dr Kishore Murthy
2. Fr Chacko
3. Dr Sajeew Joseph
4. Dr Vijayan

Group 11

1. Mr Raviraj Williams
2. Sr Mariamma
3. Dr Leo Menezes
4. Prof SV Rama Rao

Group 12

1. Dr Prem Pais
2. Dr Ramakrishna
3. Dr Jose Joseph
4. Dr Ekbal

Group 13

1. Dr Sudarshan
2. Dr SP Tekur
3. Rajiv Thomas
4. Fr George Lobo

Group 14

1. Dr Mohan Isaac
2. Dr Mario D'Souza
3. Sr Lilly Rodrigues
4. Sri Alan Cranmer

Group 15

1. Dr Lillian
2. Dr Maya Jacob
3. Fr Joseph Chittoor
4. Sr Innocent

NOTE: 1. Group Discussion Venue (group numbers in brackets)

Chapel Verandah (1, 2, 3, 4, 5) Ground Floor Foyer (6, 7)
Room 116 (8) Room 117 (9, 10, 11)
Room 118 (12) Room 119 (13)
Convention Hall (14, 15)

2. Each team will select a chairman and two rapporteurs for the discussion
3. A short summary of the discussion should be handed over in the session following the discussion

.....

Tommy Showmy
Bala Bobby
Chunnappan Tony
Domonic

SESSION IV: WHAT TO DO TO TACKLE THE PROBLEM?

What can be done at a Pharmacy level?

Main points of talk

1 Control of Pharmacy Services

- a) Involving the users of the service
- b) The Pharmacy Committee its constitution
- c) The Pharmacy Committee and its functions including the implementation of Hospital policy, selection of medicines, sources of medicines, cost versus quality, basic drugs and formulations, medicines banned in India and abroad, medicines from other systems.
- d) Good management techniques for stock control
- e) Prescribing discipline and Pharmacy discipline

2. Dispensing Services

- a) Need for good professional service to patients.
- b) Proper presentation of patients' medicines.
- c) Preparation of medicines in the Pharmacy compared to purchase.
- d) Medicines in the Pharmacy and at clinic level.

3. Relationships with Suppliers.

- a) Representatives in the Pharmacy
- b) Assessment of products offered and their sources

4. Educational Requirements

- a) Basic courses. Legal requirements. Course content
- b) Continuing education for Pharmacists

5. Relationships with Hospital colleagues

Notes. (NOT FOR INCLUSION IN THE BROCHURE)

1. I trust that this is what you require, but please feel free to edit or reduce if you desire. Date for the return of the notes to you is very close, and hence a fuller summary is difficult to give at this stage.
2. Some of these topics will overlap what is to be included in other sessions so these will be dealt with very briefly.
3. The questions and discussion afterwards may help to bring out the points of particular interest to the participants.
4. I will do my best to keep to the 20 minutes allocated so that others are not inconvenienced.
5. I will do my best to bring some duplicated notes if time permits for preparation.

Alan Cranmer
Consultant Pharmacist
Christian Medical Association.

WORKSHOP ON: TOWARDS A PEOPLE-ORIENTED DRUG POLICY
SESSION II: DRUGS AND THE HEALING MINISTRY
'PROFESSIONALS IN THE CHURCH-AN INTROSPECTION'
(DR. GEORGE JOSEPH)

RESUME:

Serious questions have been raised about the institutional witness of the church in India, particularly its relevance in the social context of today - In the case of the Healing Ministry there is urgent need to critically look at our priorities and Commitment and our style of functioning, in the light of the Gospel - The role of the Professionals have to be reassessed as part of an overall effort to bring back the true spirit of 'Diakonia' into this institutional ministry . The whole issue regarding the need for evolving 'a rational drug policy' has to be seen in this perspective.

10 Commandments of the Drug Companies

CPI- Pharmaceutical and Allied Manufacturers and Distributors Ltd. is most active and most powerful political lobby.

MNC: Multinational Corporations

TNC: Transnational Corporations

Organisation of Pharmaceutical Procedures in India are against Generic names.

1. Thou shalt have tens of thousands of drugs. Most drugs are imitative 'me too' drugs. Too many drugs increase side effects. Drug companies make so many unjustified claims. Side effects are not well emphasized. There are 10,000 drug companies in the world. These 10 Commandments belong to a new God - the Drug Companies. Meoscht annual budget is higher than the annual budget of many African countries. There are 30,000 drugs in the market in India, all branded. We need only 18 (ICMR) 115 Hathi Commission 1975, 225 WHO-45 Community health, Arole says 32 in CH. Drug companies make so many unjustified claims. Brand names can be reduced to 2-300 Generic name drugs. These can take care of 90% of the health problems.
2. Thou shalt not question the price of a drug. Some are 200% above production rate, some are 6,000 X more than the cost. Nobody questions it. Surplus money goes into marketing. Rs. 48,000/year/doctor is spent by drug companies. Money surplus goes to developed countries. The prices charged in India by Glaxco, Pfizer, Hoechst, Cibageign and Hoffman, La Roche are on the average 375% higher than those listed in Western Countries where these firms have their own home offices, Charles Levinson in ValBrum Zum Beispiel quoted in Illich P-79 You pay for the advertising agencies who may know nothing of the drugs. You pay for the samples the doctors get free and again when he sells them to you! You pay for well dressed, fast talking, medical representatives. Nine Times the Price of Gold was printed in Germany about drugs - it disappeared from the market! Hoechst buys blood \$5 in Brazil and processes and sells it in Germany for \$650, and 7% had Syphilis, 37% were too anemic to donate blood.
3. Thou shalt not tamper with nature's garden. We will process them for you and sell them at 50 times the cost. Protinex costs Rs.1-Packing 2-Charge Rs. 15. Ragi will be processed by Nestles and charge high prices.

4. Thou shalt respect thy doctor more than thyself.

He knows best. Obey him at all times and under all circumstances. If anyone disobeys this Commandment, who will defend the doctors? - the drug companies and their Associations!!! 75% of doctors over prescribe, because patients demand it, and drug salesman push hard.

5. Thou shalt betray thy people and thy nation for petty rewards.

One medical representative for every 30 doctors in USA, in Tanzania, 1 Med. Rep for every 4 doctors. Some are anything but petty rewards! E.G. Gifts, travel, 1 Pediatrician in Delhi gets a USA trip every other year, Doctors get TV sets refrigerators, cars etc.

6. Thou shalt not covet, court or subscribe to any other system of medicine.

Ayurveda	Naturopathy	Homeopathy
Acupressure	Unanai	Siddha
Hydrotherapy	Massage	Acupuncture
Marma Chikitsa	Other drugless therapies	

7. Thou shalt never reveal Company Secrets:

If thou must have truth, thou shalt have it in diluted doses. If you know company secrets, never divulge them. Stanley Adams was an Englishman and he reported Roche's antinational activities and they were fined 1,160,000. Adams was Research Director, he was fired and his life was so harrassed, his wife committed suicide. She was an Italian. He was killed in a road accident! Only consumer movements can fight drug companies, by boycotting their products.

8. Thou shalt first seek remedies for fashionable ailments.

25% of drug companies production is in tonics, vitamins, and antibiotics - only rich can afford. TB is the main health problem in India, but TB receives only 1.4% of investment - and Dapsone only 1.3%.

9. Thou shalt be a dumping ground for banned drugs.

USA has FDA (Federal Drugs Administration) they dump drugs in South america, India E.G. Thalidomide - used extensively in leprosy work in India. Lomotil causes respiratory depression, Tetracyclin has a bad effect on foetus-noban in 3rd world countries.(See handout on banned drugs).

10. Thou shalt be a guinea pig for new and untried drugs.

U.K.'s special commission on Internal Pollution (SCIP) found Research: gave wrong data and falsified records 1/3 of the reports submitted, the trial wasn't done at all, 1/3 didn't follow the manufacturers protocol, and only 1/3 were results of any scientific value. All drug companies make excessive claims. You pay for research that is not taking place or which produces no results. No money went into Research in India from 1902-1981. Research studied by FDA says 80 are the same drugs, 17 are slight variations.

These 10 Commandments can be compressed into the following 2:

- I. Thou art stupid and shall remain so.
- II. Death is thy destiny and to death we shall lead you. It is our privilege.

10 Commonest Diseases of the Doctors:

1. Inforasmus: The Doctor who suffers from this diseases is a severely malnourished doctor. His brains get no continuing education. He survives on the colorful, if adulterated, diluted doses of information sent by the drug companies.
2. Prescripo-melitus: Doctors who suffer from this are the trigger happy ones. They prescribe 5-6 drugs where only one or two are needed. They do this to assure themselves that they are uptodate. They try to impress you.
3. Chemistofilia: Doctor asks the patients to buy from a particular chemist shop- he has a tie up with the Chemist- either owned by the doctor or his family member, also there with drug company.
4. Testo-enterttis: Order for a number of tests and X'rays even before he sees the patient. Cause: too much unneeded equipment in the hospital
5. Sampleria: Enjoys meeting drug representatives. Collects all samples possible free. Sells the samples to the patients. Root Cause: Little hard up for money - wants a little more than others.
6. Paisaplegia: Insensitivity to patients, their economic condition, heart does not influence the brain!
7. Collegital Malformation: Plenty of black money with parents pay their way into Medical School- and through it!
8. Pillarpostitis: One doctor sends you to another and vice versa, they adjust their commission in between. Common in cities where there are two many doctors.
9. Infectivitis: also known as Capsuloris given a chance he would inject. But capsules rather than tablets!
10. Surgico Megalomania: Conducts Remurectomies. More than 90% of all tonsillectomies performed in the U.S. are technically unnecessary.

TITLE PATTERNS OF MEDICAL USE OF DRUGS

A PILOT SURVEY

22:12

Brief Review of literature

The prescribers and dispensers of drugs have a professional obligation to consider methods for the development of more efficient systems that will enhance their ability to optimize the quality of care when prescriptions are indicated. Nevertheless the data regarding this area is scanty in our country. Surveys in the United States indicate a doubling of their consumptions of prescribed drugs during the decade ending in 1973. The total economic value of all ordered pharmaceutical services in the United States during the year 1973 amounted to about eleven billion dollars. This doubling effect of ethical pharmaceuticals has been estimated after adjustment for a 10% increase in population and a rise of 3% in wholesale drug prices. (Drug use - Data sources and limitations, Rucker TD, JAMA, 230, 1974, 888 - 890).

There is some basis for believing that the proportion of the public using medications has not changed significantly during this interval. Surveys by Spitzer et al (Patterns of medical drug use - a community focus, Spitzer Wo, Roberts R.S, Delmore, Canada Medical Association Journal, 114, 33-37, 1976) confirms the previous findings of extensive medical use of drugs indicating that 60% persons in the community take at least one medicine at any given time and 30% are taking at least one drug prescribed or suggested by a doctor.

Approximately 90% of the total figure is represented by the private sector of the health care system and 70% of the prescriptions written in the private sector reflect drug use by persons in ambulant status.

Vitamins and tonics are the most commonly used drugs. They may be used by 25 to 28% of the population 40% of whom use them as a result of a physicians prescription. Various estimates of patterns of use show that females obtain about 50% more prescriptions per year than males and white persons receive about 60% more prescriptions. Variation in per capita drug use are also associated with differences in such things as income, education and geographic location etc.

Since a large proportion of the population using prescribed drugs in our regimen involving multiple prescriptions drug induced illness leading to morbidity and mortality has become a significant public health issue (Rucker TD, JAMA, 230, 1974, 888-890). The annual direct and indirect cost to society from combined effects of morbidity and mortality attributable to predictable, hence preventable, reactions has been estimated at nearly from billion dollars in 1973, in United States. In a three year survey of medical services, 249% of the admission were due to drug induced illness, excluding suicide attempts and drug abuse. More than 6% of these patients died. In 82% of the cases no over the counter drug was implicated.

The data that is presented above indicate the gravity of the counter productive results achieved in the developed world. No doubt there is a considerable placebo effect, that is beneficial to the patient. However the cost of this placebo effect when considered in relation to the adverse effects appear enormous. The history of camphor can be cited as an apt example to highlight this point. Traditional use of camphor dates back to chinese medicine. It had been used as an abortifacient, contraceptive, cold remedy, aphrodisiac, anti-aphrodisiac, supressor of lactation and antiseptic. Albeit no longer used for these ends, camphor continues to be an ingredient of a number of over-the-counter remedies. It has been estimated to 100,000 gallons of camphorated oil and 137,000 gallons of spirits of camphor were produced in the United States in 1975 and marketed in packages without safety caps. It is now marketed largely in multi-ingredient lineaments for symptomatic relief of "Chest Congestion and muscle aches. They contain 1 - 20% camphor.

The committee on accidents and poison prevention in the United States has endorsed the following conclusion on the use of camphor. Firstly, it has no established therapeutic role in scientific medicine. Secondly, it has potent serious toxicologic actions. The ingestion of relatively small amounts has proven fatal. Although accidental swallowing is the most common route of intoxications, significant quantities can be absorbed percutaneously and ~~xxx~~ via inhalation. The transplacental transfer may be toxic to the fetus. Thirdly camphorated oil, in particular, is the worst offender in accidental ingestion because it is mistaken for over-the-counter products and is also accidentally ingested by toddlers. Lastly the committee suggests that pediatricians should warn parents of the danger of camphor containing products in the home as long as the camphor containing products continue to be marketed (Camphor, who needs it? Committee on drugs, pediatrics, 62, 1978, 404-406).

Aims and Objectives

To analyse the cost difference between the definitely and/or possibly useful drugs versus definitely not useful drugs prescribed to patients attending psychiatric out patient with a psychiatric illness.

Material.

The study was conducted on ten patients who during the months October and November 1984 attended the ~~psychiatry~~ psychiatry out patient at SJMCH.

Only such patients who were able to furnish prescriptions of treatment previous to the present management were included.

It was ascertained that these prescriptions have been used for a period of at least 3 months. The patients included have a psychiatric diagnosis and are between 20 and 50 years of age both inclusive.

Those patients who were treated for non-psychiatric illnesses were excluded.

Method

All prescriptions were collected from the patient at the out-patient visit. Prescriptions used for the present complaint were sorted out from other prescription, not related to his present complaint. The drugs in these prescriptions are separated into two groups based on the consultant psychiatrists diagnosis

Gp I - Drugs possibly or definitely effective.
Gp II - Drugs definitely not effective.

Following this the following comparisons are made between the two groups.

1. Total quantity of drugs used.
2. Total number of drugs used
3. The cost of drugs.
4. Number of days for which the drugs are prescribed.

Statistical Analysis

The above comparisons are made between the two groups.

In the final analysis the standardised unit of COST/DAY/PATIENT is made.

The students " t test " is used to check for any statistically significant variation in the two groups.

What is the Problem in our Health Dispensaries

Dimensions and our role in it

Immediate relief manual

National

- Life saving drugs not available in sufficient quantities
- Lack of Rational Drug Policy
- Lack of quality control
- Inadequate price control
- Unnecessary taxation
- Essential drug prices to be ↓
- Formulations ↑

Institutional

- Administrative
- lack of communication between Doctors Pharmacists/Administrative
- Lack of Drug Policy
- Formulary
- Charging for donated medicine
- Vaccines sold
- Interinstitutional competition
- Snatching doctors
- Local compurers - poor cheap but quality
- lack of survey/peoples needs
- Lack of institutional goals

People

- Costly medicine faith
- Beware for injo/tonics
- Foreign drugs faith
- Free Rx expectation
- OTC use of Allopathic drugs
- Improper communication (re-education)
- Ignorance about drugs
- People cannot afford allopathy.
- Educate people
- Confusion/Psychological dilemma

Pharmacy

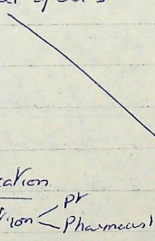
- Income generating unit
- Use of expired drugs
- Compounding ↓
- English labels
- Pharmacist charges order.
- Increase local preparation
- Bulk purchasing

Professional

- Belief in Standard compurers
- Individualised Rx
- Local Compounding ↓
- Lack of continuing education
- Improper Communication
- Professional & other organization do not advocate R.D Policy
- Banned list not available
- Use of allopathic by other system practitioners + contact.
- Not open to other systems
- Prescribing powerful drugs

Medical Company

- Package deals of Essential drug
- High pressure advertising
- (12 boxes of expired drugs for cost of 5)
- [Fairs, Fidges, Ex-ther] system
- Medical companies confuse doctor medicine an industry not communicate
- Not open to other system
- Building up manual
- Med emergency not accepted.



Labels of drugs are only in English. Rx are only in English.
Most cannot read them. We need vernacular labels.

CIAAI

Formulary
Short term kg
for P.I.

Administrative

Interference by Sr Sisters

Medical & local people - ignorant
Inefficient administration

Lack of involvement of Govt agencies

Profit motive

Question value system of distribution

Professionals

1. Lack of interest to pt

2. Struggle for existence

SATURDAY, Nov. 24, 1984

8.30- 9.00 a.m.

9.00-10.30 a.m.

: Introduction to Workshop, Objectives/Program

: Session I : Understanding the Problem

Speakers :

1. Dr. C M. Francis, (Coordinator, Continuing Medical Education, Christian Medical College, Vellore) : Introducing the theme.

②. Dr. B Ekbal, President, (Kerala Sastra Sahitya Parishad, Trivandrum) : The Indian Drug Scene - Drugs and the industry and government policy.

3. Shri. Augustine Veliath, (Voluntary Health Association of India, New Delhi): Ten Commandments of the Drug Industry.

10.30-11.00 a.m.

: Tea

11.00 a.m.-12.00 noon

: Session II : Drugs and the Healing Ministry

Speakers :

1. Fr. George Lobo, (Papal Seminary, Pune) : Ethics of Prescribing

2. Prof. George Joseph, (Executive Director, CSI Council for the Healing Ministry, Madras) : Professionals in the Church - an introspection

12.00 noon-1.00 p.m.

: Sharing the Word (Eucharistic Celebration)

1.00-2.00 p.m.

: Lunch

2.30-4.00 p.m.

: Group Discussion I : Identifying the different dimensions of the problem in our dispensaries / hospitals and our role in it (15 groups)

Tea

4.00 p.m.-4.30 p.m.

: Session III : Towards Rational Therapeutics

4.30 p.m.-6.00 p.m.

Speakers :

①. Dr. Mira Shiva, (Coordinator, All India Drug Action Network) : What is Rational Drug Therapy ?

2. Dr. DBI Victor, (Medical Superintendent, Star of Hope Hospital, Akividu, Andhra Pradesh): Banned, Bannable and hazardous Drugs in our hospitals.

3. The situation in our hospitals

6.30 p.m.-7.30 p.m.

: Audiovisual presentation on theme (Centre for Non-formal Education)

: Cultural Programme (Jyothi Nivas)

7.30 p.m.

: Dinner

SUNDAY, Nov. 25, 1984

7.30 a.m.

: Breakfast

8.30 a.m.-9.00 a.m.

: Review of first day's programme

9.00 a.m.-10.00 a.m.

: Session IV : What to do to tackle the problem?

Speakers : Dr. Qasim Chowdhry, Bangladesh

① Dr. S. Joseph, (Medical Superintendent, MGDM Hospital, Kangazha) : What can our hospitals do?

② Mr. Alan Cranmer, (CMAI Consultant Pharmacist, Mysore) : What can be done at a Pharmacy level?

10.00 a.m.-10.30 a.m.

: Tea

10.30 a.m.-12 noon

: Session V : ** Some Initiatives

1. Mr Vincent

Case studies on : (a) Drug Action Network ;

2. Dr. Mira Shiva

(b) Kerala Sastra Sahitya Parishad; (c) Locost ;

3. Dr. Manjusha

(d) Bangarapet Tablet Industry;

4. Fr. Joseph Chubb

(e) Kurji formulary and others

12.00 noon-1.00 p.m.

: Sharing the word (Eucharistic Celebration)

1.00 p.m.-2.00 p.m.

: Lunch

2.30 p.m.-3.30 p.m.

: Session VI : ** A people's Medicine

Panel discussion on "The people's medicine" → Group Discussion

3.30 p.m.-4.00 p.m.

: Tea

4.00 p.m.-5.30 p.m.

: Group Discussion II

What can we do?

(a) Individuals

(b) Institutions ;

(c) CHAI

5.30 p.m.-6.30 p.m.

: Demonstration of Herbal Medicines :

Video film on theme and other concurrent programmes**

6.30 p.m.-7.30 p.m.

: Session VII : Concluding Session

: A statement of concern and some resolutions

: Summing up

7.30 p.m.

: Dinner

** Details will be announced on the 24th Nov. '84.

FOR THE OFFICIAL DELEGATES OF THE CHAI MEMBER INSTITUTIONS ONLY

MONDAY, Nov. 26, 1984

7.30 a.m.

Breakfast

8.30 a.m.

: General Body Meeting

Chairman : Fr. Ferdinand Kayavil
President, CHAI

- 8.30 a.m. : Introduction : Chairman
- 8.45 a.m. : Report of the General Body Meeting of CHAI
1983 : Sr. Isabella Mary, Secretary, CHAI
- 9.00 a.m. : Annual Report : Fr. John Vattamattom, SVD
Executive Director, CHAI
- 9.15 a.m. : Report of CHD :
Fr. Thomas Joseph, Programme Director, CHD
- 9.30 a.m. : Financial Report : Fr. J. Antony Samy,
Treasurer, CHAI
(a) Presentation of the statement of accounts
for the year ended 31-12-1983
(b) Presentation of the budgets for 1985
- 9.45 a.m. : Presentation and approval of resolutions and
statement from the workshop by Chairman
- 10.00 a.m. : Coffee
- 10.30 a.m. : Presentation of and discussion on the revised
membership fees
: Discussion on the diocesan organisation of CHAI
(Sharing the word (Eucharistic Celebration))
- 12 noon-1 p.m. : Lunch
- 1.00 p.m. : Election of office bearers
- 2.00 p.m. : Tea
- 4.00 p.m.

“One of the most distressing aspects of the present health situation in India is the habit of doctors to over prescribe or to prescribe glamorous and costly drugs with limited medical potential. It is also unfortunate that the drug producers always try to push doctors into using their products by all means — fair or foulIf the medical profession could be made to be more discriminating in its prescribing habits, there would be no market for irrational and unnecessary medicines.”

— ICMR | ICSSR, *Health for All Report*

Concern over increasing scarcity of life saving drugs

From Our Special Correspondent

BANGALORE, Nov. 27.

Over 500 delegates to the four-day 41st annual convention of the Catholic Hospital Association of India (CHAI) on the theme "towards a people-oriented drug policy", consisting of doctors, nurses, pharmacists, hospital administrators and health activists representing around 1,900 member hospitals and health care institutions, which concluded here, has expressed concern over the increasing scarcity of essential and life saving drugs, as against wasteful abundance of non-essential drugs and formulations.

The excessive number of over 30,000 drug formulations, as against the Hathi committee and WHO expert committee recommendations of 116 and 200 respectively, the continued availability of banned drugs despite the Government bans, the continued availability of banable and hazardous drugs in spite of the mounting scientific evidence and directives of various courts, the spiralling cost of drugs as against the decreasing purchasing power of the people and the continuing domination by the multi-national drug industry as against the national policy of self-reliance were the other

areas of concern.

Govt. list endorsed: The convention fully endorsed the Union Government's list of banned drugs and agreed to implement it in its organisations and urged all sister institutions to do likewise.

It asked the member institutions to prepare a list of essential drugs along the lines of the Hathi/WHO committees for immediate adoption in all institutions, urgently take steps to reduce the present unhealthy and unethical influences of the drug industry on the medical and allied professions and mobilise public opinion against the apparent lack of concern of State Governments and professional and expert bodies on this vital issue.

The convention resolved to appoint an expert body to formulate a rational drug policy, which is people oriented within the context of a health care strategy and policy benefiting the national commitment to health for all by 2000 A.D.

At the 41st annual general body meeting, Fr. Ferdinand Kayavil of Benzigar Hospital, Quilon, Kerala, Sr. (Dr.) M. Fernandes, Marianpur Hospital, Kanpur, U.P., and Fr. Antonyswamy of the Diocese of Ooty, Tamil Nadu, were elected President, Secretary and Treasurer respectively of the CHAI, for a term of three years.

We, over 500 delegates to the 41st Annual Convention of the Catholic Hospital Association of India (CHAI) on the theme "TOWARDS A PEOPLE-ORIENTED DRUG POLICY", consisting of doctors, nurses, pharmacists, hospital administrators and health activists representing around 1900 member hospitals and health care institutions, assembled at St John's Medical College, Bangalore (23rd-26th November 1984) to express our deep concern over -

1. the increasing scarcity of essential and life saving drugs as against wasteful abundance of non-essential drugs and formulations;
 2. the excessive number of over 30,000 drug formulations - as against the Hathi Committee and WHO Expert Committee recommendations of 116 and 200 respectively.
 3. the continued availability of Banned Drugs in spite of the Government orders of bans;
 4. the continued availability of bannable and hazardous drugs in spite of the mounting scientific evidence and even directives of various courts in this country;
 5. the spiralling cost of drugs as against the decreasing purchasing power of people;
 6. the continuing domination by the multi-national drug industry as against the National Policy of self-reliance; and resolve -
1. to fully endorse the Government of India's list of banned drugs and hereby accept to implement the same in our institutions forth with and urge all our sister institutions also to do the same;

2. to prepare a list of essential drugs along the lines of Hathi/WHO Committees for immediate adoption in all our institutions;
3. to urgently take steps to reduce the present unhealthy and unethical influences of the drug industry on the medical and allied professions;
4. to mobilise public opinion against the apparent lack of concern of the State Governments and professional and expert bodies on this vital issue; and further resolve

to appoint an expert body to formulate a rational drug policy which is people oriented within the context of a health care strategy and policy, befitting the National Commitment to Health for all by 2000 AD.

We also authorise the Executive Board and the Executive Director to take adequate steps to implement the above.

At the 41st annual general body meeting held on 26 Nov 1984, Fr Ferdinand Kayavil of Benziger Hospital, Quilon, Kerala, Sr (Dr) N Fernando, Mariampur Hospital, Kanpur, UP and Fr Antony Swamy of the Diocese of CoTy, Tanil Nadu, were elected President, Secretary and Treasurer respectively of the CHAI, for a term of three years.

.....

CULTURAL PROGRAMME

by

JANADHARE

ON THE INAUGURAL DAY OF THE 41st CONVENTION
OF CATHOLIC HOSPITAL ASSOCIATION OF INDIA

23rd NOVEMBER 1984

P R O G R A M M E

1. Invocation Dance :: "Prabhu Pithane Sharanam"
by Clementina
Lyrics and Music by Vincent
2. Song :: "Yelegalu Nooaru" (The leaves are
hundreds but the colour is green)
3. "Mooka Baya Beli-Olage" (The Fenced Dumb) - a play.
Script and Direction by Vincent.
4. Delit Songs : "Sahukarara Bagilige Namma Mooleye
Thwarana" (for the doors of the
rich, our bones are the decoration).

"Yarige banthu Nalavathelara
Swathanthara" (To whom did the
1947 Independence come ?)
5. Kolata : A folk art of Karnataka,

This art express the joys and sorrows
through song and dance during festive
seasons. Janadhare would like to revive
this folk form. They are adopting the
songs to bring out the cry and the
anguish of the people.

Today's programme consists of 4 songs with
four different rhythms/steps in the Kolata.

+ + + + +

SYNOPSIS OF THE PLAY

This play represents the people's angle to the problem of the medical care.

The poor, illiterate and mostly rural based masses are the ones who are greatly alienated from the present health system as prevalent in the Government system of health care or the voluntary and charitable institutions of health.

Though many of the hospitals run by religious and charitable institutions were primarily started for the service of the poor, yet in most of the situations the very purpose is defeated by the nature and function of the professionals and the institutional structure. For example, the way the medicine is dispensed, the hospital set-up and village set-up etc.....

To the non-availability of the health services the primary causes are the people's situation of poverty, concentration of progress in the towns, illiteracy and exploitative situations at all levels. For the heroine, in the last scene, pleads for the life of the dead husband. In that context she raises a few questions :

Why is the access to modern medicine denied to the poor ?

Do poor have any right to live ?

Why no alternative inexpensive medical care is thought of or worked for the poor ?

Further she laments : We are in tatters so that you can have a ward-robe full of clothes.

We go hungry so that you may have plenty to eat and relish in delicacies.

Our poverty is your wealth,

Our ignorance your wisdom,

Our misery, dirt and squalor afford you to have health and decent living.

We are human beings we too have a right for a decent living, WHY DO YOU EXPLOIT US ?

TO TALK ABOUT JANADHARE:

Janadhare "PEOPLE'S STREAM" is a cultural troupe of twentyfive youngsters who are socially involved. They try to express the aspirations and struggles of the people through cultural media.

In cultural action they bring out the "Culture of the Oppressed", reinforce their value system and initiate an educational process provoking debate.

JANADHARE was formed in 1982.

On the stage:

Lilly Theresa, Shantharaj,
David, Xavier, Upakari,
Clementica, Jacintha, Carmela,
Hridayaraj, Raju, Lawrence,
Nicholas, Prakash Raj, Prasad Rai.

**41st ANNUAL CONVENTION
of the Catholic Hospital Association of India**

November 23 - 26, 1984

St. John's Medical College and Hospital, Bangalore - 560 034

Theme : TOWARDS A PEOPLE - ORIENTED DRUG POLICY

PROGRAMME

FRIDAY, Nov. 23, 1984

- | | | |
|-------------------|---|---|
| 9.30 a.m. onwards | : | Registration (St. John's Medical College) |
| 1.00 p.m. | : | Lunch (Registration continues after lunch) |
| 3.00 p.m. | : | Concelebrated Holy Mass
Chief celebrant : Most Rev. P. Arokiaswamy
Archbishop of Bangalore |
| 4.00 p.m. | : | Tea (for delegates and invited guests) |
| 5.00 p.m. | : | Inaugural Session |
| 5.00 p.m. | : | Invocation : Janadhare |
| 5.05 p.m. | : | Welcome : Dr. G. M. Mascarenhas
Dean, St. John's Medical College
: Fr. Ferdinand Kayavil
President, CHAI |
| 5.15 p.m. | : | Inaugural address :
Shri. H. L. Thimme Gowda
Minister for Health, Govt. of Karnataka |
| 5.35 p.m. | : | Convention highlights :
Fr. John Vattamattom, SVD
Executive Director, CHAI |
| 5.50 p.m. | : | Chairman's remarks :
Bishop Gilbert Rego
Ecclesiastical Advisor, CHAI |
| 6.00 p.m. | : | Opening of the exhibition :
Shri. J. Alexander
Commissioner of Excise, Govt. of
Karnataka |
| 6.15 p.m. | : | Cultural program on the theme : Janadhare |
| 7.15 p.m. | : | Vote of thanks :
Fr. Joseph Kavalippadan
Vice - President, CHAI |
| 7.30 p.m. | : | Dinner |

SATURDAY, Nov. 24, 1984

8.30- 9.00 a.m.

: Introduction to Workshop, Objectives/Program

9.00-10.30 a.m.

: Session I : Understanding the Problem

Speakers :

1. Dr. C M. Francis, (Coordinator, Continuing Medical Education, Christian Medical College, Vellore) : Introducing the theme.
2. Dr. B Ekbal, President, (Kerala Sastra Sahitya Parishad, Trivandrum) : The Indian Drug Scene - Drugs and the industry and government policy.

write for literature

- 3 Shri. Augustine Veliath, (Voluntary Health Association of India, New Delhi): Ten Commandments of the Drug Industry.

10.30-11.00 a.m.

: Tea

11.00 a.m.-12.00 noon

: Session II : Drugs and the Healing Ministry

Speakers :

1. Fr. George Lobo, (Papal Seminary, Pune) : Ethics of Prescribing
2. Prof. George Joseph, (Executive Director, CSI Council for the Healing Ministry, Madras) : Professionals in the Church - an introspection

12.00 noon-1.00 p.m.

: Sharing the Word (Eucharistic Celebration)

1.00-2.00 p.m.

: Lunch

2.30-4.00 p.m.

: Group Discussion I : Identifying the different dimensions of the problem in our dispensaries / hospitals and our role in it (15 groups)

Tea

4.00 p.m.-4.30 p.m.

: Session III : Towards Rational Therapeutics

4.30 p.m.-6.00 p.m.

Speakers :

1. Dr. Mira Shiva, (Coordinator, All India Drug Action Network) : What is Rational Drug Therapy ?
2. Dr. DBI Victor, (Medical Superintendent, Star of Hope Hospital, Akividu, Andhra Pradesh): Banned, Bannable and hazardous Drugs in our hospitals.
3. The situation in our hospitals

6.30 p.m.-7.30 p.m.

: Audiovisual presentation on theme (Centre for Non-formal Education)

: Cultural Programme (Jyothi Nivas)

7.30 p.m.

: Dinner

SUNDAY, Nov. 25, 1984

- 7.30 a.m. : Breakfast
8.30 a.m.-9.00 a.m. : Review of first day's programme
9.00 a.m -10.00a.m. : Session IV : What to do to tackle the problem ?
Speakers :
1. Dr. S. Joseph, (Medical Superintendent, MGDM Hospital, Kangazha) : What can our hospitals do ?
2. Mr. Alan Cranmer, (CMAI Consultant Pharmacist, Mysore) : What can be done at a Pharmacy level ?
- 10.00 a.m -10.30 a m. : Tea
10.30 a.m.-12 noon : Session V : ** Some Initiatives
Case studies on : (a) Drug Action Network ;
(b) Kerala Sastra Sahitya Parishad; (c) Locost ;
(d) Bangarapet Tablet Industry;
(e) Kurji formulary and others
12.00 noon-1.00 p.m. : Sharing the word (Eucharistic Celebration)
1 00 p.m.-2.00 p.m. : Lunch
2.30 p.m.-3.30 p.m. : Session VI : ** A people's Medicine
Panel discussion on "The people's medicine"
3.30 p.m -4 00 p.m. : Tea
4.00 p.m.-5.30 p.m. : Group Discussion II
What can we do?
(a) Individuals
(b) Institutions
(c) CHAI
- 5.30 p.m.-6.30 p.m. : Demonstration of Herbal Medicines :
Video film on theme and other concurrent programmes**
- 6.30 p.m -7.30 p.m. : Session VII : Concluding Session
: A statement of concern and some resolutions
: Summing up
- 7.30 p.m. : Dinner

** Details will be announced on the 24th Nov. '84.

FOR THE OFFICIAL DELEGATES OF THE CHAI MEMBER
INSTITUTIONS ONLY

MONDAY, Nov.26, 1984

- 7.30 a.m. Breakfast
8.30 a.m. : General Body Meeting
Chairman : Fr. Ferdinand Kayavil
President, CHAI

- 8.30 a.m. : Introduction : Chairman
- 8.45 a.m. : Report of the General Body Meeting of CHAI
1983 : Sr. Isabella Mary, Secretary, CHAI
- 9.00 a.m. : Annual Report : Fr. John Vattamattom, SVD
Executive Director, CHAI
- 9.15 a.m. : Report of CHD :
Fr. Thomas Joseph, Programme Director, CHD
- 9.30 a.m. : Financial Report : Fr. J. Antony Samy,
Treasurer, CHAI
(a) Presentation of the statement of accounts
for the year ended 31-12-1983
(b) Presentation of the budgets for 1985
- 9.45 a.m. : Presentation and approval of resolutions and
statement from the workshop by Chairman
- 10.00 a.m. : Coffee
- 10.30 a.m. : Presentation of and discussion on the revised
membership fees
: Discussion on the diocesan organisation of CHAI
- 12 noon-1 p.m. : Sharing the word (Eucharistic Celebration)
- 1.00 p.m. : Lunch
- 2.00 a.m. : Election of office bearers
- 4.00 a.m. : Tea

“One of the most distressing aspects of the present health situation in India is the habit of doctors to over prescribe or to prescribe glamorous and costly drugs with limited medical potential. It is also unfortunate that the drug producers always try to push doctors into using their products by all means — fair or foulIf the medical profession could be made to be more discriminating in its prescribing habits, there would be no market for irrational and unnecessary medicines.”

— ICMR | ICSSR, *Health for All Report*

What/Why the Problem in
our Hospitals and Dispensaries

44

(A summary of the Factors/problems identified by 15 groups through small group discussion)

National

Life saving drugs not available in sufficient quantities

Too many formulations

Lack of a rational drug policy

Lack of quality control

Inadequate price control

Essential Drug prices rising.

Unnecessary taxation.

Institutional (Professional)

Belief in standard companies

Highly individualized prescribing

Improper communication with both patient and pharmacist

Habit of prescribing powerful drugs.

Not open to other systems or non-drug therapies

Institutional (professional) context

Lack of continuing education
Lack of knowledge of banned drugs
or policy issues
Professional associations do not advocate
rational drug policy

No encouragement to local compounding
Struggle for existence.

Institutional (Pharmacy)

Have become income generating unit
of hospital

Decrease in local compounding

Use of expired drugs

Continued use of English in labels
and instructions

Lack of bulk purchase

Cost only criteria in drug selection

Buying from local, substandard companies

Institutional (Administrative policies)

Lack of communication and teamwork
(between administrators, doctors and
pharmacists)

Lack of rational drug policy.

Lack of standardised formularies.

Profit motive and commercialization.

Charging for donated medicines

Selling of vaccines obtained free
from government

Inefficient administration

Building mania and institution
development
Refusal of emergency or medical
legal cases

45

Inter institutional competition

Doctors/staff snatching from one church
institution to another

Lack of involvement with government
agencies or health services

Screening of drugs/policy issues by
untrained supervisors/administrators

Lack of institutional goals

Lack of understanding of peoples
needs

Lack of commitment to Christian/human
value systems in the institution

Medical Companies

High pressure advertising

Misinformation

Package deals of inessential drugs

Offer of unethical 'perks' or discounts

Offer of resources to institutions

Drugs treated as an industry

At the level of people/patients

Reserve for injections and tonics

Faith in costly medicines

Faith in foreign medicine
Expectation of free treatment
Ignorance about drugs
Poor purchasing capacity.
Over the counter purchase
Self-medication
Psychological dependence
Increasing drug culture.
Inadequate consumer awareness
or action

Rational Drug Therapy

22:15

R.D.T means practice of socially conscious, relevant concerned & VET scientifically sound medicine. It is practice of GOOD MEDICINE in an environment & in a era when it is extremely difficult to do so. It is taking of a stand making of certain commitment to swim against the current of market forces. R.D.T needs is based on sound knowledge of medicine, on development of appropriate diagnostic & therapeutic skills & requires conviction & courage.

R.D.T. recognizes the non role of drugs in certain conditions the role of alternative systems of medicine (since over 65% people still seek help from practitioners of traditional medicine) & it accepts graciously the limitations of western medicine in our social context.

R.D.T. also recognizes the fundamental difference between NEED & DEMAND of drugs

(P)

It is based on acceptance of certain principles and RDT ~~there being~~ go selective use of drugs based on

Essentiality

Efficacy

Safety

Easy Availability

Easy Administration

Limited scope of misuse of the drug in AS

Quality drug

Preferably of indigenous production

RDT is based on use of effective quick, accurate low cost use of diagnostic procedures - these ~~are~~ development friendly diagnostic & clinical skills

RDT recognizes the concept of essential drug & concept of graded essential drug list for different levels of health personnel.

It recognizes the right of the health personnel & consumers to drug information & its effective communication.

(3)

It is ^{taking of a} conscious decision to Boycott certain drugs & use of others only when needed

It means prescription with awareness to avoid as far as possible — iatrogenesis (drug induced ^{problems})
- drug interactions
- adverse drug reactions
- emerging drug resistance

It is knowing why R.D.T. is so central to the emerging health movement?

What are the factors preventing it? in our hospitals & outside?

Which are the black listed products & why?

Which are the sources of unbiased drug information?

What is the extent of drug misuse & price being paid for it by people of the nation?

What we & others are doing to humanize & rationalize drug use?

Maria Shwey

DR 22:16

Med Service
Nov 54

22:16 (2)

Fr. George Lobo, S.J.

Ethical Problems of Drug Prescri^{bing}

Drugs are supposed to be prescribed for a healing or beneficent purpose. But the harm done to the patient by the increasing ~~xxxxxxpres*~~ ~~scribingxxxxxx~~ pricing over-pricing, over-prescribing and mis-prescribing of drugs is becoming manifest. The purpose of this short paper is to uncover the reasons behind this unfortunate situation so that effective remedies may be found to tackle it.

1) Modern life is being increasingly regulated by the technological model.¹ Instead of technology being at the service of man, man is being ruled by technology. The technical order, in the first flush of its success, is entering into every nook and cranny of our life and ~~x~~ seems to brook no inherent limitations. Thus human existence seems to be moving from qualitative progress to mere quantitative development which has little use for ~~bx~~ basic human values that cannot be measured on the quantitative scale of external results.

2) This has an effect on the understanding of health, disease and healing. Instantaneous cure of the symptoms is becoming the goal of medical procedures. The search is for wonder drugs which can provide quick relief, but ~~whichxxxxxxleavexxxbehind~~ leaving the underlying cause of the disease untouched or even aggravating it. The apparent efficacy of drugs leaves behind a host of what are called 'side effects' when often they become the malignant 'main effects'. Thus we have an increasing unnumber of 'iatrogenic' (doctor induced) diseases²

3) The personal model of healing is being replaced by the manipulation of the patient.³ Instead of a personal dialogue concerning the deeper cause of the distress, ~~trust~~ trust is placed on the efficacy of ~~biochemistry~~ biochemistry. The concentration is on artificial labels of sickness to be treated by mechanical means. The value-free or value-neutral model of science derived from physics and chemistry is quite appropriate when ^{it} strictly confines itself ~~xxxxxx~~ to these disciplines. But it acquires a dangerous tone when the manipulation freedly extends to the sphere of human life. Can the manipulator ultimately end up being man the manipulated. Human intervention, instead of serving the true interests of man, tends to the violation of basic human values and rights.

4) The primitive witch doctor sought to create an air of mystification by his magical incantations. The modern therapist ^{creates} a similar effect by prescribing ~~xxxxxx~~ ^{exotic} drugs with esoteric names and whose action he himself scarcely understands.

5) Modern life tends to reduce the capacity of man to cope with pain and other forms of distress. Hence the desire for quick relief. The patient looks for magical results and seeks out those who will provide them. The physician is tempted to yield to this irrational urge with-^{out} paying sufficient attention to the long term consequences. There is thus a vicious circle of mutual manipulation which diminishes the humanity of the patient as well as the medical practitioner.

6) The capitalist system with its insistence on the 'profit motive' and 'free enterprise' leads to the multinationals and local big firms to exploit the consumer without caring for his true interests. While the pharmaceutical industry is meant to cater to the health needs of the people, the people become means of easy enrichment. Human persons become a means instead of being an end

7) The deep rooted cultural alienation, which is an aftermath of colonialism and one of the more pernicious manifestations of neocolonialism, produces a glamour for everything that is foreign. The educated and even the neoliterate regard with awe the modern system of medicine because of its alien origin and with diffidence, if not contempt, at systems that are indigenous. Hence the uncritical acceptance of potent allopathic drugs and the equally uncritical rejection of local remedies. Superficial fascination for modern life enables drug companies to push their products by cosmetic embellishments and elegant packing for which the poor consumer has to pay heavily.

8) The drug dependent status of developing countries enables the multinationals to put undue pressure on the local authorities to permit their nefarious activities. The multinationals find a ready ally in local big firms even when their commercial interests may to a certain extent clash. Thereby, drugs that are unproved in the country of ~~any~~ origin or even those that have been proved dangerous or ineffective can be pushed with impunity. The whole matter can be mystified by false claims like of special 'bio-availability'. Any ~~an~~ attempt at regulating the distribution and use of drugs or of banning dangerous ones can be countered by visible and invisible pressures with the connivance of alienated ~~and~~ specialists. The present craze for uncritical opposition to all governmental policies contributes to governmental inaction.

9) One of the consequences of mechanization of health care is that initiative in drug development has passed from the medical profession to the pharmaceutical industry. Traditionally pharmacy was subordinate to the physician. Now the physician is constrained to perform the ~~phar~~ pharmacological task assigned them by the drug industry. The inadequate pharmacological education of the medical

school graduate does not provide the background to examine critically the claims of the industry for its products. Even research is often influenced by the interests of the drug industry. Medical journals become the vehicle of promoting the same interests. Companies use them as advertising media which overwhelming the physician not only with publicity, but also with article after article on the product that is being promoted at the time. Thus they hinder legitimate scientific ~~industry~~ enquiry by placing articles designed to reflect industry views.

10) Bourgeois competitive values induce the physicians to seek the maximum advantage. Not only are they misinformed by cleverly prepared and attractively got up brochures regarding the efficacy of the drugs, but they are influenced by physician samples, (often sold), and other forms of inducements like pens, diaries and even conference attendance costs. It is indeed a sad fact that the continuing education of doctors is largely carried on by medical representatives and their information material containing a lot of half-truths. Besides, an undue desire for gain leads the physician to neglect the pin pointing of the disease and to prefer 'fixed combinations' anti-biotics and 'broad spectrum' drugs to ^{take} care of multiple eventualities and thus be able to process a large number of cases during a working day. Thus there is an unhealthy and in many ways corrupt relationship between the medical profession and the drug industry.

11) On the other hand, research on the therapeutic value of medicinal herbs and roots, presented in some rare journals, collects dust in reference libraries. However, fortunately, the healing value of non drug therapies like Yoga, Pranayama, ~~Meditation~~ Meditation and Accupuncture is being increasingly ~~realized~~ recognized. Strangely, these are being patronized by the well-to-do than by the poor.

12) The technological and manipulative mentality is a block against the promotion of preventive health. It is yet to be fully realized that clean water is much more important than anti-biotics, wholesome food than vitamin pills, vaccination than expensive drugs or gadgets.

13) The technological mentality also leads to the transgression of the legitimate bounds of human experimentation. It is not permissible to use a drug unless it has been sufficiently tested in the laboratory and on animals. Further, an experimental drug may not be used when a certainly effective remedy is available, the risk is proportionately tolerable and there is at least the reasonably presumed consent of the patient. The practice of trying out experimental drugs on patients in poorer countries is to be condemned as a grave offence against humanity. ⁴

The Remedy

The very exposition of these evils regarding drug prescription suggests a programme to combat them. However, some of these will be here briefly mentioned.

1) There is need of evolving a more humane and person-centred approach to health care. This should above all seek the true interests of the patients. For this the time honoured principles of totality and of double effect must be clearly understood and applied.

2) The physician must regain his the autonomy and ideals of his noble profession.

3) ~~Rx~~ Cultural alienation and political interference of foreign powers must be unmasked and vigorously countered.

4) There is need for counteracting the pernicious aspects of materialism and capitalism.

5) There should be a massive movement against the manipulation of drug companies. While the more immediate perspective of abuses in the field of drugs ~~needs~~ ^{must} to be attended to, the deeper political and cultural roots of the problem need to be tackled.

6) The well-intentioned efforts of the government to check the abuses in the production, distribution and use of drugs needs to be supported.

7) Especially urgent is the effort to reduce prescription to roughly 200 ~~drugs~~ ^{drugs} (WHO estimate) essential drugs (WHO estimate) with generic names so that ^{low} cost, and efficient and safe drugs are available to everyone.

----- William Darell

1. See The Illusion of Technique, ^d Garden City, N.Y. Anchor Press, 1978.

2. For Clinical Iatrogenesis and the Medicalization of Life, see Ivan Illich, Limits to Medicine, Calcutta, Rupa, 1977.

3. Concerning the modern tendency to manipulate human beings, see Bernard Haring, Manipulation, Slough, ~~Manipulation~~ St. Paul Publications, 1975.

4. For ~~the~~ a more complete treatment of ~~xxxxx~~ ethical principle regarding Medical Experimentation, see my book, Current Problems in Medical Ethics, 3rd ed., 1980, pp. 100-105.