CURRENT SCIENCE

Volume 61 Number 5 10 September 1991

Health Care special issue—reviews

From among the many positive reviews we received of the special issue 'Clinical research and health care delivery in developing countries' (vol. 60, no. 4), we publish one by A. W. Macara (Secretary-General, World Federation for Education and Research in Public Health, England), and extracts from two others, D. M. Burley (Director, The Centre for Pharmaceutical Medicine, England) and W. M. Rosinga (Chairman, European Ethical Review Committee, The Netherlands). -Ed.

The organizers of the symposium are to be congratulated for such a well-balanced and constructive programme and for selecting contributors who, while being wholly realistic about the overwhelming character of the problems they were addressing, contrived to identify positive approaches to dealing with them.

It seems a minor point, but I am fascinated by the title 'The role of clinical research in health care delivery in developing countries' because the actual content of the symposium proved to be much wider and even more significant than the title suggests.

The introductory papers contain a gripping review of the appalling scale of the problems we face, and demonstrate graphically how the provision of health care depends upon political, social and economic policies which are themselves determined by conflicting influences dictated more by ancient prejudice and modern incompetence than by any realistic grasp of the implications of the Health-for-All philosophy. Given this background, it is clear that health professionals at least must have a coherent and persuasive approach, not only to the delivery of health care in profoundly unsatisfactory circumstances, but to education and research, which alone offer hope of progress. The summary of the recommendations of the symposium identifies 'a number of salient points worthy of consideration'. I shall identify some of these 'salient points' as they appear to me.

The use and control of drugs is a cogent reminder both of their potential for good and of their infinite capacity for harm, and of the fact that the lack of control in much of the developing world is a transparent disgrace for which governments must bear the responsibility. The recommendations in this area fall adequately to reflect the sense of urgency which is faithfully expressed in the various presentations.

The recognition of the importance of epidemiology is long overdue. It is not only a neglected tool in planning and implementation in clinical research; it is at least as crucially the key to the evaluation of outcome and consequently to the setting of priorities in relation to need.

The failure of medical schools—not least in developing countries—to provide directly relevant and realistic curricula has to be seen as a condemnation of the profession as a whole. I therefore welcome the recognition of the need for reform, for which a blueprint is available in the Edinburgh Declaration of 1988. The proposals for compulsory periodic continuing medical education may appear radical today, but I predict that within the next decade it will be a routine procedure linked to periodic assessment of professional competence and periodic review of appointments.

In the light of G. N. Menon's stark predictions of the largely uncontrolled population growth rate in countries like India, the lack of any paper on family planning and population control is curious. The very delicacy of the issues involved—not least in India—make an objective scientific appraisal of the situation essential in any overall review of health-care status and health care.

There is an implicit acceptance throughout the proceedings of the symposium of the need to demonstrate value for money in the provision of services of any kind, particularly where resources are most disproportionate to need, as in the developing world. This recommendation is particularly well illustrated with reference to the appropriate use of technology and its transfer from more developed to less developed settings.

A. W. MACARA

I recently had my attention drawn to the fortnightly journal *Current Science* published by the Indian Academy of Sciences. It is easy to obtain the major medical journals published in one's own country and occasionally one's attention is drawn to well-known journals in the USA such as *The New England Journal of Medicine*. But it is also easy to overlook well produced and informative major journals in other important democratic countries with a long history of medical care and research.

Speakers from the Indian subcontinent, Great Britain and the USA came together to discuss the special problems of India in the context of health care against a background of modern developments in medicine research plus high technology which have taken place in the West. The approach was essentially a practical one bearing in mind the constraints imposed by the vast population in India and the gross mismatch between the burden of illness and the money allocated from the GNP for investment in medical research. Clearly to achieve even basic medical care, emphasis has to be put on the WHO list of essential drugs and very little on expensive remedies for rare diseases. The same rules also apply to the adoption of methods used in Britain and the USA to research, develop, regulate and monitor drugs. India should see which methods suit its medical environment and not just make inadequate, inappropriate or irrational adaptations of UK or USA models.

Knowledge of the epidemiology of disease in India and the impact of

pharmaceuticals (pharamacoepidemiology) will help develop local understanding of how the population responds and reacts: ethnic differences in how drugs are handled call for different regulatory attitudes and this can only be understood by careful observation and collection of data in the local environment. The practice of good medicine is within the reach of us all.

It is not necessarily expensive to apply good basic practices, but it is certainly wasteful to ignore them.

This issue of *Current Science* is an education in itself and should be studied not only by all scientists in India who are working or hope to work in the health care field, but by those in the West as well so that they can come to understand India's vast problems and how they can best direct their energies to allow India to develop its own strategy for improving health care, and, where appropriate, to inject help and finance to ensure that the direction is right.

D. M. BURLEY

In one of the articles in this interesting issue (vol. 60, no. 4), M. D. Nair states: Much has been written in recent times about the great divide between the 'developed' and 'developing countries'. He is right in many ways as shown by the data presented by him. However, on reading this special issue 'Clinical research and health care delivery in developing countries', I do not think such a divide exists in the quality of the articles. The Indian contingent emerges creditably.

My attention was drawn to the articles written on clinical trial methodology and development of drugs (medicines). The articles are concise and written with remarkable knowledge. They demonstrate the wide gap in the criteria and standards of drug development between the 'developed' and 'developing countries'.

I hope that the Menon Foundation will persist in its pioneering efforts to arouse public awareness, assure consumer protection and provide leadership in this crucial area of health care in India. Perhaps, more attention should also be paid in India and other developing countries to the Declaration of Helsinki and guidelines for Good Clinical Practice. B. H. Smith's conclusion is worth nothing: '... There are many good things about the US system for drug development and regulation, but the system taken as a whole is not suitable for the developing world. Keeping the good parts, the developing world must devise new systems suited to their needs and realities.' G. N. Menon states that the current policy of inadequate, inappropriate and irrational adaptations of models of the developed world... is fundamentally flawed. I agree with both.

The editors deserve credit for their excellent joint editorial effort which is best seen in their thought-provoking 'Foreword'. I must also commend the editors for the layout of this special issue which is elegant.

W. M. ROSINGA

NEWS

Deep-mine facility a gold mine, says meeting

DST's Programme Advisory Committee (PAC) on plasma, high-energy and nuclear physics has reviewed the current status of non-accelerator particle physics and has concluded that continued access to low-background-radiation facilities, such as the one in the deep mines of Kolar Gold Fields (KGF), is important. A meeting of the PAC on 10 and 11 July in New Delhi approved a resolution that urges the Department of Science and Technology (DST) to take immediate steps to encourage work in non-accelerator particle physics and to preserve the deep mines at KGF.

The PACs, several in each broad area, such as the physical sciences, are part of DST's effort to focus research effort. The Science and Engineering Research Council (SERC), set up by DST in 1974, has identified several thrust areas of research in different fields. The review and recommendations of SERC's national seminar on 'challenging areas in physical sciences' (Shantiniketan, 23–25 February 1989) also drew attention to the importance of KGF (see Supplement to *Current Science*, 10 June 1990).

The following is the resolution approved on 11 July.

Continued availability of Kolar gold mines for national and international research programmes in the field of non-accelerator particle physics

Study of elementary particles and physics away from man-made high-energy particle accelerators is rapidly gaining in prominence and importance again after a period of nearly 30 years. Not only do these experiments have a high intellectual content but also they are often the only means of study of the theoretical ideas beyond the standard model for the elementary particles. These experiments invariably need an environment with very low background of stray radiations, as the one uniquely provided by deep mines such as the gold mines in Kolar, which are one of the deepest in the world. Efforts elsewhere in the world are actively being directed towards the development of such facilities by extensive tunnelling under high mountains. Non-accelerator particle physics is particularly relevant in the Indian context as our scientists do not have immediate access to high-energy accelerators and because it can provide to the enthusiastic young scientists here an opportunity to do pioneering work with modest expenditure. After a detailed review of the highlights of current studies in the area of non-accelerator particle physics, the Programme Advisory Committee formally records here the great scientific importance of these studies and enjoins the Department of Science and Technology to take such steps as necessary to:

a) foster and encourage work in this area of study,

b) keep the deep mines accessible to scientists to continue ongoing experiments,

c) support new experimental activity by augmenting the existing facilities,

d) enable the physics community in India to present Kolar Gold Fields as a major experimental facility available to the world community of scientists, and

e) preserve for the future generation of scientists the Kolar mines which are really to be regarded as a national heritage and indeed for all of mankind.