ADDRESS BY THIRU BANWARILAL PUROHIT, HON'BLE GOVERNOR OF TAMIL NADU AT THE MEDICAL COUNCIL AWARDS FUNCTION 2018, AT RAJ BHAVAN, CHENNAL ON 01.07.2018 AT 11.00 A.M

Anaivarukkum Kaalai Vanakkam

Dr R.V.S.Surendran Vice-President, Tamil Nadu Medical Council

Dr.K.Senthil President, Tamil Nadu Medical Council

Dr. D.Maruthupandian Member, Tamil Nadu Medical Council

Dr. T. Jeyasingh Member, Tamil Nadu Medical Council

Distinguished Invitees

Ladies & Gentlemen

It gives me pleasure to be here at the Medical Council Awards function-2018 being organized by the Tamil Nadu Medical Council to felicitate the medical professionals who have made outstanding contributions for improving the quality of health care in India.

Health care is conventionally regarded as an important determinant in promoting the general physical and mental health and general well being of people. It revolves around the prevention, diagnosis and treatment of disease, illness, injury and other physical and mental impairments in human beings.

Tamil Nadu has always been an important centre for medical diagnosis and treatment. It was the first State to enact the Public Health Act. The Government General Hospital and the Government Eye Hospital in Chennai are among the oldest in Asia. The State enjoys an impressive record in the reduction of infant mortality and maternal mortality rates. Private sector involvement in the establishment of hospitals for medical

treatment has also been existent in Tamil Nadu for more than 100 years. The State ranks first in the country in terms of number of children immunized and takes pride in the thousands of eminent medical practitioners specialising in various fields of medicine. The Tamil Nadu model is the best prototype health care delivery system in resourcelimited settings in the country and is worthy of emulation by other states engaged in developing a better health care delivery system. It is therefore no wonder that Tamil Nadu serves as a hub for medical tourism in the eastern part of the globe.

The United Nations and the World Health Organisation have emphasized the need for universal healthcare coverage. But statistics reveal that access to health care varies across countries. Even among the OECD Countries, universal health coverage is not available in US and Mexico. The United States however enjoys the top position in terms of expenditure as calculated as the share of the health care industry in the nation's economy. 17.7% of the GDP of the USA is accounted for by the health care industry. In comparison, countries such as Switzerland, Germany and Netherlands, where the healthcare industry accounts for about 11% of the GDP, have not only provided universal health coverage but also outdistanced the US in terms of life expectancy figures. It is therefore quite clear that it is not only important that more money should be allocated for healthcare but the money should also be effectively targeted so as to benefit the population better.

The delivery of modern healthcare depends on groups of trained professionals and para professionals coming together to form interdisciplinary teams. This includes professionals in medicine, psychology, nursing, physiotherapy along with many others such as community health workers, so as to be able to provide the population best preventive, curative and rehabilitative care services to the people.

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Primary healthcare is understood to be the first point of consultation for all patients. Depending on the nature of the health condition, patients may be referred for secondary or tertiary care. A primary care practitioner should possess a wide breadth of knowledge in many areas. Secondary care involves the treatment carried out for a short period of time for serious illness or injury and is normally administered in the emergency department or intensive care unit. This care requires skilled attention by specialists working along with allied health professionals such as dieticians, physiotherapists, etc.Tertiary care is specialised consultative healthcare for in-patients, who required advanced medical investigation and treatment such as in the case of cancer management, neurological surgery, cardiac surgery, etc. Quaternary care is an extension of tertiary care for treatment of uncommon diagnostic or surgical procedures wherein the treatment is highly specialised and not widely accessed.

India has made substantial progress in the last 7 decades as is evidenced by fundamental statistics. But a lot needs to be done to reduce inequalities across States.

Life expectancy at birth improved in the country from 59.7 years in 1990 to 70.3 years in 2016 for females, and from 58.3 years to 66.9 years for males. Yet, as the Indian Council of Medical Research says in its latest report, India: Health of the Nation's States, there are continuing inequalities between states. Life expectancy ranges from 66.8 years in Uttar Pradesh to 78.7 years in Kerala for females, and from 63.6 years in Assam to 73.8 years in Kerala for males in 2016. This should make us reconsider our approaches.

There are about a million modern medicine (allopathic) doctors in the country. For a population of more than 120 crores the availability of doctors is not even 1 : 1000. And of these only around 10 per cent work in the public health sector, according to the National Health Profile 2017.

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There is therefore a need to increase the number of trained doctors and motivate more doctors to serve in the rural areas and in the public health sector.

Tamilnadu is the pioneer and a role model in organ transplants.

In recent years non communicable diseases like Diabetes, Hypertension, Ischemic heart diseases and Cancers have become major killers. New infections like Dengue, Bird flu, Nipah are becoming epidemic. The Government of India and Tamilnadu have taken many steps to contain these infections promote early diagnosis and better treatment of these new infections. The Honourable Prime Minister of India have last year ordered capping of prices of cardiac stents, high-end catheters, prosthesis, equipments and drugs. This has brought down the cost of procedures like angioplasty, radiation therapy etc which were till now out of reach for the poor. This price capping and starting of the Government Insurance Scheme are major initiatives for saving lives of people who were in distress owing to acute poverty.

An All India Institute of Medical Sciences popularly called as AIIMS is now going to be set up in Madurai in Tamil Nadu.

This will benefit about 15 districts in the Southern part of Tamil Nadu. Equipped with state of art infrastructure and Superspeciality departments, AIIMS in Tamilnadu will be a boon to nearly 4 crores people of the state.

The award winners of today have risen to their present position of reorganization by their contributions. I applaud their efforts and admire their commitment to societal welfare.

It is a matter of pride and honour to be remembered as one who has utilized his talents and contributed to the betterment of the society and the nation through his efforts. In that manner these award winners

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have brought pride and glory to their families, their places of origin and their places of work.

I wish them all success in their endeavours.

I wish to conclude by expressing my desire that the Tamil Nadu Medical Council should come forward in full strength to make this achievement possible within the shortest time frame.

Nandri Vanakkam

Jai Hind