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DEVELOPMENT OF MEDICAL SOCIAL WORK – AN HISTORICAL STUDY

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ABSTRACT

Medical social work, a powerful weapon to realize comprehensive and qualitative health care is used only in a few limited fields and less used. It needs boosting up and revitalization, particularly among the medical students, doctors and health planners. This thought prompted me for the development of this lecture. It is the application and adoption of the method and philosophy of social work in the field of health and medical care.

Keywords: Family and child welfare, Juvenile and adult delinquency, Industrial relation and labour problem, Administration of social work, Medical lecture for social work, Medical hygiene and psychiatry for social workers

INTRODUCTION

In India the Ayurvedic practitioner who ministered as family physicians, in almost all the homes in village, served both as Physician and Social workers. Hospitals for the care of the sick was the first organized Medical Social Service for general population in India during the Buddhist era, particularly during the regime of the great King Ashoka in the Third Century B.C. Subsequent records are either missing or only scrappy. In 77 B. C. the King Dattargamini established a hospital and provided it with Medical Staff, Medicaments and food suitable for patients and invalids. In first century A.D. the King Nighevasa of Kashmir and the King Hansha ofIndia in the 7th Century are known to have established hospitals with medicine, physicians and staff. In between, in the Fourth Century the King Buddhadisa established institutions called "Wejjosa; in which he himself nursed the sick people. However, the real hospitals were built from thellth Century onwards. During the 12* Century the King Parakram Bahou opened a hospital containing many hundreds ofrooms and provided with male and female attendants, good treatment and good foods. The king himself visited the hospital once a week and distributed new clothes to the patients who are ready for discharge. This progress suffered great set back following occupation of India by the Muslims. It was revived during the 19th Century by British.

HEALTH CONDITION AT THE TIME OF INDEPENDENCE

Medical social workers appeared on the Indian scene half a century after half its debut, on the contemporary western scene. At the time of independence India ranked among the countries of the word which had the highest infant and maternal morbidity and mortality and cross death rates. The death rate was 27.4 per 1000 and infant mortality 162 per 1000 live births, the life span was only 32.4 years for males and 31.7 years for female. The death rate of mothers at the time of delivery was 20 out of 1000 live births. Many more died due to abortion, miscarriage, and sepsis after pregnancy and also due to toxemia during pregnancy. Malaria alone was responsible for the suffering of 7.5 crore and death of 8 lakh person every

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year. Next to malaria, tuberculosis was one of the main public health problems in India. As per the estimate mentioned in the Bhore committee report, there were al at least 5 lakh deaths due to tuberculosis every year. It is difficult to estimate the number of tuberculosis patient since the diagnostic facilities were limited and there was no systems of reporting morbidity. Leprosy was yet another public health problem which was a concern. In addition there were the enormous problems of under nutrition and malnutrition. India was among the lowest per capita calorie consuming countries in the world.

Heath facilities, both curative and preventive, were far from satisfactory, as is revealed from the following : there was only one Doctor for 63 ,000 person one nurse for 43,000, one heath visitor for 4,00,000, one mid-wife for 6,00,000 woman and 0.24 beds for thousand population. All the Government and local body hospitals were situated in urban areas leaving the whole rural population at the mercy of private practitioners and quacks of various systems ofmedicines. There were only 25 medical colleges with admit potential of 2500 annually, Para medical stafftrained during the period were much below the requirement

HISTORY OF MEDICAL SOCIAL WORK – THREE PHASES

- Ancient and Medieval
- British period
- After independence 1947

ANCIENT AND MEDIEVAL

- Kautilya ‘s arthasastra –mentioned about the mental disorders
- Mental disorders mentioned in ayurveda, unani and siddha
- Mental illness was considered as the demons and sins
- Mauryan period concentrated on community psychiatry (world famous caves at ajanta, ellora)
- King ashoka concentrated on mental health
- Lord venkateshwara temple- chola period referred sri veeracholaeswara hospital
- Maulana fazulur – hakim & mahmood khiliji – started mental hospital at
- kilpauk

IN BRITISH PERIOD

- Waren hastings- 1784 introduced the ‘mental health treatment for soldiers
- Lord cornwallis (1786-93) the first mental hospital at bombay -30 patients
- Mental hospital in south india at madras - 1794 by surgeon vallentine conolly
- In 1920’ christian missionaries had came to india
- Tata institute of social sciences- 1936
- Around 1945, some indian doctors who had been in abroad had observed the functioning of "almoners" in britain and medical social workers in the USA, as part of the health team. They felt the need to have a similar pattern of team work in india as well.

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AFTER INDEPENDENCE

- As per bhore committee recommendations for all india institute mental health was set up
- First medical social worker was appointed in J.J. Hospital, bombay, in 1949.
- Madras school of social work (MSSW), chennai was established in 1952
- Loyola college of social sciences – 1963
- Rajagiri college of social sciences, kochi 1973
- Karve institute of social service, pune- 1963
- Bachelor of social work (BSW) 1967 started , jamia millia islamia, new delhi
- The medical council of india's report in 1973
- Six medical social workers in each of the preventive and social medicine departments
- National mental health program started in 1982

PRESENT SCOPE

- Medical social work is a very powerful and essential branch of medicine for realizing a comprehensive and qualitative health care.
- As long as it is considered as an offshoot of social work, it draws little attention by the medical personnel and health planners. This is the problem in india.
- Time has come to consider it as a part and parcel of medical and health care.
- Hospitals, clinics, counseling centers, mental hospitals, old age homes and similar institutions
- Counseling & therapy
- De-addiction centers
- Family welfare and planning
- Advocacy

RECOMMENDATIONS OF BHORE COMMITTEE

The report of Bhore committee was published in 1946 before India independences. Its recommendations were as follows.

- No individual shall fail to secure adequate medical care because of in ability to pay for it.
- In view of the complexity of modem medical practice, the health services should provide when fully developed, all the consultant, laboratory and institutional facilities necessary for proper diagnoses and treatment.
- The health services must, right from the beginning lay special emphasis on preventive work.
- The need for providing medical relief and preventive health care to the vast rural population of the country is very urgent.

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- The health service should be placed as to as possible to the people in to the community, i.e. the target group.
- It is essential to secure the active co-operation of the people in the development of the health programme.
- The report in this long term programme recommended a primary health unit for a population of 20,000, a secondary unit for a population 6, 00,000 and a district headquarters organization for a population of 3 million. In its short term programme the committee recommended a primary unit for a population of6,00,000 and a district headquarters for a population of3 million.
- A three month tanning in Preventive and Social Medicine to prepare social physicians who would guide people towards a healthier life.
- Training of 500 hospital Social Workers.

The Bhore committee while giving recommendation about professional education divided the topic ofprofessional education under 2 heads.

a) Certain general question to the subject ofprofessional education which call for preliminary notice and

b) Specific proposal in respect of education for the following types of health personnel:

- Medical education
- Training of dentistry.
- Training of pharmacology
- Training of certain types of public health workers
- Training of nurse and midwives
- Training of hospital social workers
- Training of technicians

RECOMMENDATION ON FUNCTIONS OF MEDICAL SOCIAL WORKER ACCORDING TO BHORE COMMITTEE

a) Discovering and making available to the medical staff, any factors in the patient environment that may have any bearing on his physical conditions, thus supplementing medical history with social history. This would include any facts of heredity, personality, manner of life, home environment, worry about finances, dependents, characteristic of employment and strains and hazards incidental, recreations and standard of living generally, in short all facts that influence diagnosis.

b) Influencing and guiding patients in carrying out treatment, making the physician's directions simple and concrete and helping them to carry out the plan of the treatment through to completion.

c) Overcoming obstacles to successful treatment or recovery particularly in the outpatient department, and during convalescence. Under this head also, it may be necessary to see that medical and surgical supplies (instruments, spectacles, dentures etc.) are secured, that social and economic conditions affecting the patient adversely are corrected and that as far as possible , a situation favorable to recovery is secured. This last may mean

new employment, temporary financial assistance, relieving patients of responsibilities for care of children, special assistance with food etc. It will also include the provision of a sanatorium or convalescent treatment where advised by the medical staff.

d) Arranging for supplementary care pf patient. This and the next duty will require a thorough knowledge and the powers and duties of all the available social and health agencies of the country.

e) Educating the patient in regard to his physical conditions in order that he may batter co-operate in the program laid down by the physician ; this programme provided not only for the cure of illness, but the promotion of health with a view to the prevention of illness. Without this service much valuable and expensive treatment would be wasted because of its ineffectiveness.

f) Discussing with patients there resources and collecting, if required to do so, their contribution towards the cost of the treatment given.

g) Checking the abuse of hospitals, both as to outpatient and in patient, who on examinations are found to be

- In a position to pay for treatment.
- Persons insured under the national health acts, entitled to the services of a panel doctors and not requiring special hospital treatment.
- Beyond the power to benefit by any assistance other them that obtainable through public assistance committee. Besides giving recommendation about duties, the committee strongly recommended the training of these hospital social workers. The committee realized that there was a lack of training facilities.

TRAINING OF MEDICAL SOCIAL WORKER

During the same period, professional training for social workers was started by Tata Institute of social sciences (then known as Sir Darobji Tata school of social work). At that time two year graduate course were being given, in addition to the pre -professional and general course. This covered the following:

1) Family and child welfare

2) Juvenile and adult delinquency

3) Industrial relation and labour problem

4) Administration of social work

5) Medical lecture for social work

6) Medical hygiene and psychiatry for social workers

7) Social and family case work. The member of Bhore committee had met Dr. Kumarappa, the than director of TISS and had discussion with him regarding the training of social workers. The committee felt that these courses were too specialized and restricted and would require considerable modification and expansion in order to meet the needs of hospital services.

At the down of independence it became clear that planning as tool was essential to overcome deficiencies in the health service schemes. Besides in a scarce economic, with limited resources, the government had the role of planning the health delivery services as per the

order of priority of the country the government of India appointed Bhore committee in 1943 to survey the then existing conditions and health originations in the country and to make recommendation for the future development. A reference to it was officially mentioned in 1946 in the Health Survey and Development Committee's (Bhore Committee) Report recommending appointment of trained hospital social workers in the following words, "we have little doubt the general efficiency of all the large hospitals in India will be greatly influenced by appointing trained hospital social workers on their staff as has been the experience recently in Great Britain and America". This impetus for the development of Medical Social Work in India was also received from other developments in the field of Medical Service. Following the Bhore Committee's Report the newer concept of social and preventive medicine entered into field of medical education in India as also in other parts of the world, Medical Social Work being considered as one of its essential component. Similarly the medical and health services in the country began to feel in an increasing degree the importance of Psychiatric Medicine as a result of which many hospitals particularly the teaching once established Psychiatric Clinics both as part of teaching programme as well as of service.

The committee reviewed the nation health under:

1) Public health

2) Medical relief

3) Professional education

4) Medical research

5) International health

CONCLUSION

If we assess the roles and functions of both Medical and psychiatric social Workers, the commonalities and differences are quite clear. As generalization the 38 "marriage" between Psychiatry and Psychiatric social Work has been less fraught with problems of status and function than that between medical social work. Harriett Bartlett has observed. 'While both Medical and psychiatric social Work function within Medicine, Psychiatric Social Work and Psychiatry seem to be largely within same framework, whereas Medical Social Work and Medicine (in spite of overlapping in the social area) seems to be operating in different frameworks. It has not been sufficiently recognized how greatly the problem of integration of service is increased by the degree of such differences, and at the same time, how much greater is the opportunity to make a significant contribution of something new because of this very difference".17 Although the hospitals and the medical profession in general were slow to accept this new idea in the earlier part of this century it was greatly stimulated by the following statement published in 1929 in the "Report of Hospital Standardization" of the American Colleges of surgeons.

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