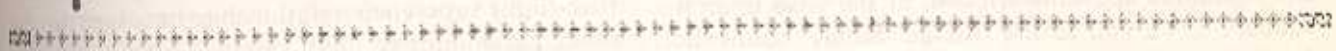




## President's Page

AIR MARSHAL PS BAJWA PHS DMS (AIR)



Advances in science and technology are causing an explosion of knowledge with an effect good



or bad, on the practice of medicine, so much so that even concepts in medicine and organisation of health care are fast changing and difficult to keep pace with. This change has brought its obvious advantages, in prolonging human life universally, in controlling infections and changing the pattern of disease and disability. In our own sphere in the IAF, while the rate of hospital admissions per thou-

sand was 388.77 in 1949, it has come down to 168.21 in 1983. The number of daily sick per thousand has similarly come down from 12.27 to 6.67. This reduction in morbidity by 50 per cent highlights the effectiveness of modern medical care in saving hundreds of thousands of man hours of work and promotion of human welfare.

On the other hand, on account of progress in Science and Technology, Man is becoming egotist and selfish resulting in a weakening of human bonds between members of a family, with far reaching and wider ramifications. The dehumanising effect leads to loss of compassion for others. So-called liberation movements are in fashion. These are nothing but movements to question and defy time honoured moral codes. The family structure in the West and even in our own region is becoming nuclear, resulting in a phenomenal rise of drug dependence and crime. All this has an effect on the practice of medicine on both patient and doctor alike. Today the media have made patients aware of half truths about the functioning of the human body. These demand costly investigations like cat scan and costlier remedies, some of which are fraught with inherent danger or side effects.

The philosophy of the practice of medicine taught by such eminent doctors as Sir William Osler (who was held as the greatest physician of all times) is not widely seen today. Here is a glimpse of his philosophical attitudes. He says "More than any other; a practitioner of medicine may illustrate the *great lesson*—that we are here not to get all we can out of life for ourselves but to try to make the lives of others happier." Auguste Comte described this philosophy as Altruism in his book published in

Paris in 1951—"It is not possible for any one to have better opportunities to live this lesson than you will enjoy. The practice of medicine is an art and not a trade, a calling not a business, calling in which your heart will be exercised equally with your head often the best part of your work will have nothing to do with the potions or powders but with the exercise of an influence of strong upon the weak, of the righteous upon the wicked, of the wise upon the foolish. To you as the trusted family counsellor, the father will come with his anxiety, the mother with her hidden grief, the daughter with her trials and the son with his follies."<sup>1</sup>

○ In our own sphere, that is in the practice of Aviation Medicine in the field, personalised care is of utmost importance. Why is that so? It is because minor adversities of life which may not affect any other individual working in whatever capacity; may seriously affect the functional capacity of a flier in a cockpit. As the task of a military flier is becoming more and more complicated with advances in technology, the cockpit workloads are becoming overwhelming especially under stress. Time available for decision making is becoming shorter and shorter. The designer of the aircraft/weapon system, it appears, takes it for granted that the human being both in body and mind will be in top functioning condition whenever he is at the control of his machine, and hence no allowances are made for even minor anxieties of life. These may not amount to disease and may yet seriously disrupt attention and concentration. Something similar is true in the case of commercial aviation where problems of a different kind are growing such as increased density and concentration of air traffic at international terminals, especially under difficult meteorological conditions. Advances in technology is bringing in its wake high degree of machine reliability but tremendous escalation of cost, consequently all wrong decisions have to be paid for very heavily both in terms of men and material. This also brings in the requirement of upward revision of the qualitative requirement for aircrew for Physical and Psychological fitness both basic and from day to day.

Let us not forget that a human being consists of body, mind and the spirit. Whenever one of these is sick, the other gets automatically affected. Keeping this in view, the implications of assertion

of various investigating agencies that more than 60% of all aviation accidents are directly attributable to human error in one form or the other are easily understandable. Human error accident in many cases is preceded by a period of stress in the life of a flier resulting in disturbances of 'coping mechanism' and difficulties in emotional control and minor personality changes. And it is here that a good doctor-flier-flight supervisor relationship becomes, to the mind, paramount to flight safety.

Minor changes in human function not amounting to disease or disorder cannot be brought to light until and unless the flier has a very competent and experienced doctor who can truly be called a friend, a philosopher and a guide. You may call him a Squadron Medical Officer or whatever else. I say to my professional colleagues that please do not forget to live up to the highest traditions of our profession will have its own reward in the form of tranquillity and peace of mind, and when you will achieve this you will not need to run a race for any honours or awards which will distract attention from your true calling. I am quite aware of the handicaps that a medical practitioner has to face in the modern setting. One of your handicaps has been very well brought out in the following quotation. "And how do you deliver health care? Do you ship it in a plastic take out container or in a jewellery box lined with velvet? Can the intended recipient refuse to accept the health care packet when it arrives at his door? The truth is that none of us can deliver any help at all to those who lack understanding or those who are hostile. Health must be something that is actively desired and consciously pursued by the intended recipient, the so-called consumer."<sup>2</sup> boils down to another duty for us and that is to educate our clientele regarding health care if they are ready to accept our advice. Alas! it is not always as we wish.

Let me highlight the point I am making. The while we have benefitted immensely from science and technology in the discharge of our duty as a doctor, unique contribution of our profession to the human welfare remains the personal care for those put under our medical charge. It is more so in the practice of aviation medicine in the field. While in the Air Force, an arrangement exists for earmarking a doctor for flying units, it is not so in commercial

aviation. I, however, strongly feel that if it can be done, it will pay rich dividends. Maj Gen Harry G Armstrong who was one of the world's pioneers in Aviation Medicine has stated "In recent times, Aviation Medicine like medicine in general, has largely become technical in nature with relatively little attention being given to the personal elements involved. It has been years since I have heard of a highly effective 'care of the flier' programme being taught or practised. Such a programme rather than computers, laboratory findings, and protective equipment is required to deal with airmen's problems. He says it is hoped that we will soon see the day when Aviation Medicine will again be an art as well as a science".<sup>2</sup>

In highlighting my message let me blow my own trumpet. I have been tuning this for over 36 years and out of it may come a tune which is worth listening to. Let me take out an item from my memorabilia which may have all the ingredients I have been saying above.

I was appointed a Squadron Medical Officer of a fighter squadron from July 1953 through May 1957, and I consider myself lucky to have come in contact with all those fliers who were on my medical charge as it has been a most fascinating experience to study the personal profile of each of them, and their families, and be of help to them in their trials and tribulations. During my stay with that Squadron, no one suffered an injury or met with a serious accident or an ailment of significance—was it luck or painstaking efforts of all of us to trust and understand each other. One can conjecture. However, long after I was posted out of the squadron, one of the pilots who later on retired as a senior Air Force Officer, had to privately consult me for a serious personal problem. After working on this problem for some time, I consulted some service specialists in the concerned sphere and asked them if they could help. They told me from their experience that to treat such cases is usually a disappointing affair. This did disappoint me but the faith of my patient in me spurred me on. I kept trying my best to help him overcome his disability. The trouble was serious enough for my patient to have lost himself but I am glad to say that he came out successfully. Perhaps the faith that we had in each other prevailed. This is highlighted in his letter to me which is as follows :-

(Letter overleaf)

I hope the message is clear, inspite of all advancements in medical technology, unique contribution of medicine to human welfare and especially in the field of aviation medicine still remains personalised care of human beings. And in doing so—all the three components, that is body, mind and spirit are to be taken care of.

#### References

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