ORGANIZATION FOR SOCIAL PAEDIATRICS*

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A great deal has been written and talked about social paediatrics, but it is not always clear how services can be organized in order to implement its pious aspirations. It is obvious that there is no one pattern that will suit every country, but it is necessary to study existing patterns and their relative efficiency in order to achieve progress. Many definitions of 'Social medicine' have been given. Perhaps one of the best is the simplest, i.e. follow-up. Social paediatrics should ensure follow-up of the background from which the patient comes, both mental and physical, in addition to follow-up of the subsequent fate of the patient after he leaves intensive medical supervision.

When anyone wishes to be thoroughly caustic about the medical profession he says, 'The operation was successful, but the patient died.' This accusation is levelled not only at surgeons, but at physicians who spend the greatest care in diagnosing and treating a patient while he is in hospital, but pay little attention to what happens after his discharge. This is particularly regrettable when children are sent back to those same conditions that produced their disease without efforts to instruct the parents or to improve the environment. It is to correct this that the concept of 'social paediatrics' is emphasized.

Child health must include the child, the whole child and everything to do with the child, including the family and especially the mother. It was René Sand,† the father of social medicine, who said 'Why separate child welfare from paediatrics? or mental clinics from psychiatric services? It would surely be more convenient and more economical to make the hospital into one integral medical organization comprising all curative and preventive services.'

But in any organization there must be some division of function, while it is most desirable that there should be continuity of care and supervision for individual patients. One of the chief criticisms of the National Health Service in the United Kingdom is that patient care is divided between different organizations—the private practitioner, the government hospitals and the Local Authority clinics. Confusion arises when a department of public health, unfamiliar with clinical medicine undertakes the care of mothers and children, infectious diseases and tuberculosis. All of these necessitate considerable training, experience and some clinical facilities. Patients are getting good care by any standards, but the existence of three separate types of organization involves overlap, expense and creates unnecessary difficulties in follow-up.

The words 'public health' have different meanings in different contexts and ideologies. In some areas it is equivalent to 'people's health', or the health of the people as a whole. In other areas it means the major health concerns only, and we hear the statement 'This disease has now become a public health problem.' In yet another context the phrase may mean those health measures undertaken by the community. It was an American who said 'Public health is any transaction in which the patient does not pay the doctor directly'. Many people use 'public health' as if it were synonymous with 'preventive medicine'. But we know that preventive medicine must be undertaken at the individual as well as at the mass level. It is of little use to provide a pure water supply unless individuals learn to drink it out of a clean cup and to appreciate the technique of the toilet. It is of little use to enforce pure food and market laws if the malnourished, including the diabetics, continue to spend their money on aerated waters and lollipops.

The division of function should come between mass medicine and individual medicine. There should be no separation between preventive and curative medicine as applied to individuals. Paediatrics, obstetrics, maternal and child health and school health are essentially services to individuals.

It will be seen that mass medicine has its most

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† Sand, R. (1952). The Advance to Social Medicine, p. 100. London.
important role in preventive measures and considerable importance in diagnostic methods, but (with the exception of mass treatment campaigns against yaws, and more doubtfully against intestinal worms) there is little curative medicine that can be accomplished by mass methods.

When we consider individual or personal medicine on the other hand, each patient should receive all the curative, diagnostic and preventive services which he needs or is capable of using.

Perhaps it would be possible to discard that confusing word ‘public’ and simply call the whole system ‘health services’. It is then possible to imagine two distinct sections, one with the community or mass approach, the other applied to individuals. The training of personnel can be adapted accordingly. The integration of preventive and curative services to individuals could then be implemented. Hospitals would become headquarters from which health clinics would act as outposts, and follow-up of patients could be maintained. Health centres in rural areas would of course have many activities not necessarily associated with hospitals.

There are many parts of the world, such as Kenya, where health centres are undertaking both mass and individual medicine, both curative and preventive functions. This is essential in primary centres all over the world. These dual functions are not incompatible. In fact it is found that because the district doctor is concerned with treating the diarrhoeas and the typhoid, he is more effective in getting members of the community to join together to protect their water supply.

Training personnel for health work must be a perpetual concern to those responsible for organization and for application. With the present hap hazard types of organization it follows that training programmes are often illogical and uneconomic.

Where it has been recognized that some gap exists in the services, there has been a tendency to train and employ a new type of specialized worker, instead of refocusing the training of the basic workers.

The need for improved health education, nutrition and social medicine has been recognized. Is it wiser to introduce numbers of specialist health educators, nutritionists and social workers or to modify the training of doctors, nurses and midwives according to obvious needs? It is invariably claimed that the curricula for doctors and nurses are already so burdened with natural sciences that nothing can be added. But in education, as in nutrition, it is essential to provide a balanced diet in accordance with needs and resources.

At one time the health services used to provide special staff for school health, child welfare, tuberculosis, venereal disease and so forth. It was found that this multiplicity of agents, all contacting and counselling the same families, was a mistake, and did not make for co-operation or efficiency. Some areas are in danger of repeating the same mistake with a different plurality of personnel. This is specially dangerous for the poorer countries that have not yet been able to provide even the minimum medical care. Their need is to train and supervise health workers at a number of educational levels. But it appears more economical to have broad functions at each level than to create a number of categories, for it is then possible to make training and education closely related to needs and resources, and adaptable to changing patterns.

At present there is too much empiricism in social medicine. Standard concepts of preventive medicine, public health administration and public health practice are being taught and imposed. Experiments are needed in organization, and observations should be recorded and results evaluated in those areas where experiments are being or have been made. Benjamin Paul’s Health, Culture and Community presents a collection of such experiments, but only assesses their social impact and gives little information about organization, cost, personnel, record keeping and its effectiveness.

A list is appended of a few of the patterns of organization that have been tried and adapted to local conditions. A collection of such attempts, with some sort of evaluation, should be assembled and made available to teachers and to students of social paediatrics.

There is no mystique about social paediatrics or about maternal and child health. The aim of social paediatrics is to ensure good follow-up with adjustment of or to the environment. The aim of
maternal and child health services is to ensure the best possible medical care to those who need it most.

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