IS WESTERN MEDICINE RELEVANT TO THE THIRD WORLD?

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Good health is an important factor in the development of any country. Most governments acknowledge this fact and profess commitment to the health of their citizens. In the Third World many countries are frenzied by the United Nation's call for "health for all by the year 2,000". These countries seem to opt for Western medicine as a vehicle for realising this objective. In this essay I shall attempt to examine how relevant Western medicine is to the Third World.

It is worth discussing briefly the meaning of Western medicine as used in this essay. Western medicine here means the scientific cure of diseases based on an engineering approach to the understanding of the body and its diseases. Essentially, it is hospital-based, technologically-oriented medicine with the philosophy of high quality, individual, acute, episodic care.

EXAMINATION

Let us then proceed with our examination. It will be conducted against the socio-economic backgrounds of the Western and Third World societies. This approach is important because, as Myrdal observes, health should not be considered in isolation from other elements in the development process: "Health affects socio-economic factors, notably income, levels of living, and in particular nutrition."[1] Myrdal further notes that the extent to which health conditions can be improved depends on people's knowledge and attitude towards health practices.

Judged from generally accepted development indicators, Western societies are really rich. They are industrialised, and have the technology necessary for development at their command. Industrialisation in turn has led to more employment, high pay and a concomitantly high standard of living. Their towns are well planned. There are sewage systems. Every home has pipe-borne water. The result is that the population is less susceptible to diseases. Hence the adoption of hospital-based medicine with the philosophy of high quality care of individual patients.

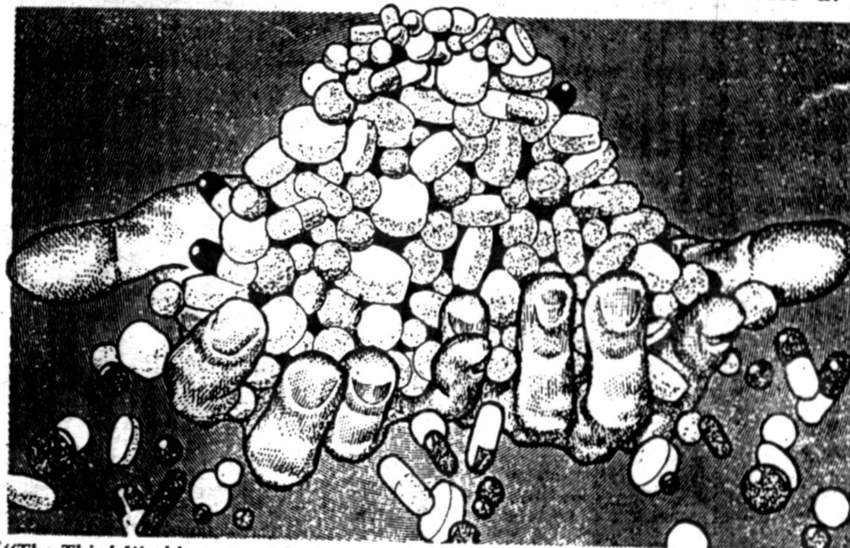
We have, then, a correlation between the reduced possibility of large scale vulnerability to diseases within a population and the adoption of hospital-based, technologically-orientated medicine. Put differently, the Western population has been protected against diseases through a high standard of living and sanitation, therefore not a significant proportion of the population would be vulnerable to disease. Those who would be ill might be victims of industrial diseases. And industrial diseases can be best handled scientifically.

But the socio-economic conditions of Third World countries are the exact opposite of those of the Western societies. Third World countries are 'poor'. Their towns are not well planned. There are no sewage systems in the majority of their towns. Their people receive low pay and live in squalor. The majority of their population have no clean water to drink. The result is that their population is highly vulnerable to diseases. The common diseases are infectious diseases (polio, typhoid, cholera, tuberculosis, meningitis) and those directly associated with malnutrition (beri-beri, pellagra and scurvy).

The effect of malnutrition cannot be over-emphasised. Birch and Gussow[2] note that malnutrition leads to low birth-weight babies with a consequently high mortality and incidence of neurological and physical disorders. Growth is inhibited in low-weight babies who survive.

If this sketch is true of Third World countries, we would have some reason to think that health policies there should reflect the realities of their situation. We would want to see health policies that address the problems of malnutrition and dirty environment, health policies that tackle the problems of poor housing, sanitation and nutrition. Given their resources, one would expect them to harness their traditional medicine in their health care services. But most Third World countries have failed to adopt such policies or initiate corresponding programmes for their realisation.

Most of the Third World's common diseases today have thrived in Western Europe in the past. Doyal[3] notes that these diseases are not necessarily the result of tropical conditions. Rather, they were spread through European expansion and colonisation. The disappearance of these diseases in the metropolitan countries, according to Doyal, was not because of "marvellous discoveries of medicine but as a result of improvements in sanitation - improvements in housing, draining, refuse disposal - in education and elevation of the standard of living for the generality of the people." [3]



"The Third World must not look up to such Western Medicine"

Writing in the same vein is Professor Mckeown. Mckeown notes[4] that, contrary to the popular view, it was not modern medicine which caused such diseases to disappear but improved housing and sanitation, improved nutrition, and improved methods of birth control whereby demands on food and physical resources were reduced. It is worth remarking here, to those who would link good health with birth control, that nothing can be achieved from their proposition. Birth control was not a means to achieving good health but a result of in-

dustrialisation and the improved standard of living. Geoffrey Barraclough[5] notes that the problem "is not that of more population and less food, but the limits of social organisation that fails to generate investment in agriculture, leading to growth." According to Barraclough, researches have shown that the population of a given area can double several times without having to face starvation.

If Western medicine did not deliver Europe from the diseases afflicting Third World countries today, then as a matter of logic the Third World should not look up to such medicine for its 'salvation'.

Yet in their approach to good health, most Third World countries give top priority to hospital-based medicine, funded by central government. Primary health care is made the responsibility of regional government. For example, in Nigeria 84.37% of the total budget for health went into hospital-based medicine in the Fourth National Development Plan, while preventive medicine received a paltry 15.33%.

The essential facts of health in the Third World are poverty, low standard of living and poor housing. They may also be called the facts of economic oppression. Without fundamental economic and social changes in the Third World, it is likely that good health for the population will remain a problem.

This conclusion derives from the returns from Western medicine in the Third World. A striking example of this is the medical school in Colombia which undertook hospital care of premature infants. It had survival rates which compared well with those in the United States, but 70% of the surviving infants died within three months of their discharge. They died because of infection, malnutrition and general poverty[6].

In Nigeria, where Western medicine receives top priority, there is an infant mortality rate of 163 per thousand. In the United Kingdom the rate is 16 per thousand. It is obvious from this that hospitals offer no solution, since the cause lies in poverty and its associated infectious diseases. Nothing is achieved by treating a patient who suffers from diseases caused by malnutrition or poor housing, if he will return when discharged to the very conditions which caused his illness.

Moreover, only a meagre fraction of the population in the Third World benefits even from hospital-based medicine. This is no surprise, since Western medicine is meant to cater for the small proportion of the population which falls ill in advanced industrial societies. But in the Third World the proportion of sufferers is far larger. And the maioritv of these are disadvantaged in the health-care system because hospitals are located in the cities; because poverty does not allow millions of people to afford hospital treatment; and because transport difficulties have kept back many who could have afforded Western medicine.

INCLINATION

Studies in East Africa have shown a correlation between proximity and the use of health facilities. According to Bryant[7], in Uganda the average number of out-patient attendances per person halves for every two miles that people live from a hospital; and for every one-and-a-half miles from a dispensary. Not many people will walk several miles for out-patient services.

Much could also be said about the drain that Western medicine has caused on the meagre resources of the Third World both in terms of doctors' training and hospital equipment. But let us examine why Third World countries are still inclined towards Western medicine despite its obviously poor returns.

> **"it was not modern medicine which caused such diseases to disappear but improved housing and sanitation, improved nutrition, and improved methods of birth control"**

Three factors seem to be responsible. Firstly, there is the view that the Third World is in the process of development and will soon come to have similar health problems to the West, and therefore should buy the medical technology now. This view is a conspiracy by those who have a vested interest in Western medicine and wish to expand the market for medical technology. The expansion of technological curative medicine provides the basis for an expanding and extremely profitable health care industry.

This is exemplified by the medical-industrial complex in the United States. Even in Britain, where health is organised by the state, it still remains an important source of profit for the manufacturers of medical technology and pharmaceutical industries, since equipment and drugs are bought from the private sector. The Third World has been a profitable market for many Western products, and the West wants to keep it so for medical products. The conspiracy to make the Third World a permanent market for medical products is supported by characterising other approaches to medicine as quackery.

The second factor which lures the Third World into Western medicine is the large volume of advertising and promotional campaigns for medical products in the Third World by multinational corporations. The third factor is the activity of the so-called 'philanthropic' organisations in the West. These organisations play an important role in the promotional campaign of medical products by donating them to countries in the Third World. This strategy is so powerful that most Third World policy-makers now think that social problems can be given a medical solution.

I am not against Western medicine. But I subscribe to Doyal's candid viewpoint that "while certain elements of medical technology are of undoubted value in dealing with some of these diseases, modern medicine cannot provide any real solution to the health problems of the 'Third World' while social and economic conditions remain unchanged."[8] There is a need, as many commentators have noted, for a "shift in the balance of effort, from laboratory to epidemiology in recognition that improvement in health is likely to come in future, as in the past, from modification of conditions which led to diseases rather than from intervention in the mechanism of disease after it has occured"[9]. ●

REFERENCES:

1: Quoted in J. Bryant, **Health And The Developing World**, Cornell University Press, London, 1978.

2: Quoted in Townsend and Davidson, **Inequalities In Health**, Penguin, Middlesex, 1982.

3: L.Doyal, **The Political Economy Of Health**, Pluto Press, London, 1979.

4: I.Kennedy, **The Unmasking Of Medicine**, Granada, London, 1983.

5: Quoted in Doyal, op.cit.

6: Kennedy, op.cit.

7: Bryant, op. cit.

8: Doyal, op. cit.

9: V.Navarro, **Imperialism, Health And Medicine**, Pluto Press, London, 1982.