SOCIAL RESPONSIBILITY OF THE OBSTETRICIAN - THE THIRD DIMENSION -

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Obstetrician has many responsibilities to society. - professional, legal and social. Professional and legal responsibilities are obligatory because defaulting may result in loss of reputation and money. Social responsibility is often considered voluntary and is not linked with any punishment. Logically these responsibilities are not watertight compartments but one responsibility merges into other as sugar mixes in milk. Legal responsibility may be considered a social responsibility in some countries. Informed consent is a legal requirement in most developed countries; whereas it is considered as social responsibility in many less developed countries. Taking husband's signature for female sterilization may be legal requirement in some countries whereas it is social responsibility in other countries. Though social responsibility exists in all societies, it is modified by culture, economy and social norms.

The need for special care of pregnant women is emphasised in all civilizations and culture. The standard of care received by the pregnant women determines the social standing of the community. There is well organised maternity services in most developed countries. It is not so in developing countries. Out of 500,000 maternal deaths per year, 99 percent of the deaths take place in developing countries. What is more tragic is that 80 percent of these maternal deaths are preventable. Clinical aspect of maternal death are only a part of the picture. "Every maternal death has its roots in a complex interplay of economic, social and cultural factors". (W.H.O.). The obstetrician has a professional and social responsibility to reduce maternal deaths. He must play his role in safe motherhood. He must ensure that at the end of child birth, 'Healthy mother is in possession of a healthy child'. 'Lack of antenatal care and low number of institutional deliveries are two vital factors which result in high maternal morbidity and mortality. Therefore, the obstetrician in the developing world has a social role to play in increasing antenatal care cover to almost every pregnant woman. At present antenatal care is available to 15-45 percent in developing world.

Most important ingredient in the makeup of an obstetrician is the conscious desire to search for every means of further reducing maternal death rate to a lower irreducible minimum. Obstetrician cannot say and should not say, "What can I do", "How can I treat her if she does not come to me for antenatal care?" Obstetrician should not say, "I am not responsible for the obstetric complication if she does not seek help or follow my advice. "This would not be a human approach. Obstetrician must accept the 'THIRD

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DIMENSION' to his social responsibility. He must CREATE SITUATIONS SO THAT PREGNANT WOMEN SEEK HELP. He should provide health education and convince the community about need of antenatal care in safe motherhood. Technical aspects of antenatal care such as taking weight, recording blood pressure, abdominal palpation etc. is certainly his responsibility but CONVINCING THEM TO SEEK HELP IS OUR OBLIGATION. Judd stated, "Recognitiôn of what we do in our personal relations with patients is as important as what we do with our technical skill".

II HURDLES IN THE WAY OF SAFE CHILDBEARING

The obstetricians in developing world face several hurdles while playing the social and professional role. These problems are not entirely within his control. They are dependent on economic factors, government participation and cultural norms. The main obstacles in safe motherhood are as follows.

1. Unequal distribution of health care personnel in urban and rural areas.
2. Paucity of qualified obstetricians in rural areas.
3. Lack of spirit of teamwork among doctors and traditional birth attendents.(TBA).
4. Poor transport and communication system.
5. Lack of health education - social beliefs and taboos.
6. Lack of social committment of obstetrician.

All these factors are not within the perview of present discussion. We shall restrict to social aspect only. Greatest paradox in developing world is that 90 percent of births in rural areas are looked after by 10 percent of doctors and 90 percent of obstetricians look after 10 percent urban births. The childbirth in rural areas is mostly unattended or looked after by TBA. There is no co-ordination and teamwork between doctors and TBA. The facilities in primary health centre (PHC) are not fully utilised by the community because lack of confidence in the services, red tapism, lack of drugs and other local factors. District hospitals and teaching hospitals, are catering for too many patients in too short a time so that doctor has just enough time to discuss about technical aspect of pregnancy but has little time to discuss social factors which may impede good antenatal care. Why do the doctors not settle in rural areas so that unequal distribution of doctors in urban and rural areas may stop? Inadequate facilities of transport, communication, lack of facilities of children education and no social life are some of the reasons why doctors do not settle in rural areas. There is some truth in the above statement. But most vital reason is lack of social committment on the part of obstetrician. An average obstetrician is lured by high technology dependent problems like fetal monitor, ultrasound, invitro fertilization, hormonal workup etc. Even in National and International conferences, it is sad to see obstetricians from developing countries in large numbers attending sessions where high technologies are discussed and they are hardly found in sessions where social issues or maternal mortality are discussed. Such sessions are usually attended by delegates from affluent countries.

III THE WAYOUT

There is no doubt that obstetrician is the key person to fulfill the objective of safe motherhood. It is expected that obstetrician would act as a trendsetter and lead the community. He must accept the social obligation to society. The obstetrician in the developing countries needs to be reminded that dramatic fall in maternal mortality took place in developed world long before the advent of high technology of fetal monitor, ultrasound etc. Developing countries can still reduce maternal deaths without recourse to sophisticated gadgets. Coverage of antenatal care should be raised nearer to 100% and institutional births must increase. It is tragic that a woman should die in childbirth due to factors which are preventable. Provision of antenatal services is a government responsibility but it would not suc-

ceed unless obstetricians are coming forward to serve in rural areas. It is now the time for the obstetrician to shed his parocheal approach and assume wider responsibility for total care of the pregnant woman. Obstetrician must counter all social factors that come in the way of safe motherhood. Obstetrician in the developing world must find time for the following.

1. Provide health education to the community.
2. Help in raising status of woman in society.
3. Train the traditional birth attendent in safe child-birth. Accept TBA as important member of the team.
4. Advise woman to avoid pregnancy - too early, too late, too frequently and too close.
5. Discourage community from prenatal sex determination only for performing selective female feticide.
6. Establish a rapport with elderly members of the family and convince them on the need for better nutrition and good care of the pregnant woman.
7. Strike a balance between self interest to make enough money and also to serve the community.

It is taught in Indian culture that 1% of annual income should be used for the benefit of the society. I would go one step further and say that obstetrician should devote 1 percent of his professional time for social service to achieve the above objectives. Since specialised services are not available in rural areas, Camp approach is devised to provide consultant services in rural areas for health care. It is in the form of eye camps, tonsillectomy camps, male and female sterilization camps. etc. Medical colleges are now coming forward to provide maternity services in remote rural areas. Large surgical camps are held once or twice a year to perform many surgical and gynaecological operations. Camp approach is not a permanent solution to health problems. It is only a transitional phase and all atempts must be made to provide such services on a permanent basis.

Obstetrician must realise his obligation to the rural woman. Pregnant women in rural area has as much right of basic care as its counterpart in urban setup. Rosenfield is right when he says, "The world's obstetricians are particularly neglectful of their duty. Instead of drawing attention to the problem and lobbying for major programs and changes in priorities, most obstetricians concentrate on subspecialities that put emphasis on high technology".

The social obligation cannot be fulfilled by only working within the four walls of the office or the medical college. The obstetrician must work in the field to help women in getting basic care in childbearing. I must end with the Chinese proverb which says.

"Go to the People.

Live among them.

Learn from them.

Love them.

Start from what they know.

Build from what they have.

But one of the best leaders.

When their task is accomplished

Their work done, The people all remark

"We have done it our selves".

This should be the spirit in all obstetricians in developing world.