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EDITORIALS

Editorials are written by members of the Editorial Board, and occasionally by guest editorial writers at the invitation of the Editor, and opinions expressed are those of the writers.

Training of Paramedical Workers and Their Use in the Leprosy Program[1,2]

The pivot of leprosy control work is the paramedical worker. He (she) is there to help the medical man and not to take the place of the doctor. As we envisage this role now, a paramedical worker is to carry out the following activities:

1. Case detection program:

(a) Examination of the people for leprosy, where the method commonly used is intensive survey of the entire population or at least 95 per cent of the population.

(b) School survey—this serves two important purposes, one is the examination for leprosy and the other is to create leprosy consciousness among the students and the teachers.

(c) Examination of healthy leprosy contacts repeated at least once a year for signs of disease at earliest possible opportunity.

2. Health education:

As the cooperation of the patients and the public is of great value in the control program the paramedical worker should educate the public and the patients about the disease.

3. Treatment:

Treatment has to be carried out by the paramedical worker though the medical officer is there to supervise his work periodically.

4. Maintaining the records:

This should be done by the paramedical worker for the total population, population examined, percentage of examination, cases detected as per type, age, sex, gross prevalence of leprosy, prevalence among children, infectious cases, rate, ratio among male and female, etc.

There has in the past been a considerable isolation of leprosy work and leprosy workers. It would be well to attempt to combine leprosy work with other activities concerned with the control of communicable diseases such as tuberculosis. There may be also another advantage in this, since, in general, even enlightened governments are not willing to give adequate funds for leprosy work alone. If we join with the control programs of other diseases, increase in total funds and efficiency might be noted, the isolation of leprosy work would be reduced and perhaps the prestige of leprosy work would be increased by

[1] Guest editorial.
[2] Based on a paper presented at the 4th Pan Pacific Rehabilitation Conference, Hong Kong, 1-7 September 1968.

becoming a part of a more extensive, coordinated disease control program.

The paramedical training program as carried out in Madras State, India, may be mentioned as an example of what is entailed. In general, the student undergoes six months training. The first two months of training consist of premedical coaching in the principles of anatomy, physiology, hygiene, bacteriology, pathology and even elements of pharmacology. Therefore he engages in observation of leprosy work and is at the same time given a series of detailed lectures about all phases of leprosy work. It is also essential that he should be taught, at least briefly, about skin diseases in general. Later, when he has a good grounding in the premedical subjects, he is taken to the hospital, taught about leprosy, shown cases of leprosy, and is required to be engaged in all the activities of a leprosy control unit. He is asked to work in the hospital to study the methods of treating complications of leprosy treatment, treatment of trophic ulcers and other attendant problems. He is asked to work for a specified period in the laboratory in which he tries to learn the common laboratory investigations required in leprosy control work. In addition he as to spend from two to three weeks in the physiotherapy department so that he will understand, appreciate, and be able to carry out minor physiotherapy methods even in the field. After this, or even perhaps simultaneously, some of the paramedical worker trainees are sent to the field to become familiar with methods of leprosy survey. The paramedical worker trainees also accompany the treatment unit to various villages so that they have opportunities for studying the administration of clinics as well as to become familiar with the various manifestations of leprosy and common skin diseases that simulate leprosy. After he has finished this intensive course, he is also given training in the administrative aspects of leprosy control work namely, the maintenance of the statistical part of the work and also a very brief introduction to the administrative set-up of the leprosy control work and of the department of medical services in the concerned state.

Let us imagine a situation which will test the efficacy and the completeness of the training of the paramedical worker in the light of two schools of thought:

(1) The concept of providing training only in leprosy.

(2) The program which provides training in leprosy and also in other premedical subjects.

A paramedical worker while giving treatment to a patient might, for example, find him with severe urticaria which might be due to drugs given by him or perhaps due to extraneous causes. Many leprosy clinics are located in far off places and the nearest general dispensary might well be four to five miles distant. It might be that the patient develops a very severe attack of urticaria. What exactly is the paramedical worker supposed to do? If he has been given some familiarity with the problem and its emergency treatment he could probably handle the situation very well, to the benefit of the patient and to the benefit of the control scheme itself. If, however, in such a situation the paramedical worker is completely ignorant of everything except leprosy he is faced with a problem that eludes solution.

Thus, even if it is not our aim to make the paramedical worker a doctor, we should, in the light of reality, come to the conclusion that the paramedical worker should be educated and trained to such an extent in leprosy, in skin diseases and a few other common diseases prevalent in his area, that he can carry out the work independently. This does not mean that the paramedical worker should replace the doctor. The suggestion is made because, as a leprosy worker with a few years experience in the practical aspect of the work, I am convinced, that for many years to come we have, per force, to depend on the paramedical worker for carrying out much of the leprosy control work, if such work is to be carried out.

We know that the problem in Asia with regard to leprosy is stupendous. Resources of men and materials are very limited. We have very few doctors who are willing to engage in leprosy work, and these doctors have to carry out the leprosy control work in large areas with large numbers of patients. In this situation, if we aim at the scientific ideal of only doctors looking after

leprosy patients, we may perhaps have to wait for a century before we realize our ambition. By then the disease may have trebled or even increased tenfold. It would seem far better to have the work carried on by the paramedical workers under the guidance of the principles of scientific medicine. After all is said and done, one has to cut the coat according to the cloth available and I do not think there is anything wrong in trying to carry on the work with the available resources of men and money. In short, I feel that the leprosy control program in large areas such as India is dependent, in the existing circumstances, completely on the efficiency, honesty and sagacity of our paramedical personnel.

So the methods of training paramedical worker require special consideration in order to develop teaching methods to stimulate their interest, promote their initiative and prepare them in a practical way for the task that faces them.

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