

“How to be a successful public health specialist: Part 1”

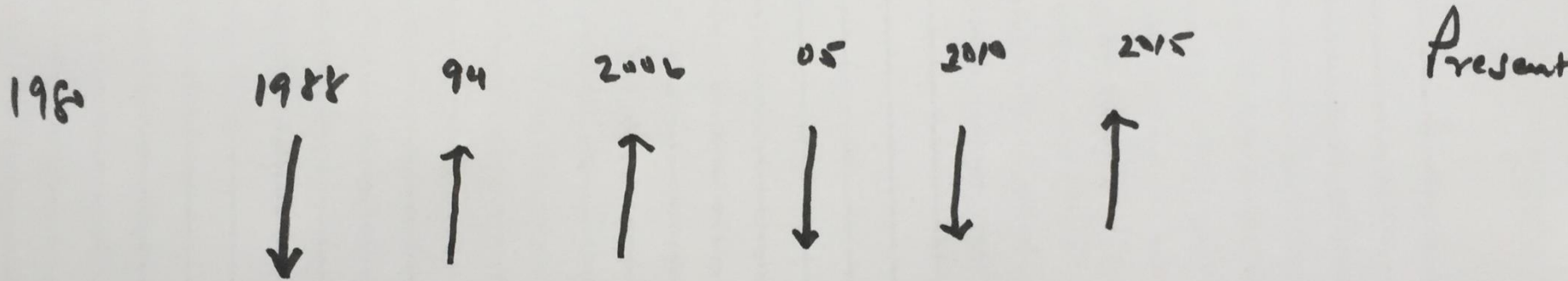
Rajan Madhok

RaMa Reflections

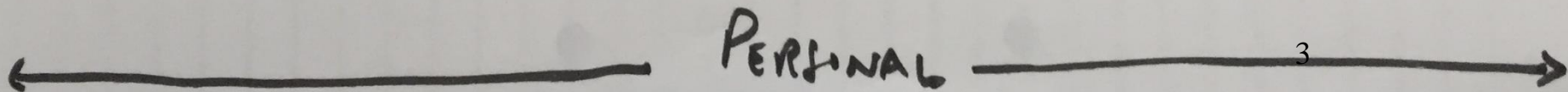
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Do Good, Have Fun, Make Money (Modestly)



SERVICE
EDUCATION
RESEARCH
VOLUNTARY

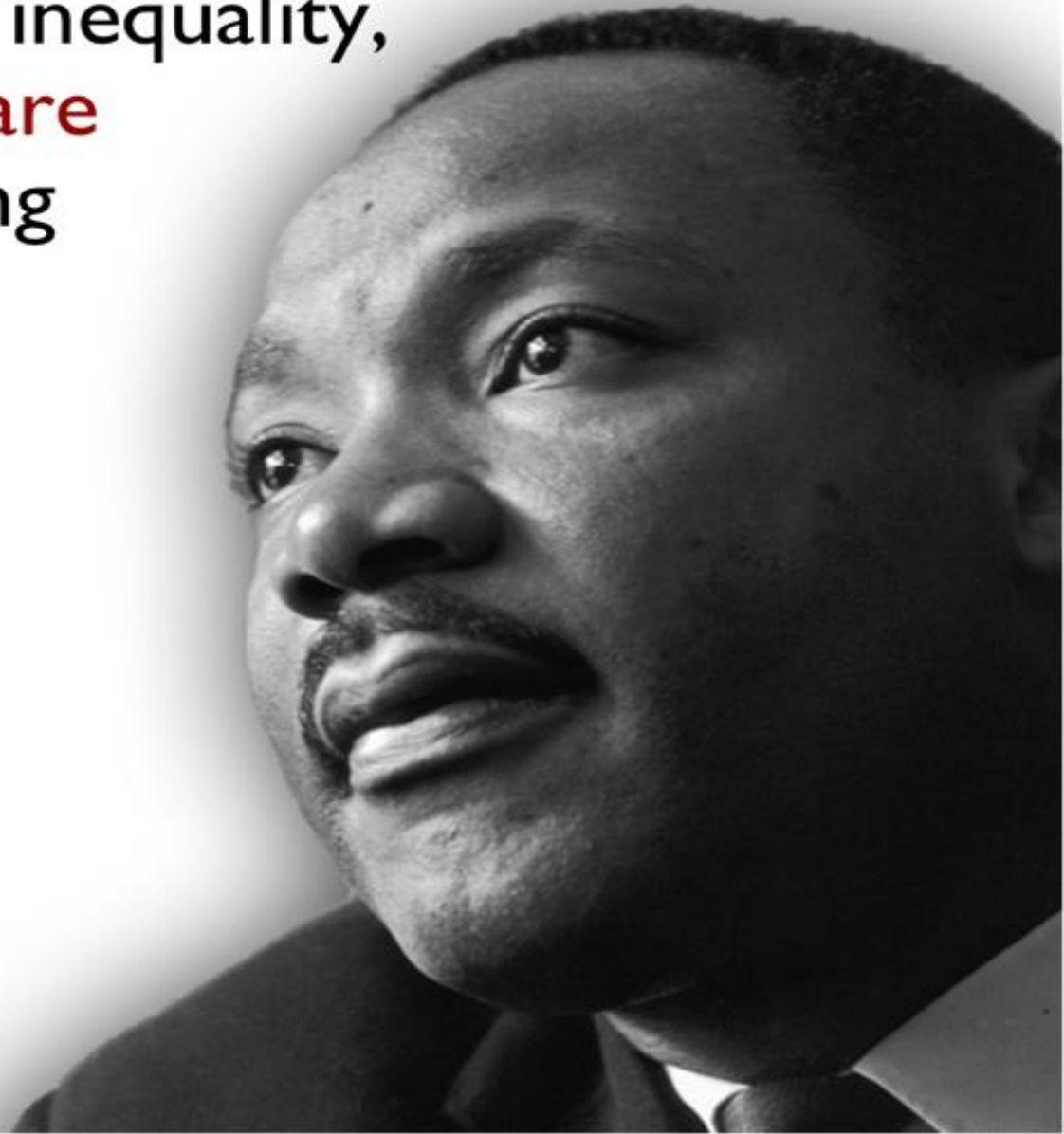


I began to travel throughout America. First as a student and later as a doctor, I came into contact with poverty, hunger, and disease; with the inability to treat a child because of lack of money; with the stupefaction provoked by continual hunger and punishment, to the point that a father can accept the loss of a son as an unimportant accident, as occurs often in the downtrodden classes of our American homeland. And I began to realise at that time that there were things that were almost as important to me as becoming famous or making a significant contribution to medical science: I wanted to help those people.



Of all the forms of inequality,
injustice in healthcare
is the most shocking
and inhumane.

Dr. Martin Luther King, Jr.
March 25, 1966



Fundamental challenges in India

- Better governance and especially clinical governance
- Raising educational standards and building research capacity
- Primary care as the foundation of the health system and
- Investment in public health for long term sustainable development

Madhok R, Indian Journal of Medical Ethics

You can read here our coverage of corruption in different domains of the healthcare system.

Clinical practice

[A call to fight back against kickbacks globally](#)

[Kickbacks for referrals ruin the doctor-patient relationship](#)

[Spotlight on kickbacks for referrals](#)

[A website to report unethical medical practices launched](#)

[Use patient power to tackle medical corruption in India](#)

[Whistleblowing in India: what protections can doctors who raise concerns expect?](#)

[India's private healthcare sector treats patients as revenue generators](#)

[Private healthcare providers in India are above the law, leaving patients without protection](#)

Medical education

[India's private medical colleges and capitation fees](#)

[Growing commercialization of medical education linked to corruption](#)

[Corruption in nurses' training](#)

Drug industry

[Drug industry "freebies" and sponsorship will be banned in India from January 2015](#)

[The Sunshine Act for transparency on financial relationships between doctors and industry](#)

Medical ethics

[The Indian Medical Association plans new code of medical ethics for hospitals](#)

[A move to introduce ethics training in the medical curriculum](#)

Public health

[Embezzlement of public funds cripples the ambitious National Rural Health Mission](#)

Health governance

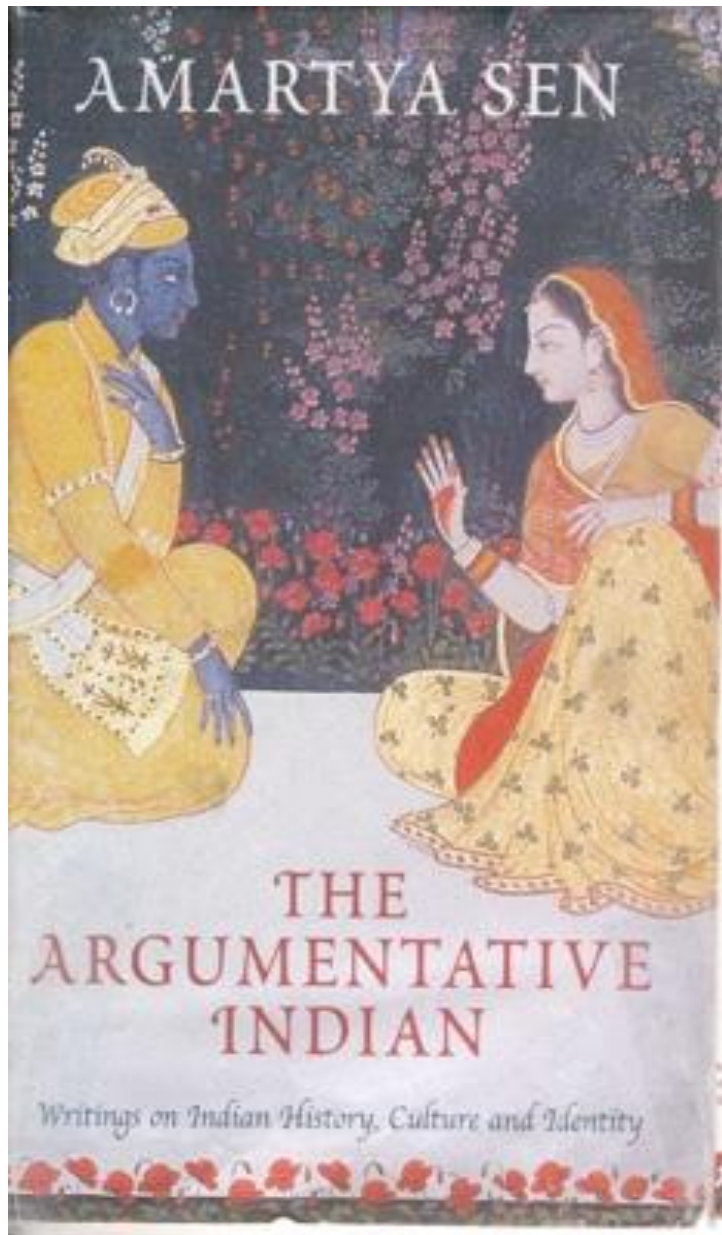
[Health minister acknowledges rampant corruption in the Medical Council of India; vows action](#)

[Health campaigning group calls for action on corruption in India](#)

Regulation

[Investigation: The truth about cash for referrals](#)

[Editorial: The General Medical Council and doctors' financial interests](#)

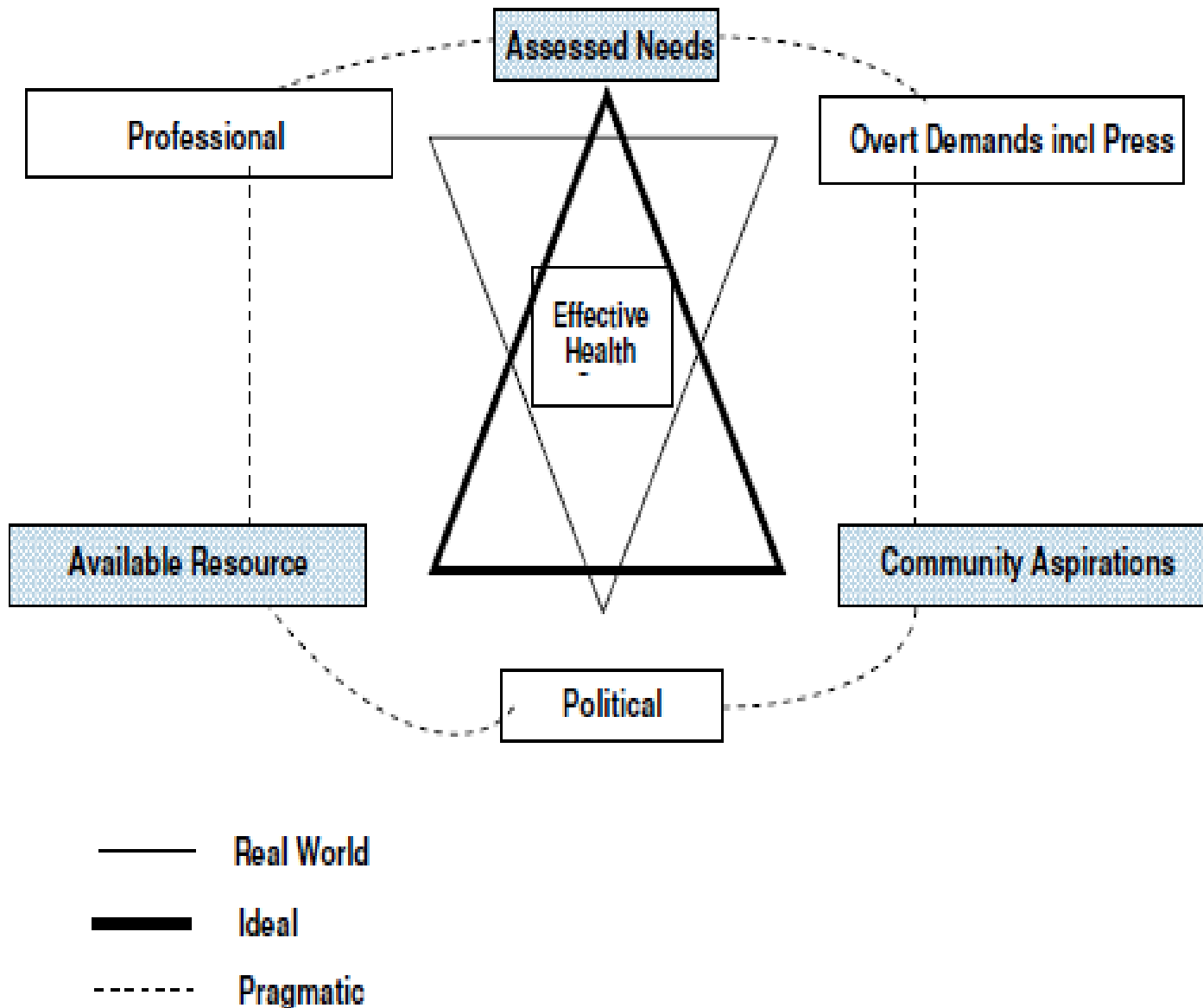


Poverty and Social Opportunity

Yet even a hundred Bangalores and Hyderabads will not, on their own, solve India's tenacious poverty and deep-seated inequality. The very poor in India get a small – and basically indirect – share of the cake that information technology and related developments generate. The removal of poverty, particularly of extreme poverty, calls for more participatory growth on a wide basis, which is not easy to achieve across the same barriers of illiteracy, ill health, uncompleted land reforms and other sources of severe societal inequality.

At the
end of
the day,
it is
what it
is.

Figure 1: Making Policy: The Various Approaches

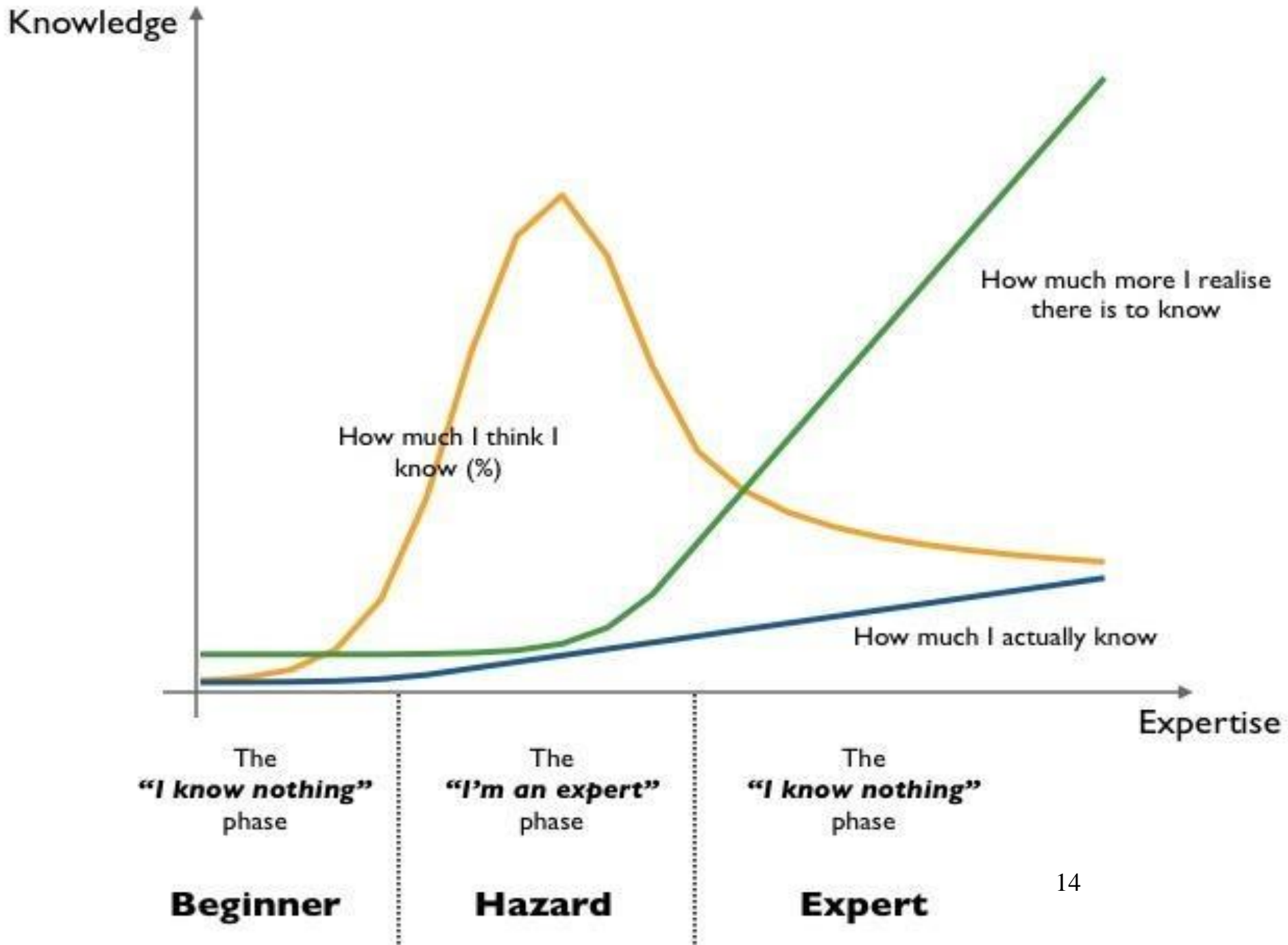


“Appearances to the mind are of four kinds.
Things either are what they appear to be;
or they neither are, nor appear to be;
or they are, and do not appear to be;
or they are not, and yet appear to be.
Rightly to aim in all these cases is the wise man's task.”

Epictetus

GIVEN ONE HOUR TO SAVE
THE WORLD, I WOULD SPEND
55 MINUTES DEFINING THE
PROBLEM, AND **5 MINUTES**
FINDING THE SOLUTION.





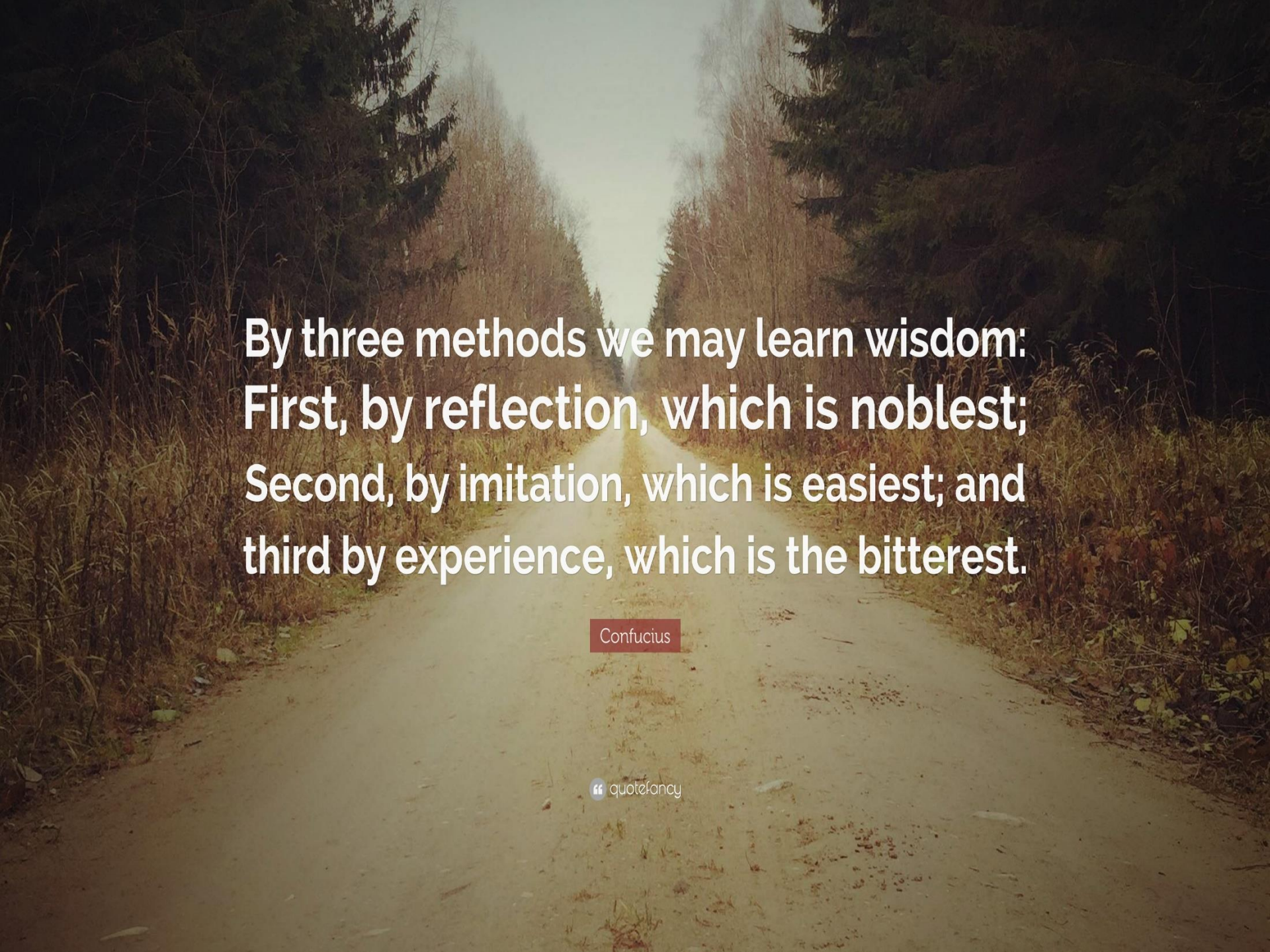
HOW DO YOU DIVIDE
17 POTATOES BETWEEN
4 PEOPLE?

MASH 'EM.



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A dirt road winding through a forest. The road is light-colored and leads into the distance. On either side of the road, there are tall, dry grasses and some evergreen trees. The background shows a dense forest of trees, some with bare branches and some with green needles. The sky is overcast and grey.

**By three methods we may learn wisdom:
First, by reflection, which is noblest;
Second, by imitation, which is easiest; and
third by experience, which is the bitterest.**

Confucius



History says, don't hope
On this side of the grave.
But then, once in a lifetime
The longed-for tidal wave
Of justice can rise up,
And hope and history rhyme.

Seamus Heaney

How does one actually carry out a work of social welfare?

How does one unite individual endeavor with the needs of society?

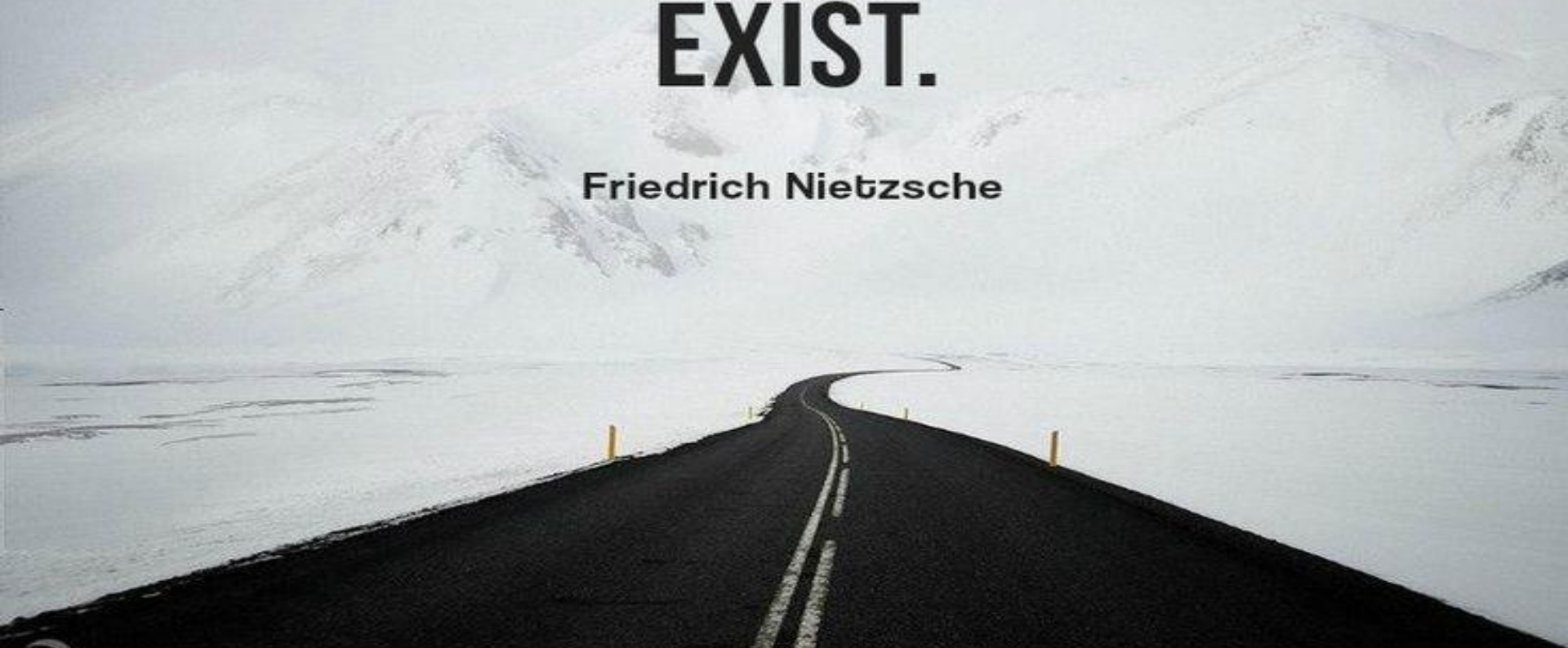
For this task of organization, as for all revolutionary tasks, fundamentally it is the individual who is needed. The revolution does not, as some claim, standardize the collective will and the collective initiative. On the contrary, it liberates one's individual talent. What the revolution does is orient that talent. And our task now is to orient the creative abilities of all medical professionals toward the tasks of social medicine.

*For the vision of one man lends not its wings
to another man.*

Khalil Gibran

**YOU HAVE YOUR WAY. I HAVE
MY WAY. AS FOR THE RIGHT
WAY, THE CORRECT WAY, AND
THE ONLY WAY, IT DOES NOT
EXIST.**

Friedrich Nietzsche



Exercise

- What have I learnt today?
- What do I need to do next?

RaMa Reflections

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