

APPROACHES TO HEALTH CARE; CUBA AND CHINA

Political comparison of China's and Cuba's health care systems

Note: This comparison reflects China's health care system up until recently. Since Mao's death, the pendulum has rapidly been swinging back toward greater professionalisation and Westernisation.

CHINA.

Decentralised approach, health care is everyone's right and also everyone's responsibility. Begins from a solid base in the community and builds on pre-existing community strengths.

Barefoot doctors are the keystone of the health system, especially in rural areas.

They are;

- selected by the local community
- accountable to the community
- given ample medical responsibilities.

Decreased professionalisation of medicine, conventional doctors

CUBA

Centralised approach, health care is everyone's right and the state's responsibility. Begins by nationalising all medical facilities, merging big hospitals and extending professional outreach.

Doctors are the keystone of the health system, including rural areas. They are;

- selected by the state
- maintained by the state
- accountable primarily to the state
- give almost no medical responsibility to community workers.

Increased professionalisation of medicine, doctors given great

seen as members of a small, powerful elitist monopoly and an obstacle to appropriate low-cost health care that must be surmounted.

Medical schools closed down after the revolution to put full resources into training of community workers.

Traditional forms of healing valued and integrated with modern medicine. Flexible divisions of medical hierarchy; health workers who do well can readily advance to become doctors.

Self-reliance at local level encouraged, all doctors rotate to rural areas where their primary responsibility is to teach and back up local workers.

Many medicines produced locally in small cottage industry.

Medical services largely financed by local communities.

prestige, special privileges, exclusive right to make medical decisions, and power to run and plan even non-medical aspects of the health system.

Medical schools expanded after the revolution to speed up production of doctors.

Traditional forms of healing disparaged and displaced by modern medicine. Rigid divisions of medical hierarchy; lower level health workers must start over again to become doctors.

Self-reliance at local level discouraged, dependence on central system encouraged, all doctors do three years rural service. Their primary responsibility is to provide medical services.

Many medicines produced in the country, in big centralised factories.

Medical services completely financed by the state.

Result: western medical science and traditional Chinese medicine radically transformed and grafted together.

Political decision making: major policy decision centrally and undemocratically made. At times coercively implemented.

Result: conventional western medical system intensified and reformed - not transformed or joined with traditional medicine.

Political decision making: major policy decisions centrally and undemocratically made. At times coercively implemented.

David Werner. From Health care in Cuba today - a model service of a means of social control or both.

INTERESTED IN RURAL HEALTH CARE?

The Health Services Development Unit (HSDU) at Tintswalo Hospital (near Acornhoek in the Eastern Transvaal) is involved in the following programmes:

- Training Primary Health Care Nurses
- Writing Student and Teaching Guides for PHCN training.
- Continuing Education and Support for PHCN Graduates.
- A Clinic Service Development Programme.
- Health Work with a Village Womens Group.

We have four posts that we wish to fill in 1985. Two of these will be filled by doctors. The other two are open to any health workers, including doctors.

Successful candidates will have some of the following qualities:

- Some clinical experience.
- Knowledge of the disease pattern in rural areas.
- An understanding of the social and economic causes of disease in rural areas.
- A commitment to providing good health care in rural areas.
- Some skill in adult education.

The posts are vacant from the beginning of January 1985, but can be held open for successful applicants who need to start later.

The posts will be contract posts within the Department of Community Health, at Wits Medical School. Salaries will be negotiable depending on qualifications and experience.

For further information contact Cedric de Beer at (011) 647-2269 or Professor John Gear at 647-2551 or 647-2051.

Submit applications with a curriculum vitae and names and addresses of two referees
Professor John Gear, Department of Community Health,
Medical School, York Road, Parktown 2193.

