What is Medical?

practitioner is high in this type of treatment. Even in Tamil Nadu there are so many like Atchampathu where traditional medicines are practical not for business but for the 'beneficence' of the patients.

Orthopedics Cure Poosaripatti

There is a village named Poosaropatti which is about 80 km west of Madurai city in India. This has been practiced since 1750 AD. The traditional practice for all types of bone fractures adhering to the principles of bioethics is one of the numerous examples of Indian Traditional Medicine. The patient who suffered a bone injury is brought to the traditional practitioner. Both the patient and the practitioner sit on the floor. The practitioner sees the nature of the fracture and does some physiotherapy to put the bones in the right position (without the aid of the x-ray). The patient is bound over with a bandage in the afflicted part of the body. After 24 hours from the time of putting the bandage locally made oil has to be applied for another 20 to 30 days. If the patient is an aged person special oil is applied. The cure for the bones is almost achieved within 42 days depending on the nature of the fracture. The maximum fees charged do not exceed US$ 25 in any case.

The bioethical lesson that has to be learnt from these traditional practitioners is:

1. The treatment is economical (doing good to all irrespective of wealth)
2. The patients are not treated after sunset because, they say that if the patient is treated after sunset he/she cannot bear the pain as some pain killing injections have to be administered immediately for which there are no provisions in this village or in the nearby villages. They do not put injections to the patient. This is practice of high ethical standards.
3. The practioners maintain an impartial relationship with the patients (Justice).

Conclusions

The sad news about this type of treatment done in Atchampathu is that almost all the practitioners are affected by some kind of bodily ailments especially skin diseases. These practitioners sacrifice their lives for the betterment and harmonious living of patients affected by hepatitis. It is our ardent desire to take up this work exhaustively and find the scientific reason behind the skin diseases of these practitioners, which is an ethical concern of us who live here in the Atchampathu village. We would like to conclude that as we envisage the field of diseases and medicines, if western practitioners can take the good from the traditional practitioners, human beings pertaining to the lower strata of the developing countries will not be at loss with infections diseases and it is never late for us to turn back and move forward.

Acknowledgment

The tireless work of Mr. S. Kethirapalu of Atchampathu village is highly appreciated for his narration of the history of the village and taking us to different parts of the village. We appreciate Mr. Mani who is a traditional practioner for bone fractures of the Poosaripatti village for narrating the history of the practice.

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What is Medical? Reflections from clinical viewpoint and experience

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To discuss on "what is medical?" is almost the same as to discuss "what is medicine?". Medicine is a product of human society and civilization, and always changing – usually developing but sometime degenerating and retrogressing.

Medicine relates very closely to natural factors such as climate, biosphere and human factors such as economy, politics, religion, philosophy, ethics and so on.

The aim of medicine is usually said to be: (a) to improve the health of people; (b) to achieve prevention of preventable diseases; (c) to detect and treat diseases in curable stages; (d) to turn incurable diseases into curable ones; (e) to minimize unnatural and unwanted injuries and deaths of people.

However, there are many other definitions of what is medicine. Someone says "medicine should cover whole fields of health and disease, not only of humans, but also of animals and plants, furthermore of water, air, earth and space. On the other hand, among health care specialists medicine means very often "internal (non-surgical) diagnostic and therapeutic methods" or "modern scientific pharmacies".

I am neither a bioethicist nor a philosopher but a clinician, more exactly a surgeon, radiologist, and

a pathologist. During WWII, I was a medical student in Sendai, Tohoku University School of medicine. After WWII, I trained mainly in Department of Obstetrics and Gynecology, Tohoku University School of Medicine, and thereafter, I worked as a teacher and a practitioner in Hirosaki University and her related hospitals around 40 years. This paper is based on my own experience.

"Medicine" and "Health Care"

Today, the term "health care" is more common, and is used more widely in Japan than "medicine" not only in the public language but also among physicians.

The Three Sectors of Health Care

In a wider sense, health care can be classified into three sectors. They are the popular sector, the folk sector and the professional sector. Since the 1870s in Japan, the professional sector of health care was done under the strong influence of Germany and U.S.

In the popular and folk sectors health care remains up-to date very widely. They are Shintoistic practices of rinsing the mouth, washing fingers and hands, sprinkling by the use of salt and/or salt water, purification of whole body in the baths, in running streams or river, or under a waterfall.

Probably the most important hygienic habit among Japanese people is to take off their shoes when they come back to their homes, and when they visit shrines, Buddhism temples, Japanese restaurants and so on. One of the reasons why we Japanese succeeded to realize the longest life expectancy is this habit.

3. Specialization of Postwar Medicine

When I was a medical student, in Tohoku University School of Medicine, only 22 professors taught us. They were specialized in anatomy, histology, physiology, biochemistry, pathology, bacteriology, hygiene, pharmacology, medical jurisprudence (law medicine), internal medicine, surgery, obstetrics and gynecology, pediatrics, ophthalmology, otorhinolaryngology, dermatology, venereal diseases, and psychiatry. On the other hand, departments of X-ray and radiology, and of orthopedics, and Institutes for Tuberculosis and Leprosy, and Institute for Space Medicine were founded in 1942. But after WWII, specialization progressed greatly, and today in Tohoku University Hospital more than 60 professors are working and teaching.

More exactly, after WWII, under the strong influence of American medicine, more than 30 specialties were newly founded. They are: Clinical Diagnostic Center, Surgical Operation Center, Perinatal and Peripartum Center, Radiological Center, Rehabilitation Center, Intensive Care Unit, Departments (hereafter "D") of Anesthesia, D. of Thorax Surgery, D. of Brain Surgery, D. of Cardio-Vascular Surgery, D. of Reproductive Medicine, D. of Nuclear Medicine, D. of Molecular Biology, D. of Cellular Biology, D. of Nuclear Biology, D. of Cellular Pharmacology, D. of Geriatrics, and D. of Perinatology.

4. Health Care policy and Medical Education in Japan

Since the Meiji Restoration (in 1868), the Japanese Government took a policy of De-Asiatification and Euro-Americanization (脱亜入欧). And health care was controlled by the Domestic Ministry (内務省) while education of doctors, midwives and nurses were organised under the direction of Ministry of Education (Culture and Science 文部省). Up-to 1937, we had no Ministry of Health and Welfare (厚生省).

To obtain a license of a doctor, we must study in and graduate from a medical university or college, and from premedical course in high school where Ministry of Education authorized.

The old Domestic Ministry consisted of eight departments. They were departments of national security police, local administration and economy, construction of roads, bridges, harbors and so on, issues relating to shrines and religious, geographical studies, finance, and public health and hygiene. For a long time, the main subjects dealt with by Department of Public Health and Hygiene of Domestic Ministry was prevention and control of infectious diseases such as cholera, pest, measles, diphtheria, typhus abdominals, leprosy, tuberculosis and so on, lowering of *Kakke* (脚気) patients and infant and maternal mortality, and the elevation of national nutrition level.

In 1937, however, under the strong influence of Nazis in Germany and at the request of the Army who hoped to have more healthy youngsters, the Ministry of Health (and Welfare) was founded. Needless to say, the Ministry of Health (and Welfare) was placed under the strong control of Japanese Army. From July of 1941 to July of 1944, the seat of Minister of Health (and Welfare) Ministry was occupied by Army General.

After WWII, the Ministry of Health (and Welfare) metamorphosed into today's style of a Central Government Office for the health and welfare of whole Japanese people from the time of being an embryo/fetus to senile/later high-agers, along a line of Post-war Constitution, especially of Article 25.

5. The bright and dark side of Modern High-Tech Medicine

Modern medical technology such as X-rays, magnetic resonance imaging (MRI), computed axial tomography (CAT) scans, and advanced fiberscopic technics has radically not only altered our sense on the human body and clinical practice, but also changed the doctor-patient relationship and health-care economy.

Modern high-tech medical technology has had major social and economic costs for those who use it. It is increasingly expensive to buy, to operate, to maintain and repair. It needs specially trained technicians, maintenance workers, repairers and supervisors, as well as a constant supply of electricity and a reliable source of spare parts.

On the other hand, diagnostic technologics has also led to the creation of a new tier of 'patients'. These are the products of (diagnostic) technology such as strips of ECG paper, X-ray plates or printouts of blood tests. Sometimes they are the focus of more medical attention than the patients themselves. For some health professionals these 'paper patients' are as interesting - or even more interesting – than the patients themselves. Abnormalities can now be detected by these machines at the cellular, subcellular, biochemical or even molecular level, even when patients have no clinical (or abnormal) symptoms at all.

Indeed now, high-tech medical machines are playing role of physicians very often. Doctor-patient relationship is now revolutionarily changing. A new Doctor ― Expensive High Tec ― Patient triangle relationship should be established. Needless to say, how to maximize the number of enjoyable people is the most difficult problem.

6. The "Crisis" in Today's Medicine

Here I would like to introduce an outline of excellent description of Prof. Cecil G. Helman's *"Culture, Health and Illness"* (2007, page 104-5).

Today many believe that modern (Western) biomedicine is in crisis despite its many successes in preventing and treating disease, alleviating suffering, and increasing life expectancy. In recent years a growing public dissatisfaction has been reflected in increasing complaints against doctors, and litigation, media campaigns against the medical profession, and the increased popularity of non-medical and alternative healers.

There are several reasons for this. Modern medicine has largely eradicated the major killer infectious diseases in most Western countries and prolonged life-expectancy increased. However, as a result, more people are now living long enough to suffer from the chronic diseases such as diabetes, hypertension, cancer, arthritis, neuro-muscular disturbing, mental disorder and so on. Now we are living in an era of "revenge of the chronic".

At the same time, the costs of medical care are growing because of the escalating costs of hospitals, modern high-technology, drugs, medical bureaucracies, staff salaries, training, litigation and malpractice insurance. In most societies these rising costs exaggerate the effect of the unequal distribution of health resources in the population, dividing them even further into those that can afford full medical care and those that cannot.

Doctors in Western medical system are under going major changes in their traditional roles and in what is expected of them. Like other health professionals, doctors are now expected to be competent in a wide variety of roles. These include those of manage, education, computer specialist, bureaucrat, government (or medical insurance company) employer, technologist, writer, financial expert, businessman, judge, ethical expert, advocate for patients, family, friend and confident, as well as healer.

Often they are expected to behave as secular 'priest', in their own 'temples of medical science', even when they have no pastoral training to do so.

7. Roles of Health Care Professionals, Especially of Doctors

Health care professionals, especially doctors, are now expected to be competent in a variety of roles. These include those of being a manager of health care facilities or of hospitals, educator of medicine, excellent biomedical scientist / technician, computer specialist, biomedical ethicist, health-care bureaucrat, health insurance system specialist, health-financial specialist, and a protector of human rights, especially of patient's rights.

In many countries, furthermore, many doctors believe that "protection of environment, avoidance of terrorism, and abolition of mass-destructive ABC-weapons" are all their professional obligations.