

To dr. Laurent J. G. van der Maesen

concerning:  
your letter, July 9th

Witsch, July 1997

Dear Mister van der Maesen,



Thank you for your letter.

It has been a pleasure for me to participate  
in the ~~seminar~~ <sup>Fundação Cuidar o Futuro</sup> of your ~~text~~.

I will send you the ~~main~~ <sup>text</sup> ~~text~~ of my  
contribution ~~at the beginning of~~ <sup>in the first half</sup>  
~~September~~, as I have still a few commitments  
to fulfil and have to take some holidays after that.

In relation to your question on  
"any not payed costs" I feel free to ask you  
to consider the following problem:  
Travelling to and participating in conferences  
and seminars in different places in Europe  
always mean an extra amount of costs  
over "regular activities" of the person

We mentioned urban bias. In India, the rural areas holding 70 per cent of the population must make do with 30 per cent of the country's physicians and 30 per cent of the health budget.<sup>16</sup> In many countries rural folk are simply beyond the reach of even emergency services. In Zimbabwe 33 per cent of rural women are more than an hour distant from the nearest health facility (against only 2 per cent of urban women). The average percentage of urban population with access to water was double that of the rural inhabitants; in Africa the ratio is 2.8 to 1.<sup>17</sup>

The Commission recommends that, in countries where such imbalances exist, resources for discretionary clinical services be shifted into public-health and essential clinical services. Additional resources should be allocated to health and water budgets in order to expand service to rural and urban-squatter areas until equal access has been achieved. (See Table 00, Chapter 2, on comparative living conditions in Manila's slum and non-slum districts.)

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The strong emphasis of the primary health-care model on prevention and self-help is also far from becoming reality. Most ailments, everywhere, are preventable -- whether by governmental action (immunization) or community campaigns (water and sanitation) -- but most can be prevented by *people* via hygiene, healthy nutrition and practices such as breastfeeding.

The health sector needs, indeed, a sea-change in attitudes towards treatment of patients. Patients are often given medication without being told why, or what possible side-effects might follow -- treatment often meted out to the vulnerable: women, the poor or uneducated, ethnic minorities. Required are major reforms in medical education and training, and the devising of quality-control systems to ensure that patients are given meaningful information about their condition and proposed treatment. They should be offered choices and treated with dignity and respect as partners in their own health care.

*Professional competence v. cultural non-communication*

## Fundação Cuidar o Futuro

*The doctor did not speak directly to me, and I was often given medication that I did not need or want. No one explained the benefits or side-effects of the medication.*

Jeannette McDonald, United States

*The patient must have the ability and flexibility to make appointments and to visit various health-care providers. Many immigrant and refugee populations do not have the tools to gain access to the system. There is a lack of culturally appropriate practices on the part of the provider. This is perpetuated by a system of medical education in which cultural awareness is almost entirely absent.*

Mary Chung, United States

*People of different culture and language are consistently discriminated against, and are being given delayed or dangerous treatment because of the lack of communication between provider and patient.*

Luz Alvarez Matinez, United States

The conventional ideal of the modern, super-equipped hospital with its teams of specialists ready to back up family physicians is a near-universal dream. But, whether a country is industrialized or industrializing, the formula may be counterproductive. When people fail to obtain community-level help for simple complaints, they tend to overburden the hospitals. Alternative medicine and the application of caring to healing processes, therefore, urgently need to be integrated within the system.

The gearing of international assistance in health delivery needs also to be oriented to basic, preventive health, especially since it influences health policy at the national level. In 1990 overall development assistance made up 2.8 per cent of the developing countries' total expenditures

have to go on, too and a lot of money  
is spent - among other things - with  
communication (faxes, telephone etc.)  
When possible a fee payed by the organiza-  
tion that invites the person is, of course,  
a great help to cover these extra  
costs.



Regarding your question on the translations  
of the Declaration I would like to  
receive <sup>at least 15</sup> ~~some~~ exemplars ~~both in~~  
English + 15 in French to give to social scientists with  
whom I am acquainted.

~~During the month of July / August  
you can contact my secretary  
in Paris, who can provide you with~~

Whenever the Board of the Foundation  
decides to ~~provide~~ <sup>pay</sup> some financial  
~~support~~ <sup>extra costs</sup> you can contact my  
secretary in Paris ~~until~~ the  
end of July: M.<sup>me</sup> Brunel.

Thank you for your attention  
with my best regards



