

I. Paramedical-- The Search for a Definition

A term which can satisfactorily be applied to the non-doctor cadres involved in health care has yet to be found. Among those often used are "health and auxiliary personnel", "allied health personnel", "non-physicians", "aides", "assistants", "auxiliaries" and "paramedicals".(3) Of these paramedicals appears to be the most widely used, though it is not without its drawbacks. While essentially the term may be applied, loosely, to all non-doctors engaged in health care, some cadres, particularly the nurses and midwives, have objected because they are professionals and hence the term "paramedicals" downgrades them.

The use of the prefix "para" in relation to "medical" is perhaps an unfortunate one, as it connotes "having an ancillary status or function".(4) "Ancillary" itself is defined as "subservient, subordinate".(5) It is also, unfortunately, becoming common to describe these cadres of medical and health workers as "physician surrogates" or "physician extenders". This produces the impression that they are "second best". These impressions are contradicted by current thinking on the subject which looks upon paramedicals neither as subordinates nor as inferior but as important members of the health care delivery team.

As it has been observed:

Although paramedics were first introduced in some places as second best to the unobtainable fully-trained physician, thinking has now moved away from this in recent years, and paramedicals can now be considered as professionals in their own right, with quite different skills and priorities from those of the doctor. Paramedics are no more second best to doctors than a primary school teacher is second best to the university lecturer, and they have an important role not only in the rural areas of poor countries, but also in the cities and towns of the industrialized areas of the world.... (6) (emphasis in original).

Nevertheless, as we shall see throughout this study, these newer notions have yet to be taken over into the law. It is largely for this reason that this study has been undertaken. The following categories(7) may be regarded as paramedicals for purposes of this study.

1. Health workers with formal training

These workers have had basic education, followed by specific training in medical and health care. The group would be comprised of nurses, nurses aides, midwives, inoculators and other trained non-doctors who work in government and private health programmes. To date their work has been principally urban-oriented in hospitals or clinics and they work under the direct supervision of doctors. More of these personnel are being pushed into rural service where the supervisory lines are extended.

2. Primary health workers

These workers are an emerging cadre. Some are known as auxiliaries. They will have had varying amounts of basic training, but with special training in primary health care, they can return to their communities and make significant contributions to health care. These may either be stationary or itinerant but they focus on villages normally cut off from medical services.

3. Traditional health workers

These are workers who deal with the traditional forms of medicine or health care. The group is composed of such disparate elements as Ayurvedic physicians, traditional birth attendants, bone setters, snake bite specialists and even witch doctors. With the exception of the Ayurvedics, these workers usually lack any form of basic education and most often learn their skills empirically, from personal experience.

As we shall see presently, there exists a great deal of legislation, and regulations, relating to most of the paramedicals in category 1. There are some exceptions, however, and the auxiliary workers are among those. Legislation for category 2 is virtually non-existent, though some regulations may be developing which define what they must do to "qualify" and what types of activities they can undertake. Save for the Ayurvedics (and some other practitioners of indigenous medicines), workers in category 3 practice at the margins of, if not outside, the law. Their speciality is largely "folk medicine" and as such they are not treated as part of the Westernized medical and health care establishment. Not surprisingly no legislation applies to them, except to bar their activities.

The categories of the health service personnel which we place under the rubric of "paramedical" for the purposes of this study are those who do not have full medical qualifications but who may be required to undertake primary health care duties which in the past have been performed only by doctors. Though the list is not complete, such personnel as medical assistants, clinical nursing staff, public health nurses, auxiliary nurses, rural medical aides, maternal and child health staff and midwives are considered "paramedicals" here. The focus of our interest then is essentially non-doctors who are capable of doing "doctor-like" work in primary health care.

The 'paramedical professions' in some countries have taken on quite a different statutory definition. It has come to be applied to persons engaged in such diverse fields as chiropractics, medical laboratory technology, occupational therapy, optometry, ophthalmic dispensing, physiotherapy, psychology and radiography.(8) These 'paramedicals' are beyond the scope of this survey. We borrow again from Lewis Carroll who has Humpty Dumpty saying, 'When I use a word, it means just what I choose it to mean--neither more nor less.' In this survey 'paramedicals' means what we have chosen it to mean.