

## Introduction

At one point in Through the Looking Glass, Lewis Carroll has Alice complaining incredulously to the Queen about the fact that they seemed to be getting nowhere though the two had been running side by side for quite some time. Befuddled by the turn of events, Alice volunteers that if they had been running that fast in her country "You'd generally get to somewhere else". The Queen is heard to retort, somewhat indignantly, that in her realm one must run that fast just to stay in the same spot. Then she added, "If you want to get somewhere else, you must run at least twice as fast!". The parallels between the scene described by Carroll and what has come to be known as primary health care\* are striking. Though programmes around the world have been running for years, the pace has not been such that they have got "somewhere else." There is nothing new in this.

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\* There are a number of elaborate yet unsatisfactory 'definitions' of the concept of primary health care. For our purposes primary health care, simply put, is health care which can be diagnosed and treated on an ambulant basis. The words health care, of course, have a very broad application and encompass a number of activities which are easily recognized as health-related. Sanitation and water purification are examples. We will not devote attention to these. Our interest centres on health care given to individuals. As the survey progresses it will become apparent that what we are discussing is, for the most part, the "medical" aspects of health care - "primary medical care" if you will. To crib from the Recommendations of Alma Ata this would involve at a minimum: "maternal and child health care, including family planning; immunization against major infectious diseases;. . . appropriate treatment of common diseases; and provision of essential drugs." Recommendation 5, ICPHC/ALA/CONF.DOC./1 Rev.1, p.9 (1978). The essential characteristics of primary health care are well-established. These are: primary and intimate contact with the community, an adequate range of services, coordination of those services, a capacity for health assessment of both the individual and the community, a continuity of care, a progressive care support structure, a family orientation and a non-institutional outlook. Letter to the Editor (Declaration of Alma Ata, N.R.E. Fendall), Lancet, ii. p. 1308 (1978).

We live in an era of shortages. These affect health care delivery systems as much as anything else. To point out that financial resources are altogether too meagre, supplies too few, services too inadequate and manpower too scarce to meet the minimum health care needs of the people in the world is to repeat what has been said many times before. Because of this, it is ever more apparent that the resources that are available must be utilized with greater efficiency, and in ways which maximize the availability of health care services. In short, not only must the running be faster, it must also be more efficient.

Yet despite the rather gloomy state of affairs there are few who would remark as Alice did when urged to run faster, "I'd rather not try, please!" At long last the world community appears to have recognized this. The recent meeting in Alma Ata on primary health care may be taken as a sign that the world community is prepared to run faster in its efforts to provide adequate health care to the world's population, though the goal set there of "Health for all by the year 2000" will probably remain illusory well into the next century. Goals are one thing; methods of achieving those goals quite another. The strategy developed at Alma Ata on primary health care (1) was prefigured by discussions at the Fourth Commonwealth Medical Conference. There one of the leading papers said of the development of health care programmes:

First priority should go to the delivery of primary medical and health care at village and neighbourhood level. Much sickness today is relatively easily diagnosed and routinely treated -- indeed in a sophisticated society is self-diagnosed and self-medicated at the local drug store or pharmacy.(2)

It is no secret that much of what is done in the way of providing medical and health care requires, either as a matter of law or practice, the intervention of a doctor. As far as who can do what, legislation in the main is restrictive; it has created a form of closed shop. Yet the use of paramedical\* personnel to undertake clinical and other health work, traditionally thought to be the responsibility of doctors, is increasing. The roles non-doctors fulfil are expanding. In many Commonwealth countries this has been recognized as the only practicable way of bringing health services to a greater percentage of the population. These roles are affected, to be sure, by a number of factors-- medical and legal, as well as cultural and political. Any attempt at expanding the roles of paramedicals stands a chance of encountering hindrances of all types. Before the roles are set, these hindrances will need to be overcome. It also carries with it the need, stressed at the Fourth Commonwealth Medical Conference in 1974, to ensure that the personnel involved are afforded the appropriate degree of professional freedom and legal protection, and also that the public are protected against inexpertly delivered health care.

This survey will focus on the types of medical/legal considerations which are sure to affect attempts to expand the roles of paramedicals. It will examine the medical/legal regimes governing the activities of paramedical personnel in such areas as clinical work, obstetrics,

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\* For an attempt at a definition as to what is meant by "paramedical", at least within the context of this survey, see below.

minor surgery, family planning, vaccination and immunization, emergency care, the prescription of certain drugs, medical examinations required by public authorities and employers, forensic police work, notification of notifiable diseases and the issue of birth and death certificates. Laws and regulations pertaining to medical and health care practice generally are the principal concern. An attempt will be made to juxtapose the experience of countries with relatively few legal restrictions on the use of paramedical personnel with those of countries with greater restrictions, all with a view to assessing the impact of the different restrictions on the availability of health care. These, in turn, will be evaluated in the light of the pressing need for more extensive use of paramedical personnel. It is hoped that out of these will emerge a list of alternatives for eliminating the harshness of the legal restrictions on paramedics thereby facilitating the expansion of their roles by providing them with appropriate legal backing. The ultimate goal of such an effort is to enable health care to reach those who are not currently receiving it through those who are not currently authorized to provide it. Some of the latter group may have been trained in various primary health care functions but lack the legal authority to perform them. Both the purveyors and the consumers of health care need protection.