

Conclusion

In the way of conclusion, we offer the following as summarizing guideposts.

First, whether to expand the roles of paramedical personnel or not is not a legal decision. It is a political one, that is to say a matter of national health policy. To be sure any decision of this sort is not without its legal elements, but if the will to change the current system controlling health care delivery is lacking, laws and regulations will not be changed. Such decisions as these are made within the context of each nation's needs and priorities. There is no ideal model that will work in all situations to fulfil the health requirements of each country. There are in existence, however, many suitable approaches which may solve the problem of ill-suited health care systems. The expanded use of paramedical personnel is one of the solutions. And many countries are awakening to this fact.

Second, in view of the difficulty created by the terminology used to describe these workers, their vital role in providing medical care to the vast majority of the population, and the existing rigid barriers separating the doctor and the paramedical, it may be necessary to completely re-evaluate the medical care delivery system. The whole medical care delivery system should be reviewed and redefined so that we may evaluate precisely what is "doctor's work" and what is "non-doctor's" work. Thus, by detailed job description on which training will be founded, we will be able to deliver medical care not through a conglomerate of "second bests" but through the best man or woman available to provide the specific function required.

Third, the team approach to medical care must be developed with no team member being required to work in isolation. Two types of teams are required: the primary health care team and the referral health care team. The former in turn would consist of two types of teams depending on the state of development of the health services system. One would consist mainly of "auxiliaries" with a few "paramedics" and a few physicians, whereas the other would consist largely of physicians and paramedics with a very few auxiliaries.(89) The primary health team provides medical care on an out-patient basis -- both preventive and curative care -- and will be reinforced with the other necessary components of health care such as sociological care and, where necessary, educational and agricultural advice. In the developing world, this team will care for the great majority of the "sick" and will operate from rural and urban health centres, clinics, surgeries and hospital out-patient departments. The referral health care team will be principally concerned with patients admitted to hospitals but will also act as a back-up and consultation service to the primary health care team.

Fourth, one of the barriers to the expanded use of paramedics comes from within the medical profession itself. As Dr Mahler has noted, one of the constraints on WHO's efforts in primary health care is the "vested interests of the medical profession which still hangs as a cloud over many of the things we do".(90) On the whole, doctors, as well as lawyers, are a somewhat conservative lot. Some of that conservatism is not without reason. But recent attempts to bridge the gap between the level of available medical

technology and the level of health care received by a majority of the people in the world has had a rather unsettling effect on the profession. As doctors are the ones who largely control the practice of medicine, it is relatively easy for them to influence policy makers on matters concerned with health care.(91) What is considered good medical practice by the profession as a whole may tend to support the creation of unrealistic and impractical standards for primary health care at the local levels. Standards for the level of health care need not be universal. Common sense dictates that they be adapted to the local setting, not based on the level of practice possible in the relative sophistication of the hospital. In order for paramedicals to fulfil their full potential, some of the attitudes of the medical profession will have to undergo a change. At the same time there is little need to alienate the profession.

Fifth, wider use of the paramedical is no self-effectuating panacea. It is one element of a larger scheme of solutions that fit under the heading of health care policy. To the extent that the goals of health care policy are furthered by authorizing paramedicals to take up a more active role, it makes sense to adopt a policy which allows them to do so. The arguments in favour of paramedical use appear to us to be both cogent and realistic. But in order to implement the policy, existing impediments must be removed. This is where law becomes an important factor. As we have seen, the legal constraints on expanded paramedical involvement in the area of primary health care are considerable. Before paramedicals can effectively be used, the legal uncertainties relating to the practice of medicine, in general, must be scrutinized and eliminated. This will mean that statutes and ministry regulations will have to be changed. Given the present state of affairs, this is where the law can make an important contribution.

Sixth, a growing number of international symposia and organizations, both public and private, and national governments have in the past five years been advocating that laws relating to primary health care be analyzed and brought into conformity with the human right to health. One of the more effective ways to make this human right meaningful in the real world is to reform the law concerning the roles of paramedicals in health care. It is one way of ensuring that primary health care programmes "run at least twice as fast".

Seventh, insofar as the laws affecting the roles of paramedicals in primary health care are concerned, the following measures should be taken:

1. Laws and regulations should be analyzed in each county's setting to determine how they affect the roles of paramedicals.
2. Where the law impinges on paramedical practices, and where it is desirable to expand the roles of paramedicals, the appropriate laws and regulations should be changed.
3. Where roles are expanded, laws and regulations need to provide clear legal authority to paramedicals.
4. Laws and regulations having to do with health care need also to fulfil one of their essential functions, that of ensuring that the recipients of care are protected. For this reason laws and regulations must provide for adequate training, supervision and referral services.