

Guest Editorial

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I am honored to have this opportunity to write a guest editorial for the first issue of the Pacific Health Dialogue, a new journal that will provide a forum for the exchange of health information in the Western Pacific Basin.

As I reflect on the years that I have been involved with health matters - as a medical student, as a provider of clinical services, as a director of a health department, as President of the Micronesian Medical Association, as the head the Pacific Islands Health Officers Association, and as the Secretary of the Department of Human Resources in the Federated States of Micronesia - I can remember many, many pages of information concerning health in the Pacific Islands. There have been various newsletters, studies, reports, and articles dealing with the region's health issues, but there has never been a publication that

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had the potential to tie everything together, to promote wide discussion and the exchange of information and ideas, and to give the many health professionals in the region a venue to inform other interested parties about what is happening with regards to health in their corner of this vast ocean.

The Pacific Health Dialogue will fill that void and I think the time is very appropriate for the PHD to appear on the scene.

I must admit that I have limited experience in writing editorials for inaugural issues of medical journals, so I have reviewed other medical journals to get some ideas. While doing this I began thinking about the links that a medical journal establishes, not only the link between writers and readers, or the geographical link between different locations, but the time links between the past and the present, as well as between the present and the future. Reading an old copy of a journal can give a sense of accomplishment; this or that particular health problem that was discussed in an issue five, ten, or twenty years

ago has been solved or controlled. Perhaps even the dissemination of the information via that particular article played a role in solving the health problem. The past-present link is easily seen and provides us with some perspective on where we were, and how far we have come.

The present-future link is the other side of the coin. The same sense of perspective is there, but from a different angle: we look at how far we have yet to go. We identify and discuss our current health problems, we share data and ideas, hoping that perhaps our words will somehow serve as a catalyst and that some advancement will be realized, some step forward toward the solution of the problem will be made. I do not have ready access to the inaugural issue of any long established medical journal, but I still cannot help but wonder what the writers of those first editorials thought about, because that is what I am presently doing. I am thinking about the future. What will the articles in the PHD be about? It is not too hard to make some educated guesses.

With regard to most of today's medical issues, we can safely say that one of two future courses of action will occur:

1) The issue will no longer be an issue because the problem has been solved, that is, the disease has been controlled or eliminated. There are several past examples of this, poliomyelitis is one, smallpox is another. I

would like to think that many of our preventable illnesses will fall into this category, and I hope that tuberculosis and Hansen's Disease will be two prime candidates.

2) The issue will remain an issue—the problem will continue to exist or possibly get worse. The environmental problems of safe water and sanitation will become increasingly acute as population pressures mount. Non-communicable and cardiovascular diseases are also good examples of problems that will continue to affect/plague Pacific Nations. Our statistics in the FSM show that over the past several years the incidence of both of these health problems has increased and continues to do so.

Many of the health problems that can be considered to be the result of “foreign life-style” influence, such as malnutrition, vitamin A deficiency, hypertension and substance abuse also fall into this second category. We should also consider injuries, in our homes and on our roads and highways, to be a health problem that is going to receive more and more attention in the coming years.

Of course there are seldom any clear cut boundaries between many of these issues. Having sufficient numbers of quality health care workers to ensure that services are provided to small and isolated island populations has been a long-term challenge and continues to be one. All services are affected by the manpower issue. This issue forms the basis for the World Health Organization's "Health for All by the Year 2000" campaign.

Health care financing is a similar across-the-board problem. How is the balance between providing the best health care possible and dealing with the cost of such care to be established? What proportions of the health budget should be allocated to support primary, secondary, and tertiary levels of care? Will the outer-island subsistence farmer or fisherman someday carry a health insurance card?

In this inaugural issue of the Pacific Health Dialogue many of the articles are devoted to Maternal and Child Health (MCH) topics. This is very fitting, in that the health status of the mothers and children in a country, or in a community, is often a barometer indicating the level of performance of the overall health care services available to the general population. These two target groups are the most vulnerable and therefore must be considered the most important in providing accurate feedback as to the effectiveness, or ineffectiveness, of our health care efforts. Almost all of the different health "programs": nutrition, immunization, family planning, dental, environmental protection, substance abuse, deal with health issues that become apparent in mothers and children before spreading to other groups. We must carefully monitor the health status and trends of these two target populations.

One other significant aspect should be mentioned concerning mothers and children. They should be regarded as an important vehicle for getting the health education message to the public. The influence that a mother exerts on the health habits of her children should not be underestimated. These habits become part of the overall value system of the child which carry on into later

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life. If there is one channel to utilize in the development of improved health habits, I believe that the mother-child connection should be it. This is especially true in these times of change in our society that are the result of outside influences that, in many instances, do not reflect our island way of life or the thinking of individuals who have been raised on a small island. In this issue of the Pacific Health Dialogue and in future issues, I hope to see articles that will help our health providers and health educators utilize the MCH connection.

In conclusion, I would like to express my gratitude to all of the people who have been involved with the preparation of the Pacific Health Dialogue. As I mentioned in the beginning of this editorial, the time is ripe for this publication to appear on the Pacific Basin scene, and I wish it much success in the coming years. □

" . . . there is a need for articles that stimulate and challenge thinking and explore new ideas as well as reinforce what may have been known but we have been able to articulate. "
Editorial, The Rehab Journal (Vol. 9 No. 1, 1993)