

## Self-Reliance is the best strategy for development

*Vinod Diwan*

### Introduction

In public health, prevention or a disease is better than cure. This principle is applicable in many aspects of life. However, in recent years, clinical medicine has emphasized cure more than prevention. Power and use of power has something to do with this. Often doctors and other healthcare workers consider the population and patients as ignorant. When a patient question or suggests something related to her/his disease, symptoms or body, often "are you a doctor or I am a doctor" is heard from today's doctors. This attitude in healthcare is prevalent and not limited to doctors. Even nurses could be heard to show such arrogance. This must change. A person knows more about his or her body, how they feel than anyone else, including doctors. The saying "whose body is this" must be respected. Doctors must listen to what the patient is saying and take actions to empower the patient.

For long, PAP smear or conventional cytology is done to identify changes in cervix for screening purposes for identifying cell changes and follow-up for cervical cancer. Today, healthcare workers, including gynecologists and midwives, perform a PAP smear. The idea was that by seeing the cervix via colposcope, both necked eye inspection and collection of cell is facilitated. However, recent research has shown that cervical cancer is associated with infection with Human Papilloma Virus (HPV) and only those with infection develop cervical cancer. Thus, for the purpose of screening, swab from vaginal fluid is taken and examined using Polymerase Chain Reaction (PCR) for specific types of HPV. This development provides several advantages, including social, economic and cultural. As sample of vaginal fluid is easy to be collected by the woman herself using a swab or device, this could be done at home and at time suitable

for the woman. The sample is stable so it can be sent in a test tube and envelop through normal post. The sample examination requires a lab, but there are developments in this area that such examination for HPV can also be done at point of care, for example, in a clinic or doctor's office. This development has made it possible that women self can take swab of vaginal fluid and send it to lab for examination. Several studies have been done with "self-sampling," and results are similar to when a healthcare worker collects sample. In addition, investigation for HPV is a better screening tool than PAP smear. This method is now routine in many countries.

However, India is behind in both testing for HPV as well as in self-sampling. Self-sampling is both practically possible and economical as it does not require traveling to a health facility or healthcare worker. In addition, the method empowers women to be aware of their own body and health. There are few studies done of self-sampling for the diagnosis of HPV in India but they suffer from methodological weaknesses. In addition, it will be important to know the attitudes and perceptions of women for taking sample self. This will help to identify barriers and facilitators for the self-collection of vaginal fluid sample. More research on self-sampling needs to be done to chart its acceptability, feasibility, and effectiveness in the context of the diagnosis of HPV. In addition, objective measurements of the cost-effectiveness of self-sampling are important for accepting self-sampling as a policy. More a person or patient is involved in the prevention, better follow-up and more advantageous to the person and society. Women and men must take responsibility for own bodies, minds and soul. Whose body is it anyway?

**Vinod k Diwan, Professor**

Department of Global Public Health, Global Public Health Karolinska Institute Stockholm, Sweden

**Correspondence to:** Vinod Diwan, Department of Global Public Health, Global Public Health Karolinska Institute Stockholm, Sweden. **E-mail:** vinod.diwan@ki.se

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