Community medicine has gained recognition and momentum in Pakistan but its reflection cannot be seen on the general population in terms of true public health. The teaching institutions are taking this discipline seriously which is evidenced by the fact that the subject of behavioural sciences has been added, more faculty members are recruited and local courses like that of M.P.H. (master of public health) have been commenced. In terms of education, it has improved as we now see many doctors with M.P.H., M.S. Ph.D.s beside the local FCPS and MCPS holders. Credit is however, being given to holders of foreign MPH towards FCPS. The part I of FCPS is now in general medicine which is deterring prospective candidates to take this exam and follow the specialty. The prestigious foreign qualifications like MFCM or Irish MRCP are rarely seen. The holders of MPhil and DPH by institute of public health, Lahore is also beyond visibility. Few years back under the umbrella of COME (community oriented medical education) a good initiative was taken but which needs serious review. There is no formal training after achieving fellowship in Pakistan whereas about 3 years training is required after fellowship in developed countries in order to achieve the specialist status.

Research in the field is restricted to only few institutions in Pakistan and thus the number of papers published so far is much less than required as compared to our neighbor, India. Pure community based studies are scarce which is a serious shortcoming. Training in research methodology is mainly restricted to College of Physicians and Surgeons though other institutions are now taking up this matter seriously. The only journal by the name of Journal of Public Health has almost disappeared.

Many of the major improvements in the health of the people worldwide have been accomplished through Public health measures. In Pakistan during last 58 years very little improvement in health and development outcome has taken place. Health officials are reluctant to maintain current preventive efforts and to sustain the capability to meet future threats to public health.

In Pakistan we are far behind the health targets set by the World Health Organization for achieving health for all. We have only advanced in terms of replacing the use of trenches with modern western commodes while other conditions remaining unchanged. The illiteracy and poverty are still dominant in our society with significantly high infant and maternal mortality. A large number of people still have misbeliefs and superstitions about diseases and treatment. The political instability makes the scenario worse. Social, Economic, and Environmental instability is leading towards imbalance in human ecosystem. Health indicators have not improved as targeted and even not comparable to the similar neighbouring nations.

Furthermore effective public health requires accurate knowledge of the causes and distribution of health problems and effective intervention. There are significant knowledge gaps for many public health problems. It is often difficult to mobilize, and sustain necessary research that is required in this area. Lack of technical expertise and considerable amount of skilled personnel, shortage of epidemiologists and other trained experts are major constraints in public health's future progress. It is still considered an unrewarding profession. There is dearth of leadership in the discipline of Community Medicine, as those who have taken initiatives with successful outcomes are clinicians as compared to pure community medicine scientists. Now the time has come to take a fresh look at community medicine in broader terms and efforts to integrate it more
with clinical medicine which will go a long way in advancing education, service and research. There is every possibility that in this process we may come across budding leaders who can become the torch bearers with determination to promote cause of community medicine and as a consequence, the general public health.

References