Bio-sketch of Prof. Dr. Sharad Raj Onta

Education

- MBBS (Leningrad, Former USSR), MPH (UK), PhD (Denmark)

Current Responsibilities

- President, Physicians for Social Responsibility Nepal (PSRN), an affiliate to Two times Nobel Peace Prize winner International Physicians for Prevention of Nuclear War (IPPNW), engaged in a movement for global peace.
- Country Coordinator, People’s Health Movement, Nepal,
- Chair, Resource Centre for Primary Health Care and Nepal Public
- Member Nepal Public Health Foundation

Former Responsibilities

- Retired Professor of Community Medicine and Public Health, Institute of Medicine, Tribhuvan University
- Assistant Dean (Academic), Institute of Medicine TU,
- Executive vice Chair, National HIV and STI Control Board, Ministry of Health and Population, Government of Nepal.
- Member of High Level Policy Advisory Body at the Ministry of Health and Population.
- Member Secretary, Nepal Health Research Council, Government of Nepal.

My Unfinished Journey of Learning
Some Glimpses of 12th Lecture Series

My Unfinished Journey of Learning

12th Nepal Public Health Foundation Lecture
– Ensure continued public health education (CPHE) by disseminating latest advancements in public health knowledge and research. Publish books, monographs, educational materials and self-learning manuals.

– Provide research fund for deserving researchers and public health institutions, with priority given to community-based institutions.

FOCUS AREAS OF NPHF

- Health Policy and Systems Research
- Human Resource Development
- Communicable Disease Control
- Non-Communicable Disease Control
- Nutrition Research
- Maternal and Child Health
- Disaster Prevention and Management
- Coordination, Advocacy, and Communication
- Social Determinants for health
- Health Economics
- Health Technology Research
- Epidemiology, Biostatistics, and Demography
- Health Promotion and Social Mobilization
- Environmental Health and Hygiene research
Foreword

Nepal Public Health Foundation Lecture is a core activity of Nepal Public Health Foundation (NPHF) which is delivered every year on June 30th ever since its establishment in 2010. All through these years eminent and distinguished people, who have made substantial contribution in the field of Public Health, have shared their life experience, thoughts and aspirations through these lectures. The inaugural lecture was given by Mr. Kul Chandra Gautam and this 12th lecture is delivered by Prof. Dr. Sharad Raj Onta. Prof. Onta is a pioneer in public health. He received MBBS degree from Leningrad, former USSR, MPH from (UK), PhD from Denmark.

Currently he is the President of Physicians for Social Responsibility Nepal (PSRN), an affiliate to two times Nobel Peace Prize winner International Physicians for Prevention of Nuclear War (IPPNW), and engaged in a movement for global peace. He is also the Country Coordinator of People’s Health Movement, Nepal, a part of global network actively involved in campaign for equity and justice in health. Additionally, he is founding general secretary of Nepal Public Health Foundation and has served as executive member secretary of Nepal Health Research Council (NHRC), Associate Dean of the TU institute of Medicine, and has been involved in leadership position in many national and International forums and organizations.

The lecture provides us with a glimpse of a deep reflection of his development and experiences as well as philosophical insights, and gives us a valuable perspective profoundly useful for health professionals and students who are taking their first steps in the journey to the world of Public Health.

We thank Dr. Onta for accepting our invitation to deliver the Foundation Lecture. We would also like to take this opportunity to thank all those involved in the organization of the event, publication of the monograph, and all those who attended this very important lecture.

Dr. Mahesh K. Maskey
Founding Chair and Executive Chief
Nepal Public Health Foundation

Such an organization should be able to work together with government and non-government organizations, private sector and community based organizations, health sciences and research institutions, and most importantly, people’s health movements. It would be the principle vehicle of civil society to ensure public health advocacy and community based action that would empower the people at community level and above.

Nepal Public Health Foundation is conceived to become such organization.

VISION
- Ensuring health as the right and responsibility of the Nepali people.

MISSION
- Concerted public health action, research and policy dialogue for health development, particularly of the socio-economically marginalized population.

GOAL
- Ensure Civil Society’s pro-active intervention in public health.

OBJECTIVE
- Engage public health stakeholders for systematic review and analysis of existing and emerging health scenario to generate policy recommendations for public health action; especially in the context of the changing physical and social environment, the increasing health gap between the rich and the poor, and the impact of other sectors on health.
- Prioritize public health action and research areas and facilitate pilot interventions in collaboration with national and international partnerships with special emphasis to building communities’ capacity.
- Strengthen health system through systems thinking for effectively responding to the problems of public health.
- Support/establish existing or new community based public health training institutions.
About Nepal Public Health Foundation

Nepal confronts with triple burden of diseases, malnutrition, and a weak health system as the major threat to nation’s health as well as a formidable barrier to meeting Millennium Development Goal. While communicable diseases are still an important cause of preventable deaths, the chronic non-communicable diseases have emerged as major killers. Injuries and disasters, along with emerging and reemerging diseases associated with the change in environment, constitute the third category in the burden of diseases.

In spite of economic backwardness, difficult terrain and decade of violent conflict, there has been remarkable improvement in health indicators such as Infant Mortality Rate, Maternal Mortality Ratio and Total Fertility Rate. The right of Nepali people for basic health care is enshrined in the interim constitution of 2007. However, the nutritional status has not changed much, and there is much to be desired for achieving health for all, calling for a need to integrating health action with equitable and sustainable development efforts, strengthen health system through revitalization of Primary Health Care and ensure good nutritional status through multi-sectoral collaboration.

To meet such challenge, a concerted public health response is needed which gives as much emphasis on multisectoral cost effective intervention for health promotion and disease prevention as to affordable diagnostic and therapeutic health care. It requires both capacity for “research for health”, healthy public policy development and analysis, pilot interventions and evaluation, in developing models of prevention and control strategies, health care management, health care financing and health system organizations. It highlights the role of systematic review and system thinking as important tool to strengthen health systems. Such response demand effective and efficient networking with public health professionals and institutions both within the nation and on regional and global level, so as to ensure policy and interventions that are evidence based, context specific and result oriented.

To launch such response a critical mass of public health experts and activists have to come together in an apex body that has full autonomy exercised by its governing board and general body.

Public Health Lecture Series

Public Health Lecture is a historical event. It is not just a celebration of the founding day of Nepal Public Health Foundation (NPHF). As I understand, public health lecture is a unique innovation of NPHF in search of the ways to move towards its goal. Reflection of the wisdom accumulated through experiences in health policy, service, management and academia by the speakers in every public health lecture of the series is the paving stone for NPHF to achieve its mission of health right.

More than a decade back in 2010, in the capacity of General Secretary of the NPHF, I was privileged to welcome to the first speaker Mr. Kul Chandra Gautam and the distinguished audience of the lecture. At that moment of enthusiasm and inquisitiveness I had not even imagined that I would be one day delivering the lecture myself. Today, I am deeply feeling as being the most fortunate to have this graceful platform because of NPHF.

I am sincerely thankful to Nepal Public Health Foundation for providing me this opportunity and podium to share my learning experiences and express my views on different dimensions of public health. I express my heartfelt gratitude to NPHF for trusting me to deliver the twelfth public health lecture to the eminent audience comprising of my respected teachers, co-workers and colleagues.

Learning: pathway to survive and grow

Learning as a process and as a product could be perceived by different people in different ways. For some learning may be a desire and gratification in life while for some it could be a burden. There are several technical definitions of learning. To me, in a simpler form, learning is transforming the state of unknown to the state of known. I have internalized my learning as my earning of eternal knowledge about life, its surrounding planet, Universe and myself. To me, eternal knowledge includes in-depth best possible understanding of truth and skills to its application in real life. Learning is necessary not only to grow and develop; it is indispensable even to survive. It applies to human beings and all other living creatures of the planet. Those, who failed to earn the knowledge about the reality of life and the skills to apply them, could not protect themselves and gradually vanished from the planet.
Dimensions of my professional life

Initial stage of my professional life started with clinical services in different hospitals. My struggle of learning in that period was focused on biotechnical aspects of health, largely on diagnosing and treating the diseases based on diverse sources of information from text books, literature in journals, senior consultants, and colleagues. I cannot clearly connect my professional knowledge of that time with understanding of academia and activism in health which started after I joined University as a faculty.

When I was in clinical service sector I perceived public health as prevention of diseases, particularly communicable diseases, since they were main health problems of that time. I believed in importance of disease prevention compared to its treatment. Therefore, I strongly supported public health in my capacity of clinical practitioner when I was working in the capital city. My shift to public health practice was motivated by my experiences of exposure to the health problems of people in remote rural area, where I worked as a medical officer, where I experienced diseases and suffering of people in different forms.

As a University teacher in health science and as a public health worker, I associate my life with motion. Motion is a change; in positive sense change is development. We all desire for change – development, progress, moving upwards. Change is brought by actions that can be operationally defined as “activism”. However, activism with desire, commitment and dedication alone is not enough for change. There are rules, principles and theories of change. They might be in existence or need to be discovered and constructed depending on the agenda of the change. This aspect of the change can be categorized as “academia”. As I understand, academia and activism are the integral parts of the change. Neither activism alone nor academia alone can bring the change. Activism should be based on academia and academia should serve the activism. However, this is not always observed this way. There is a realization of long standing gap between academia and activism in real life. In the name of being practical activism frequently tend to ignore the academia believing in commitment and dedication. On the other hand, academia is often happy within itself generating theories and principles regardless of their implication in life. Bridging this gap is a need and demand of the day.

Resource materials


2. Vinoba Bhave. Thoughts on Education. Translated by Marjorie Sykes. Published by Sarba Sewa Sangh Prakashan, Baranashi, 2008.


6. Damian Barr. We are not all in the same boat. https://www.damianbarr.com/latest/damian-barr-george-takei-we-are-not-all-in-the-same-boat


8. Charles-Edward A. Winslow Public Health is the science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts … https://en.wikipedia.org/wiki/Charles-Edward_Amory_Winslow


I could not understand as a public health worker whether justice in health is a science or it is an art. If it is a science, which theory in science clarifies the difference between right and charity, between responsibility and mercy? Struggle of people is fight for their right to health or begging for charity. Ensuring health of people is an accountability of the state or it is mercy to the citizens.

I am trying to learn to resolve this dilemma in public health as an academician and as a public health worker.

**Conclusion**

Learning is a life-long process. It does not happen just by chance and wish. Learning is a process and demands a deep dedication. Growth and development of humanity is possible only if we explore the unknown world. Generation of new knowledge and breaking the darkness of ignorance for this is not likely by proving the truth it is rather conceivable by falsifying the untruth. There is no limit of new or unknown objects or phenomena in the planet and in the universe. Therefore, learning has no end. Nobody can learn everything; no one is perfect in knowledge. Perfection is a mission for the learners.

Development of science, technology and widening the sphere of knowledge is necessary but not enough for public health to serve the people. In absence of equity and justice in the system we cannot solve the health problems of all people although we know how to solve them and we have means of their solution.

My dream goes on to learn to transfer the myth into reality that we all can fight the same storm sailing in the same boat; all safe and secure.
My learning sources

In my view, learning does not take place in vacuum. There are always sources of learning. I remember the diverse sources of my learning. Some of them are formal. Schools, College, University, other courses are my formal sources of learning. More than the sources, they are authority.

It is obligatory to learn from them. I well remember most of my formal learning sources. The formal sources are the foundation of my learning. On the basis of this foundation, I have learnt from many other informal sources. Informal learning sources are in different forms. Some of them are known to me and are in my memory. Some are not visible for me and served as learning sources without my knowledge about them. I acknowledge them as unknown sources.

I thoughtfully identified, searched and put a lot of efforts to find some of these learning sources while some other were found by chance without deliberate search. As I did not consciously intend to learn from them, I categorize them as unintentional learning sources. These sources are innumerable, I never underestimate them. Learning from them is equally valuable in my life.

Every effort to achieve something in life ends with either success or failure. Although success and failure may have relative value, it is comparatively easier to remember the success and learn from them. I remember the moments, I learned from the success. However, while analyzing the consequences of my efforts in retrospect my failures have taught me many lessons and equally provided me good opportunities of learning. I have learned when I was happy and I learned equally when I was sad.

In each of these learning sources there are specific inspirers. While recalling them as learning sources, I am remembering those persons, organizations are inspired by the life vision and value of a Guru. They receive energy from a Guru to learn when they are tired and exhausted.

I have put all potential efforts in teaching and to be as good teacher as possible. As a teacher I taught the students to the best of my ability to transform knowledge and skills. I also tried to incorporate human value and attitude in my teaching. I have evaluated success and failure of my teaching through the examination of the students. I am confident that many of them have learnt partly or fully from my teaching.

I learned myself during teaching to develop continuously from perfect to perfect. But I confess I could not learn to transform myself from a Teacher to a Guru. I could not grow to the level of perfection that my students, in addition to what I teach in the classrooms, could learn from my vision of life and truth. I dreamed, but could not be and I never pretended to be a Guru.

Resolving Dilemma in understanding Public Health

For more than two decades in teaching I used definition of public health published by Charles Winslow in 1920 (8). I interpreted the definition of public health as science and art to prevent and promote health and consequently to prolong life in easy way convenient for myself. Research in new disease, development of more effective medicines and establishing causal relationship in health was science in my understanding. I considered application of research in policy and practice, management of system and communicating with people for behavioral change as art in public health.

Over the years when I gradually associated public health with equity and justice I found my conventional explanation of science and art in understanding public incomplete and unclear. I asked myself, ‘where is science? Where is art in public health?’ I could not differentiate the science in electronic technology from the science in development of new medicine, if both of them are produced as commodity for market. I am in dilemma to clarify whether art is an application of science in policy and practice. If it is so, I cannot find difference between application of science in market and its application in public health. The blurred demarcation between the market theory and public health theory of economic science has created confusion in understanding of health right of people.
I learned that the anger was revolt of victims of injustice. This learning forced me to ask if public health is really working for the people particularly for the poor.

What I could not learn?

It is true that it is not possible to learn everything. There is no limit and there is no point of perfection in learning. I have not tried to learn everything. It would not have been possible even if I had tried. But, I have in memory what I could not learn despite all my efforts to learn them as a teacher and as a public health worker.

In my perception learning is not a match competition, where one wins and another loses. Learner is not a winner. One who fails to learn is not a looser. I am still putting my efforts to learn what I could not in the past. There is no limit of time in learning as in any match.

Transfoming from a Teacher to a Guru

In the western culture the term Teacher is largely used in education, whereas in the eastern education we use two different terms Guru and Teacher (Shikchhyak in Nepali). I am not confident about the formal definition of Guru. I have conceptualized the meaning of Guru for myself to compare with Teacher, which is relatively easy to understand in modern education system. Based on my learning experiences Teacher is a professional who is paid for teaching (there might be some exceptions). It is formal responsibility and obligation of a teacher to transform knowledge and skills to the students. The extent of transformation might be different in different cases depending on various circumstances.

The students may not necessarily like the teachers. They may not like the way some teachers behave with them, they may not appreciate the life style and thinking of some teachers, sometimes views between the teachers and students might be different and even antagonistic. Despite these odds, students learn from the teachers. They have paid for learning from the teachers.

A Guru, different from a Teacher, does not teach the students. Guru instigates the students to learn. Students learn from the life of a Guru. They and places that have played crucial role in my life. Without them it would have not been possible for me to be in the point of my journey of learning where I am now.

Family, Teachers and Friends

Logically, family is the point of departure of my journey of learning. I learned life skills of survival in family. I learned from my family about society and its relationship with me as an individual. Family taught me the human value of love, respect, care and support. I am indebted to my family for teaching me patience, when I am going through difficult time. From the beginning of my life I am learning till now every day every moment from my family.

It is not necessary to mention the role of my teachers – from teaching the alphabets to guiding in doctorate thesis. Learning from my teachers in formal way is obvious, I have also learned in informal way from many of them. Their indication to my weakness has been a key to my achievements.

My friends are incredible sources of learning for me. I have learned from their inspiration and sympathy as well as praise and critique. I cannot clearly remember now what exactly I learned from whom with a few exceptions, but in general they have played an important role in my journey.

Philosophers, Thinkers

At some point of my journey I was interested in learning beyond my professional field of knowledge. I started searching and reading literature about eastern and western philosophy. I read about philosophers and thinkers. I was enlightened from the doctrine of philosophers and thinkers to understand life, to set mission of my life and link my profession with my mission. I also learned from life of some of philosophers and thinkers and was inspired by them.

I honestly mention here that while learning from their doctrine I did not blindly follow them. I have learned from them, but have not copied them. Sometimes I have accepted them, other times I have interpreted and adopted. There were moments; I have also rejected the views and opinions of thinkers. On the whole, they are great inspirer of my learning.
From these observations, I have learned that fight of public health is not just against the disease, but for establishing the system based on principle of equity and justice.

b. Why People are Angry?

People are desperate. They are fighting against the diseases up to their ability, but are mostly defeated. When they are sick, they have to spend more than what they earn. Their earning for food, earning for the education of their children are engrossed by the cost of treatment when they are not well. Many of them are pushed below the poverty line because of expenses during sickness.

People may not know what went wrong in their body to be sick. But people have understood very well that they are diseased because of their poverty. Disease has made them further poor. They are screaming for help when they are drowning in the eddy of debt. But their voices are hardly heard. Their voices disappear in the silence. This silence makes the people angry. Their anger is response to their realization that being sick is not their crime, for which they are being punished.

Illness and death every day anger us. Not because there are people who get sick or because there are people who die. We are not angry because of sickness and deaths. We are angry because many illnesses and deaths have their roots in the economic and social policies that are imposed on us.

Voice of people of Central America
People’s Charter for Health, 2000

Epics and mythos

When I started reading literature on thoughts of philosophers and thinkers I was also interested in epic and mythology. Although many stories related to Mahabharat and Ramayan are known to many of us, I found very different meaning of those stories, when reading them with learning mission. I not only learned from the contents of the epic, but also learned to be critical. I do not agree with some of the morale of the epic, while I feel enlightened to understand life and universe by some of them.

Thoughts of Buddha have been a great source in my personal and professional life. I do not consider thoughts of Buddha as religious epic and mythos, for me they are visions and ways of life applicable to all religions.

I have not learned only by reading the literature on epic, mythology and Buddhism, I have earned knowledge from their interpretations by other thinkers and authors.
Myself – my learning source

If it is not seen as arrogance, I would dare to reflect that I consider, among many, myself as a source of my several valuable learning. Learning to be grateful and to forgive, probably, would not have been possible for me from other. I learned from myself to internalize and accept own weakness and mistakes. I learned from myself to correct these mistakes and take them as learning opportunities. The most difficult learning – I get inner energy from meditation to be happy even in the time of grief. I am not a follower of any cult, I am inspired by many.

My learning inspirers

I. Family, Teachers, Friends  II. Organizations, Networks
II. Philosophers, Thinkers  III. Epics and Mythology

My Learning as a Teacher

In the beginning of my teaching profession, I used to assume that students were naturally learning from my teaching. I was more or less confident that my students are adequately benefitted from the lectures in meeting the demand of the course and curriculum. I did not try to systematically verify it in the class. I tried not to miss any lecture and I was usually worried if I fail to start and to complete my lecture in time.

Very few students occasionally asked some questions about the contents of the lecture in the class and out of class time. I did not take it seriously and explained them to address their questions in a casual way. I was not seriously concerned about the learning of my students when, I was beyond the class setting.

It took some years for me to ask myself, “Do my students learn from my teaching?” “Am I really helping them to grow?” “What do they learn from my lectures?” “How do they learn?” “Am I rightly teaching them?” “Do they learn anything from me in addition to the lectures?” Neither answers to these questions were simply in yes or in no, nor were finding answers to

Activists for people’s health and academicians around the world are watching, reminding them about their commitments, lobbying to fulfill their promises and supporting where needed. However, achievements are not as praise worthy as it was expected and it should be. Gaps are desperately ever increasing.

We are in different boats facing the same storm

Writer, poet and journalist Damian Barr (6) rightly wrote, ‘we are not all in the same boat’. People around the world are fighting against the disease as an enemy with different medicines as weapons (The term Medicine is used as a symbol of health services including diagnosis, treatment and care). There are powerful weapons in the store enough to easily defeat the enemy, but all do not have access to them. Some do not have any weapon to fight. Naturally we cannot expect the same outcome of the fight. Disease kills them who do not have medicine when needed. It is not difficult to understand that this difference has created gap in health.

The logical question is that why some have medicines some other do not have or have inadequate? What are the underlying causes of such differences? Based on my experiences as a public health worker the answer to this question is obvious. Socio-economic and political system in general and health care system in particular are determinants and are answerable for this situation. If citizens are dependent in market for services and are themselves responsible for their health, the patients economically incapable to bear the cost will be always deprived of the services. There are responsibilities of citizens in health, but their compliance is not enough in absence of a proper system. Without equity and justice in health system poor can never access to services, impacts of the diseases will always be different and the gap will not be bridged.

I heard that we are in the same boat
   But, it is not that
   We are in the same storm
   But not in the same boat
   Some are on super yacht
   Some have just the one ore

                   ..................... Damian Barr May, 2020
these questions easy. While seeking answers to these questions, I realized that teaching is not only a process for the students to learn, it is also a process of my own learning. This realization was my base to gradually learn different dimensions of teaching and learning.

I find difficult to recall now what I learned during the period of nearly three decades as a teacher in the area of public health. It is difficult to list them and organize in order. As learning is a lifetime process, I have learned in my life few issues about teaching even before being a teacher and after my teaching profession. However, I would like to focus on few points I learned as a teacher and I would connect my learning with my teaching profession. I think it is relevant to reflect that while engaging in teaching profession, I have perceived training and teaching in a synonymous way as the process while education is perceived in broader sense.

1. Education mission

It is easy to give an answer to the question why we teach. The straight answers are - to transfer knowledge, to transfer skills, to change the attitude, and so on. To me, they are goals of teaching.

There are several teaching goals. Mission of education further demands the answer why we transfer knowledge or transfer skills. What knowledge, what skills to be transferred and what kind of attitude to develop in learners are decided by the mission of education. In other words, education mission is seeking the reasons for achieving these goals. I conceptualize two different missions, as the destiny of education; a) mission of domestication and b) mission of liberation.

These missions are not only different they are antagonistic and opposite to each other in vision. Therefore, in reality there is only one education mission – either domestication or liberation.

a. Domesticating education

Mission of domesticating education is to create a frame of norms and values for the learners within which they have to act and behave. A list of must do and can do is prepared for them.

effective medicines to cure it. Despite this, people are still dying of tuberculosis.

It is obvious that tuberculosis is not killing people; it is rather the system which creates the barrier to people in accessing the science and technology is killing the people. Progress in science continues to address the unresolved problems and new problems. What we have achieved today should serve the humanity. There are many health problems in the community like tuberculosis, which can be solved. But, unfortunately a section of people are deprived of access to solution of those health problems.

The deprivation of people to access the services has created a gap in health between the countries and people within the country. The international community including World Health Organization has well accepted the existence of gap and acknowledged their responsibility to address the situation. World Health Organization blaming social injustice for death of people on a grand scale has called for closing the gap (5). This existing unacceptable discriminating gap is an outcome of social determinants of health and is avoidable through actions for justice.

It does not have to be this way and it is not right that it should be like this Where systematic differences in health are judged to be avoidable by reasonable action they are, quite simply, unfair. It is this that we label health inequity. Putting right these inequities the huge and remediable differences in health between and within countries – is a matter of social justice...... Reducing health inequities is, for the Commission on Social Determinants of Health, an ethical imperative. ... Social injustice is killing people on a grand scale

Words of the international community echo their commitment to build the system with justice. It is inspiring and truly stimulates hope in the people suffering from social inequity in health.
It took me a long time to realize the possibilities of harm to the students in teaching. Students have expectations that they will get support from their teachers in difficult time of learning. As I learned, the harm to the students is failure of the teachers to meet the expectation of the student from their teachers. Undermining the problems of students, negligence in teaching process, ignoring the needs of student in learning are serious ethical issues in pedagogy. Prejudice may cause the worst harm to the student. I know several cases of violation of ethics in pedagogy in Nepal and other countries around the world with adverse consequences for both teachers and students.

In my experiences, ethical practice needs further strengthened in teaching at different levels for making the teachers and students responsible in learning.

My learning as a public health worker
It sounds very primitive now, but it is true that my initial learning as a public health worker is about its scope; public health is more than preventing disease. I learned that different from the clinical medicine dealing with the problem of an individual patient, concern of public health is problem of people at large.

Even the problem of individual is connected with the mass community in relation to its causes or to its solution. These problems might be related to prevention, or treatment of disease for cure or management of consequences of disease.

a. Public health is not an action against the disease alone
Around a century ago almost everybody suffering from tuberculosis died. Rich or poor, landlords or farmers, rulers or ruled, all faced the same fate because of tuberculosis. Health science did not have means to properly diagnose tuberculosis in its early stage and did not have effective medicine to treat and cure it. Before Robert Koch discovered tuberculosis bacteria in 1882, public health did not know what and how tuberculosis is caused. In that era fight of health was against tuberculosis. Science rescued public health in this fight. Development of science and technology has defeated tuberculosis. Today we know how tuberculosis can be prevented; we can diagnose it at the molecular level of human body system, and we have A demarcation line is drawn as a boundary and the learners are educated to make them aware that they are prohibited to cross the line.

Educators in the domesticating camp teach their students to follow them and to comply with their instructions as their duty. The learners are taught to be loyal to the teachers. Loyalty to the teachers is ideal and moral for the students. It is difficult or nearly impossible for the learners to disagree with the teachers, as the teachers are believed to know everything. In addition, learners are not expected to know more than their teachers.

Impact and practice of domesticating education can be observed in many aspects of life. This has contributed to sustain the belief systems in our society for centuries. Breaking these systems is considered as an aggression, even some time as a crime and punished socially or legally.

Obviously, domesticating education restricts the growth of learners due to limitation of their liberty to grow.

b. Liberating education
In liberating education teachers not only teach the contents to transfer the existing knowledge and skills to the students, but also create space for them to learn, innovate and grow by themselves. Knowledge and skills are transferred for liberation of students from low esteem, ignorance, and darkness. The teaching helps the students to move from unknown to known world, from darkness to light and from low esteem to self-confidence. A confidence is built among the learners that the known world cannot expand just by repeating the existing knowledge. The sphere of known world is advanced with new knowledge by challenging the known realities.

Teachers accept their incompleteness in knowledge. They acknowledge that students may not be satisfied with the inputs of the teachers and may demand more from them. Success and progress of the students are the greatest gratification for the teachers.
It took several years for me to learn and internalize the spirit of liberating education. In rest of time of my teaching profession, I tried to practice these principles of liberating education. I feel proud, when I see my used to be students now in much higher position than I am.

2. Teaching as helping other grow and growing myself

During the first few years of profession I believed that my job as a teacher was to help the student to learn and ascent their academic ladder. At that time I had not realized that teaching was also for my own growth. In the process of preparing lectures, conducting sessions, evaluating the students as teaching process, I gradually learned that teaching is an opportunity for me to grow. Acknowledging Paulo Freire (1), I understood that I could help the students grow till the moment I grew myself. The moment I seize to grow, my help will be non-functioning.

The teacher is no longer merely the one who teaches, but one who is himself taught in dialogue with the students, who in turn while being taught also teach. They become jointly responsible for a process in which all grow.

PEDAGOGY OF THE OPPRESSED,
Chapter 2 (page 67)

Growing from perfect to perfect

I was deeply touched by the view on nature of growth expressed in a book “Thoughts on Education” written by Vinoba Bhave (2). It is about growth from perfect to perfect. Logically, it sounds strange how the growth from perfect to perfect is possible. If something is already perfect, there should not be a space for further growth. Author of the book himself has accepted difficulty in explaining this. I have understood its meaning but do not find it easy to narrate. Therefore, I present his words below:

At five o’clock in the morning I see the tree in front of me as a dim shape. I can see the whole of it, but not clearly. By half past five the outline has become clearer. As before, I see the whole of it but in greater detail. After sunrise I can still see the whole tree, but I removed. Removal of learning from the mind is different from forgetting. Forgetting might be transitional and can be recovered. Removal is cleaning and reconditioning of the mind from the learning in the past. Therefore, it is far more difficult to unlearn than to learn. But we should accept our weakness and mistakes. It has happened with philosophers and thinkers as well. Thomas Kuhn has given a wonderful example of such confession (4). He has acknowledged his misunderstanding in his own concept explained in his book of first edition. Kuhn accepted the critiques, realized his confusion and corrected it in the second edition of his book.

.... On fundamentals of my viewpoint is nearly unchanged, but now I recognize aspects of its initial formulation that create gratuitous difficulties and misunderstandings. Since some of those misunderstandings have been my own, their elimination enables me to gain ground that should ultimately provide the basis for a new version of the book. ..... 

The Structure of Scientific Revolutions

I confess I do not have enough words to explain this part of my learning as a teacher. I have unlearned many things, but I cannot describe the unlearning process based on my own experiences. I can only internalize unlearning the learning in the same way as I have internalized that waiting in a cross road for some time is better than to take a wrong path and return back.

5. Ethics in Pedagogy

Ethics in pedagogy is my learning in the late stage of my teaching profession. I taught ethics to the students in general, in research and in community based learning. The focus of teaching ethics was to make the students sensitive to the issues of people and making them alert and aware not to harm the people they are dealing with during their student period learning process and professional activities in future. Support of the teacher is usually taken in natural way. Therefore, ethics in pedagogy is rarely discussed assuming that students cannot be harmed in teaching process or a teacher will never harm the students.
Learning from this example, in our context I used the story of white crow in my teaching. We have always seen black crows around us. Can we claim that all crows are black? How we explain, if we once see a white crow?

I learned that knowledge advances not by verifying the truth, but by falsifying the untruth. Because, we cannot prove the truth, we can only falsify untruth. I find this vision closely associated with my learning that new knowledge is generated not by obeying the seniors and repeating the existing known facts, rather by questioning them. However, challenging the existing realities is not an easy task, as they are established as the truth. But we know science has advanced by breaking this truth. This learning has resulted in serious implication in my professional uplift. It has deeply impacted in my personal, family, and social life.

4. Unlearning the learning

What we learn is not always everlasting. Sometimes we change our view from what we learned in the past; sometimes we realize over the time that our learning was not right. This has happened with me in many occasions, specially, in relation to values and norms. As I developed my vision of life and society over the years through learning from different sources and my own experiences, I apprehended that some of my learning was not right. In some cases facts are changed due to advances in science and knowledge. Like in other branches of science this can be frequently experienced in health. Once proved to be the most effective drugs are replaced by other even more effective drugs. Some of the practicing drugs and treatment are found not only less effective, but also toxic and harmful.

Once we learn something, right or wrong, they are deeply embedded and stored in the mind and memorized when needed. They cannot be easily

now I see it with complete clarity. I do not see a quarter of a tree at five o’clock, half a tree at half past five, and the whole tree only after sunrise. I see the whole each time, first a dim whole, then a rather clearer whole and lastly a perfectly clear whole. The sunlight has ‘developed’ my sight of the tree from dim to rather clear, from rather clear to very clear, but always it was the development of the whole tree.

I sometimes compare light with distance as medium for learning. From a distance we see the mountain or plain of forest without distinguishing individual trees. Closer we move to the forest clearer we can see an individual tree, being further closer we clearly see the branches and leaves of separate trees. Describing the situation this way gives me a clear understanding about the development from perfect to perfect. Tree was there as a perfect object, it is not changed. Change was inside the observer. I learned that the object looks different seeing it in darkness or in light, seeing it from far to seeing it from near. Growth is movement from darkness to light, from far to close.

Development from complete to complete *

To understand the growth from perfect to perfect with further clarity for myself, I visualize a situation of growth from imperfect to perfect. If I consider a tree as perfect or complete, I imagine its seed as imperfect or incomplete. A seed is germinated, grows to plant and develops into a tree. I envision this process as a growth from imperfect to perfect.
3. Generation of knowledge

As my teaching profession was in academia, research in health was its indispensable part. I had to do research myself and I had to teach research to my students of different - from bachelor to PhD – levels. I was trained in epidemiology. Therefore, logically my understanding of research was dominated by quantitative and empirical models. I believed in empiricism as theory of knowledge generation and believed that truth can be established by proving with evidences, which are based on observation. I could not imagine about the possibility of its alternate ways to establish the truth. I was unaware of critique to the theory of empiricism claiming that observations could not be absolute.

Study of the critique helped me to learn that our observations are limited compared to the infinite external world. We cannot observe everything at a time or over a time. We trust in what we see, what we touch or what we hear. However, there are more realities than what we have seen, touched or heard in a specified time. We cannot verify the reality about the object even we have repeatedly seen it always in the same form. But we can falsify it even we see it just once in another form.

Criticizing the theory of empirical knowledge generation, Karl Popper proposed a theory of falsification with simple practical example of black swan. Even though we have always seen white swans in the past or seeing white swans at present, we cannot prove that all swans are white. But, if we see a black swan just once any time anywhere in our life, we can falsify that all swans are not white (3).

Karl Popper makes the important claim that the goal of the scientist’s effort is not verification, but the falsification of the initial hypotheses. It is logically impossible to verify the truth of a general law by repeated observation, but at least in principle, it is to falsify such a law by a single observation.

PHILOSOPHY OF MEDICINE
Chapter 2: Empiricism and Realism: A philosophical Problem

We know the status of any matter as imperfect or perfect has a relative meaning. Nothing is imperfect or perfect. A seed is perfect or complete in itself, as it is formed through a process not in a vacuum. Similarly, a tree is not perfect or complete in its status, as life cycle of a plant continues even after formation of a tree from the seed.

This lesson has deep implication in my professional learning. I frequently asked myself, what is imperfect or perfect phase in my life? Where I am now? It seems I have found the answers to these questions after many years. I assume from my professional point of view, I was imperfect or incomplete when I was still doing my University education. After completion of University education and getting my degree, I became perfect, as I was qualified for being a University teacher.

I was satisfied with my growth from imperfect to perfect until I learned about the development from perfect to perfect. I understood that qualification for being a teacher was a perfection of a cycle. Life is composed of innumerable cycles and spirals of development from imperfect to perfect and perfect to perfect. I was appointed in a new position in the capacity of a teacher after meeting certain requirements. I was imperfect for that position until I had those qualifications. Over some years of my teaching experiences, I was perfect to be appointed in the position, but I had to develop myself from perfect to perfect to accomplish the responsibility of that position.

Whatever we call it, learning is as long as life.