

MEDICAL GROUP DISCUSSION

Final Draft

Introduction

Health has been defined as a state of physical, mental and social well being and not merely an absence of disease or disability. In developing countries, however, due to lack of resources and trained manpower, much attention has been paid mainly to the physical aspect. It is high time that the whole concept of basic health care be reviewed and evaluated to ensure efficiency in the service.

Present State

In a developing country like Nepal, where 90% of the population lie in the Village and where medical facilities have got to be diverted to the Villages so as to promote the health standard of the country, some far sighted planning of the Health services has to be worked out; and unless this is done no remedy to the increasing dissatisfaction amongst the medical workers in general and the public in particular in regard to the existing medical facilities and associated difficulties within the health services can be achieved.

Whilst it is true to say that the Medical Practice and Health Services, in general, is in a critical state at the moment, it must also be stated that because of the increasing popularity of modern medicine, the public has come to the stage of expecting a certain amount from the Medical profession in general.

The importance of public relation is apparent and the public must be made aware that doctors are not God or Angels. There is a limit to what can be expected from them and the allegation in the lay press or in public discussion that the doctor is rude, unsympathetic or reluctant to examine patients thoroughly and is engaged only in money-making, is unfair. In this materialistic age when we find so many ordinary people of Yesterday being rich and powerful today and an increasing number of ordinary persons getting to the level of high administrations, the doctor has reason to feel frustrated. The old concept of Social prestige alone is not sufficient incentive for the man in the medical profession. Furthermore doctors cannot reach the highest step of the service cadre; he has to be content with the second highest. The other equally disappointing point is the fact that there is disparity in the same cadre. For example, at times, the first cadre of the profession is not taken as the first case of the administrative side; if this is accidental it must be corrected, if designed it must be condemned and rectified.

The medical problems of Nepal are manifold; the disease present constitute a challenge to the medical man, but unfortunately the medical corps consists of a mere handful, who, having laboured ever since they left medical school, are so fatigued and dispirited that they cannot fight anymore.

The population of Nepal as borne out by the census of 1972 is 12,000,000 and the number of doctors in Nepal is 340 (279 Govt. Services, rest Mission or retired) or approximately 1 doctor for 33,200 people and to bring this to a more realistic figure of 1 doctor for 5000 of the population will mean that we will require a minimum of 2258 doctors. Our rate of training 20 doctors a year under the various plans, schemes or privately will mean that it will be 113 years before we reach that number, providing of course that our population remains static. By that time, of course, our original nucleus of 340 doctors will have passed on to their Maker and He in turn to replace these doctors but having increased the population tremendously even to the extent of doubling it by 2000 A. D. make proper allowance for it also.

In the same way, number of hospital beds in the country amounts to 1700 (including 400 in Mission Hospitals) or 1 bed for about 6,640 of the population. If we take even the basic for figure of 1 bed for 1,000 of the population there will have to be 11,286 beds for our present population. It will be a long time before the country will be able to afford so many beds for the care of the sick. But even the outpatients' service in the existing hospitals are far from satisfactory.

Curative treatment though very important is very expensive and there is no two opinion that prevention is better than cure. However, the level of personal and environmental hygiene is very low. Nightsoil is still being used as manure. Even Kathmandu cannot take pride in having efficient sewerage system in Nepal. There is no adequate supply of wholesome drinking water. The vendors sell sweet meats (Mithais) in shops where the fly population disregards the concepts of family planning. Adulterated unwholesome food stuff is offered to the public for sale. These apply especially in such items as milk, ghee, cooking oils etc. There are no slaughter establishments and this, unclean meat is offered for sale on road side with flies hovering around. No wonder enteric infections are so common in the country.

Some Suggestions Doctors and Medical Practice

There is a wrong notion in some sections of the public that the doctors are great exploiters. This "Privileged section of the Community" moves in flashy cars and earns a lot simply by feeling the pulses. This is an irresponsible thought. A doctor takes five to six years to qualify after admission into medical college, which in turn he gets in after competing hard from school days. He further takes another five to six years for post graduation. Only then he enters into practice and only very few doctors have roaring private practice. They can be counted in fingers and it is unjust to think that all doctors are as lucky as these practitioners. As compared to the many successful people in different walks of life, the number of very successful practitioners is miserably small. As a matter of fact, a doctor just wants a decent living, free of exploitation to serve the Community. There is much to comment on the government decision to reduce doctors' fees at the Clinic to Rs. 7/- when one takes into consideration the fact that even the poorest man will have second thoughts to spend this amount to see a doctor. After all his life is just as anybody else's. But there should be a sliding of fees depending upon the qualification and experience of the doctor. Irrational reduction of doctor's fees may only lead to deterioration in the quality of service of the specialist. In fact a reduction of Rs. 8/= or more in the specialist's charges is not going to make that much difference if the patient's drug requirements are going to cost the same Rs. 50/- or more than they cost before the reduction in doctor's fees. There is possibility & sufficient room & reason for making the drugs cheaper and attention to this point by HMG will go a long way in serving the poor & needy patients.

If the compounder is going to ever-prescribe drugs at the chemist shops, then the poor layman is not any better off. To replace the vacuum so created by the recent government action, the authorities must make some provision to provide clinics at nominal rental charges to doctors wanting to build up a practice. Such action will ensure that besides providing the population of the particular area with some medical facilities, the government will, in certain instances, find a doctor who might even set up residence in the area where he has built up his practice. The construction of such clinics must however not be let by chance but must be in an orderly, areawise basis. The government should also provide loans, interest free or with minimal interest, to doctors wanting to equip their clinics.

The recent ruling of not allowing Govt. employed doctors to work in Corporations etc. is like an axe blow to the concept of free or partly free medical aid. As any society becomes more sophisticated the cost of medical treatment shoots up and comes out of reach of the common man. To offset this there are other provisions eg. National Health Service in England, Insurance Coverage in the U. S. A., Canada and Continent, which lessen the drug and medical treatment burden of any individual. As we do not have any form of Health Insurance in this country, the concept of Medical Aid for its employees, which some institutions had pioneered, was good and benefited a number of people. To try to do away with this is short-sightedness. The better step would have been to extend it by reimbursing a certain percentage of any drug and medical services bill.

even when the employee gets his medical treatment from his own family physician. Not only this but in a country such as ours where there is a shortage of medical staff, doctors in government service should be encouraged to do this type of part-time job in off-duty hours.

In the meantime the government can seriously consider the formation of a Health Insurance Scheme to cover initially its employees and later the general population. Let us face it, for the cost of medical treatment has risen to such an extent that for an individual or family members to fall sick is a great financial burden to others. On the other hand, the government cannot bear all the expenses and even if it tries, it would mean a very high rate of taxation. If insurance system cannot be put into practice in very near future, the Government could perhaps open Clinics in various Panchyats for starting general practice by Doctors. This may be a useful step preceding the insurance system.

Incentives to Doctors

As has already been stated in introduction, 90% of our people live in Village. We have a responsibility to provide medical service to these peoples. At the same time it is a great sacrifice for a doctor to go to serve remote areas or in that matter, even to take up jobs in public health fields. Suitable monetary incentives comparable to the earning by equally qualified and experienced doctor in more favorable areas, should be provided.

The recruitment of the staff for the Anchal Hospitals should also be done by the Anchal authorities or the Hospitals Concerned. A regional approach would be for the Anchal Hospital to vie with each other in offering inducements to the medical graduates in the form of allowance, living quarters and other facilities such as house rent, if no resident quarters are available. Medical books and magazines must be provided so that they can keep abreast with the march of medicine. Even in the case of health centres, not less than two medical officers should be posted. This creates an atmosphere for the exchange of ideas and also provides security in the matter of sickness, leave and overwork. This will make the sanction of leave during sickness or otherwise more easier. Facility should be provided for transportation of sick doctor in case of emergency. A small laboratory equipped with a microscope for the simple tests of blood, urine, stool etc. must be provided at each health Centre. The supply of drugs should be maintained all the year round, The doctors should have bags containing emergency drugs. Doctors who have gone to a particular area on their own choice are more likely to continue working there than those who have been sent there against their will.

To make sure that the overall standard of health services does not come down, doctors working at the districts or remote areas must be provided with facilities to refresh their knowledge and experience. Well organised and co-ordinated refresher courses held at the more privileged institution of the capital, may be of some help in this direction. Doctors, posted outside the Valley, for period of two years at a stretch should be automatically chosen by rotation for such refresher courses. A minimum of one month should be devoted to each batch, during which clinical meetings

symposia, and general discussion should be entirely borne by the employing authority. For doctors, with postgraduates degrees and diplomas from abroad, scholarships should be provided for orientation and observation in their specialities in foreign countries, after being in the national health service for five years continuously.

The whole set up of working in the district and remote areas must be reviewed from time to time. There must be adequate safeguards to protect the young doctors from exploitation. There should be no coercion for them to become the personal physician of higher officials against their wishes. Extra leave with pay should be granted to doctors working in remote areas. For job efficiency, these doctors should have more opportunities to attend refresher course locally and abroad. As far as doctors in the districts are concerned, it is sometimes found that adverse reports are motivated by personal reasons and hence before taking drastic steps against the medical officers it should be thoroughly investigated by HMG. The representation of NMA should be taken into confidence in such committees. In fact there must be job security of all doctors in government service and if someone is discharged he or she must get proper explanation for his or her dismissal.

A point which must be taken into consideration in making any future appointments, is our present system of making our doctors sometimes administrators or even accountant, clerk etc. There must be a job description for each doctor. The concept of house job, registrarship and consultancy must be introduced in the hospital service and promotion of doctors and other staff in the medical service must be based on the recommendation of the consultants or of specialists. It is a wastage of National resources when a doctor who has been trained as clinician suddenly finds that he is sitting at the administrator's desk and vice-versa. Coupled with this is the existing method of sending doctors to different parts of the country. Whilst this is necessary in the early stages of a medical career, to apply this same ruling in the later period of a doctor's life mean that the doctor concerned will never develop what may be termed institution loyalty. He will not be really interested to develop the hospital facilities or even to really make the people medically oriented when, he knows that at the end of two years he will be posted elsewhere. Why slave one's self when one knows what the fruits of one's labour will be tasted by somebody else? It is far easier to mark time. Thus it is very important to let the doctor know in advance where he is going to be transferred. There must be a fixed rule in posting, transfer and in selection for the postgraduate.

Too much importance is attached to the daily signing in and out rather than in the quality of the work done at the hospital. Work or no work, a doctor must stay within the four walls of the hospital or office. Instead of attaching so much significance to attendance, the authorities should be broadminded enough to release interested doctor to go in field work or other hospital, provided the clinical care of patients admitted under him does not suffer. The doctor on his part must not make misuse of this facility.

As time goes on we may well find that there are more doctors who are not in government service. The system of honorary consultants at some of the hospitals is also beneficial to both the

government and the person concerned. The government saves some funds and the honorary consultants have the advantage of being able to admit case to hospital for observation, investigation and treatment.

Drugs

Expenditure of foreign exchange to import drugs should be encouraged for it will benefit the maximum number of people. The excuse that the government is not doing this for fear of large scale smuggling of so imported drugs is a lame one. Once these imported drugs of reputable firms come to the market, there must be some sort of restriction of spurious and sub-standard drugs by better control of chemist shops. The usual practice of supplying whatever they have in stock with disregard of what the doctor has prescribed must be stopped. As a matter of fact, the government and representatives of the Nepal Medical Association also could prepare a list of drugs, which only should be used all over the country. Such a committee, if formed, should meet regularly to evaluate and introduce new drugs, by replacing the old ones. Such arrangement will reduce the expenditure in drugs substantially as bulk purchases can be made cheaply from the manufacturers. All prescriptions once served by a chemist, must be rubber stamped with his shop's name and the practice of supplying Dangerous Drugs without a doctor's prescription must not be allowed. In short the Drug Control Act should be enforced. All chemist shops must be registered and to get this registration they must have dispensing rooms and even refrigerator to keep vaccines. By a mutual and rotationwise arrangement, chemist shops in a given locality must provide all-night service. Then, just as doctors have not been allowed to work in medicine shops, so also the compounders should not be allowed to practise from these same if the original government decision was to protect the poor public from these termed general habit of over prescribing. As a preliminary step to enforce the Drug Control and the Nepal Medical Council Act, the authorities should see that no medicines are sold within the limits of Kathmandu Municipality without the prescription of a registered medical practitioner.

To make sure that the public gets good wholesome drugs, there must be a directive from the Health Dept. to all government employed doctors to use, as far as possible, drugs produced by Royal Drugs Limited at Thapathali, not only within the hospital but also when they prescribe at the hospital outdoor. When a specific drug is not available, or in their private practice, then the choice should be left to the prescribing doctor. Whilst doing all this the government must also see that the Royal Drugs Limited products are also not sub-standard and a separate body, say under the Public Health Dept., must be set up to take periodic and surprise sample of all R. D. L. products and send these to be tested for contents, potency etc. at Analysis Centres elsewhere. Probably the WHO could be requested to set up an independent laboratory for quality control of drugs, manufactured by R. D. L. or imported from elsewhere. The existing practice of the R. D. L. testing its own products whilst necessary for their own safeguard is not sufficient protection for the public. It is merely white-wash.

On the other hand, the Govt. could however ask the R.D.L. to check drugs produced by the

various Ayurvedic concerns to see that these are entirely wholesome and do not contain western orientated chemotherapeutic agents or antibiotics with herbal dressings.. The usual scientific practice of listing the ingredients and their amounts must also be enforced even with the Ayurvedic medicines. The vendors of home made medicines having perfected the art of quackery by advertising even on such areas of the Capital such as Indrachowk to dupe simple fellow countrymen are a menace to Nepalese Society. They must be dealt with by the Police.

Whilst it is not ethical for a doctor to advertise in the press and claim magic cures, the practise adopted by even a Govt. Corporation paper like Gorkhapatra to advertise claim of courses by nonmedical men is an anomaly which must be rectified. And this leads on to a licensing body like the Nepal Medical Council. Can a non-registered doctor practise in Nepal or can be register or work in a registered Clinic ? Furthermore, if registration of doctor is such a prerequisite or for that matter, can the Auxillary Health workers or compounders freely examine patients at the Chemists Shops and liberally prescribe their medicine. The Nepal Medical Council should ponder over these points.

Hospitals

Expansion of basic medical facilities to the population at large by increase in number of hospital beds is a costly affair and it will be of more benefit to the country if out-patient services, with adequate supply of cheap and effective drugs are provided. This means immediately that the practice of providing out-patient services for 4-5 hours must be increased to a minimum of 9-10 hours per day. As most of the bigger hospitals in the capital and the major towns have adequate number of doctors, the recruitment of para-medical personnel to help in the running of two shifts of out-door service will not be as big a problem as it first appears. Like the doctors the para-medical personnel should have the option of doing either morning or afternoon duty on a fixed basis. Reasonable out-door facilities in an uncrowded environment will ensure that more people will be encouraged to visit the hospital rather than doctor's clinic for medical treatment. The examination rooms should be fully equipped and every step should be taken for co-operation and co-ordination with other services like pathological and radiological services, pharmacy etc. For the benefit of the patients there should be also somebody available to guide the patients and relatives in the hospital premises. Also the consultants should have fixed hours in O. P. clinic, so that the patients don't have to wait unnecessarily for a long time.

A system of having visiting doctors from larger hospitals to smaller ones in a particular area once or twice a week should be introduced e.g. doctors at Bir Hospital will visit say Lalitpur Hospital, Bhaktapur Hospital or IDU. In the same way doctor at Kanti Hospital will visit Lalitpur or Bhaktapur Hospitals, IDU and also the newborn units at hospitals on a regular basis. Sometimes it is argued that sufficient funds are not available to provide services in the hospitals, because, after all, the curative services is so expensive. But it is high time that the local people also participate in the running of hospital and also pay something for the service provided. The idea of completely free hospital service to all the sections of the community need critical review. After

all, by imposing some charges, the Mission Hospital don't have shortage of patients. Besides the guthis also should be made interested to contribute in such a holy work of imparting medical care to the community locally. Similarly, the Dharmashalas could provide space, where the hospital don't exist. A cheaper and temporary form of health service in areas where it is not possible to start a permanent hospital or health centre would be to send mobile team with various specialists included.

A major item in any hospital expense is the amount of money spent on food. A lot of the food supplied however goes to waste. For example on any hospital the pre-and post-operative cases, the really ill ones and those with religious scruples do not eat hospital food, the supply of limited diet should be seriously considered. As far as the smaller hospitals are concerned the suggestion would be to, not supply any food at all for most to the village folk, who live quite near, will bring their own food. The hospital will have to provide facilities for cooking and also to keep a limited kitchen staff to cater to the needs of those living a bit far off. The advantages of such an arrangement are:—

1. Some of the money spent on this superfluous food and fuel can be better utilised in providing drugs.
2. It saves time and the unnecessary workings of the doctor-in-charge, who has to chase a Thekdar Contractor & provide food etc.

From the working members of the Nepalese society we come to the case of children. In a country where 50% of the population is under the age of 16 years it would have been rational to expect that half of the facilities provided would be for children i.e. on the basis of the basic 1 bed for 1,000 of the population, there will be a minimum of 5,640 beds for children. But this is impossible when we consider available 1700 beds in the whole country. To show that there is at least some awareness of the needs of children the government can immediately increase the 50 bedded sole children's Hospital (Kanti) to a unit of at least 100 beds.

Thinking in connection of a Children's Hospital brings immediately to one's mind the thought of dental caries and dental surgeons, whilst the single Childrens Hospital does boast of a Dental Dept. It is important to have people conscious of the necessity of having healthy teeth from the very childhood. To help in attaining this ideal it is essential to have mobile dental units and also dental departments in hospitals having more than 50 beds.

As smallpox outbreaks become less frequent, the chance of this being a cause of blindness becomes less. Ours however is a country where a simple deficiency state such as that of vitamin A causes permanent visual damage for the simple reason that people do not know anything better. The problems of vision both in childhood and old age, the success of Eye-camps and the crowded Eye out-patients departments amply demonstrate that the country needs an Eye Hospital.

Free sale of such poisons such as Dalf to frustrated lovers or mixed-up-kids must be somehow stopped by having legislation restrict the sale of poisons. One has only to go to Bir Hospital Medical Wards to realise that even now these type of cases take so much of the doctor's and nurses's time which could be more usefully employed. Besides, these poisons are an useless drain on health services funds. For these mixed-up kids, alcoholics or for adults who are unable to cope with the strains of hectic living of the 20th century, we have to provide adequate psychiatric services. As a doctor we cannot tolerate that mentally ill patients be put in chains and sent to jail. He should be sent instead to a hospital. In this context one has also to bear in mind the question of drug addicts for they too have to be treated somewhere. To achieve tangible results, the necessity of having a concrete objective such as a Psychiatric Hospital comes in. There must also be for registration and also for supply of drugs to those addicts whom, let us for argument's sake say, are unsalvageable.

For the effective running, there should in fact be decentralisation of hospitals so that hospitals in the Anchals are not controlled by Singh Durbar. The Govt. had announced that Boards would be formed for Hospitals of over 50 beds. This is a good concept and would involve local people and local authority to take an interest in the running of the hospitals. This announcement was made nearly one and a half years ago but beside the name of the Chairman of the Bir Hospital Board nothing more has been done.

BIR HOSPITAL

Most of the remarks made in general apply equally to the Bir Hospital. However, it being the only big Hospital in the Capital, deserves special mention. As a matter of fact, more than 50% patients come out of Kathmandu for urgent investigations and treatment. There always is an acute shortage of beds. By taking the criteria of one bed per 1000 population, there is a need of 500 beds. But because of large influx of people from remote areas, it is necessary to have even more beds.

As regards investigations facilities in the Hospital, there is a need for dissemination of information e.g. availability of ECG Service in Bir Hospital etc. Proper signboards in bold letters should be displayed in the hospital camp so that the Visitors are not confused. The Hospital staff should be placed at key post, in uniform to guide the public.

As emergency unit is very busy in the Hospital and is subject to occasional criticism in the local press, it is important to review the service critically at frequent intervals to make it more efficient. The doctors should be rotated in all the specialities in Bir Hospital in a fixed roster basis. Good residential facilities should be available to the resident doctors.

In case of IDU, proper isolation facilities should be available. All the staff members should be compulsorily immunised and vaccinated at intervals.

Preventive Health Service

It has already been mentioned that prevention is better than cure. It is cheap in the long run and provides rich dividend. It needs dedicated doctors workers interested in public health. These doctors should behave high incentives including practice compensatory allowances and should in no way be worse off than their colleagues in the curative field.

In considering the health expenditure of a particular country one must of course have the service of a strong epidemiology section which will tell us the exact prevalence of any particular disease. To get this information of where, how and when we must of course have a proper system of reporting of disease not only by doctors but also by the para-medical personnel. The Health Dept. tried in 1965 to do this by giving each doctor a total of 6 yellow cards with a request to report disease viz. smallpox, cholera, leprosy, diphtheria and whooping cough. Once these 6 cards were used up the doctor was supposed to ask for more but neglecting small matters such as having these post cards prepaid resulted in the scheme falling through. So far as we, in Nepal, are concerned this basic requirement regarding health information is lacking.

In a developing country such as ours, we have to begin with *specific campaign against particular disease* but this need to be integrated with basic health services. Health programmes to control or eradicate a specific disease e.g. Malaria, smallpox, Tuberculosis and leprosy are essential. These mass campaigns have tended to lower the incidence of these diseases but overall coverage has not been achieved. An integrated family planning programme with MCH is a dire necessity. The introduction of DPT immunisation by the FP and MCH Project is still literally in its infancy. The carrying out of this on a mass scale plus immunisation against polio will pay more rewards in the long run. *Nutrition programmes* have to be set as the majority of children suffer from malnutrition. Nutrition should be an important component of MCH/FP programme. It is gratifying to note that at last a paediatrician has been appointed recently to run integrated MCH & Family Planning Clinics as MCH cannot do without family planning and vice versa. Coming to the question of control of Population explosion, the government, representatives of the NMA and Family Planning Association need to consider the pros and cons of liberalisation of abortion in the country. These are measures to lessen what are already prevalent. But other problems which if not checked now are likely to increase as the years roll by are (a) *Traffic accidents* and (b) *poisoning*. As cars increase, so traffic accidents will become a factor to reckon within Health budgeting. A brake can be applied to the expected steep rise of traffic accident by taking very stern measures against drunken driving.

To do this however one must not make any distinction between the local 'Bhatti' and flashy Bar. What we must be worried about is the increasing popularity of alcohol and the fact that it is gradually attaining a respected position in our list of beverages. As mentioned in the preceding pages it is important to provide wholesome water for drinking purpose and emphasis be laid in improving *environmental sanitation*. A cadre of sanitations need to be established for the purpose, the local Municipal bodies should be guided to carry our programmes to improve environmental sanitation.

Training

For implementation of all plans, training of technical personnel is important. It is gratifying to the Nepal Medical Association that one of its members has been appointed as Dean of the Institute of Medicine at Tribhuban University. Whilst the recently formed Institute is at present only concerned with the training of the Auxillary Health Worker, Nurse, Assistant Nurse Mid-wife and Ayurvedic Practioners, one hopes that this is the preliminary step towards the formation of a Medical School in the country. The presence of such an institution in the country will also help to gradually raise the standard of medical treatment, open up the field of research and encourage the study of environmental conditions. In the meantime, steps should be taken to ensure recognition of house jobs in different hospitals for registration in India and abroad.

Lastly, until such time as we have our own Medical School with its attached hospital it is necessary to have one or two highly equipped other hospitals, whether Govt. or Mission, in the capital and other towns of the Country. Only in this way will there be a feeling of competitiveness amongst the doctors and other staff and ultimately the patient will have the benefit. When the choice is between the Arya Ghat and any hospitals bench, the doctor can get away with anything.

Conclusion

In view of the fact that the problems of each and every speciality of medicine it is necessary to set up an Advisory Council to the Directorate, Health Services. This council should consist of members from all the specialities of medicine plus representatives from NMA. This advisory council should meet periodically to review the general situation and provide concrete proposals to improve the health situation in the country. Futhermore the NMA should report the Health Service by sending its reviews and suggestions on state of Medicine and health matters. There should be period reviews of such reports to ensure that these are uptodate.