

## MEDICAL DISCUSSION GROUP REPORT

### *First Draft*

In a developing country like Nepal where 90% of the population live in the villages 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 Gods nor 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 or on increasing number of ordinary persons getting to the level of high administrators, 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 unlike the lecturers, professors, diplomats, general managers, governors and what not the 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, the first cadre of the profession is not taken as the first class 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 diseases present constitute a challenge to the medical man, but unfortunately the medical corps consists of a mere handful 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 1971 (provisional figure) 11,286,000 and the number of doctors in Nepal is 340 (279 Govt. service, rest Mission Retired) or approximately 1 doctor for 33,200 people. To bring this to a more realistic figure of 1 doctor for 5,000 of the population will mean that we will require a minimum of 2258 doctors. Our rate of training 28 doctors a year under the various Plans, Schemes or privatisation will mean that it will be 113 years before we reach that number, providing of course that the 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 will not only have to replace these doctors but also having increased the population tremendously even to the extent of doubling it by 2000 AD make proper allowances for it also.

In the same way the number of hospital beds in the country amounts to 1700 (including 400 in Mission Hospitals) or 1 bed for about 6,540 of the population. If we take even the basic figure of 1 bed for 1,000 of the population there will have to be 11,286 beds for the present population.

In considering the health expenditure of a particular country one must of course consider the services of a strong Epidemiology section which will tell us the exact prevalence of a particular disease. To get this information of where, how and when we must of course have a proper system of reporting of diseases not only by doctors but also by the paramedical personnel. The Health Dept. tried in 1965 to do this by giving each doctor a total of 6 yellow cards and a request to report 5 diseases viz. smallpox, cholera, leprosy, diphtheria and whooping cough. Once these 6 cards were used up the doctor was supposed to ask for more; but neglected small matters such as having these post-cards pre-paid resulted in the scheme falling through. So as far as we in Nepal are concerned *this basic requirement regarding health information is lacking.*

In view of the fact that the problems of each and every speciality of medicine are 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 of the N.M.A.

But we will try to run before we can walk—if we are to catch-up with the rest of the world, which is speeding ahead. As far as the population is concerned they will accept the fact that prevention is better than cure. This leads naturally to the necessity of having a strong and effective *Public Health Dept.* whose job will be to see among others :—

- (1) Proper supply of fit *drinking water* to the population at large. Drinking water from ponds in which utensils are cleaned, clothes washed and water hogs or buffaloes are in is not fit,

- (2) Abolition of night-soil as a manure or failing that the proper cleansing of vegetables grown with aid of night-soil. Washing these in the *Tukucha* of the capital is literally a case of 'from the frying pan into the fire !'
- (3) Selling of sweet-meats ('*Mithais*') by vendors in shops where the fly population disregards the concepts of family planning, should not be allowed. Coupled with this the time honoured practice of putting all stale '*mithais*' into such new presentations as the double thumb-printed '*rato peda*' should be frowned upon.
- (4) Wholesome unadulterated foodstuff should be offered to the public for sale. This applies especially to such items such as milk, ghee and cooking oils for in these days when the demand is greater than the supply, the temptation to make as much profit as possible by adulterating the food-stuffs to increase the quantity seems to be guiding principle of dealers dealing in food-stuffs such as these.
- (5) Establishment of proper *slaughter-houses* and the prohibition of slaughtering, cleaning and offering meat for sale by the roadside in filthy situations.

These aspects of public health are of course matters in which the *Nagar Panchayats* are involved. Attention to these matters will lower the incidence of gastro-intestinal upsets, typhoid, paratyphoid, cholera and various intestinal parasitic infestations.

The *Municipal bodies in collaboration with the veterinary hospitals* should evolve a system of dealing with stray and also rabid dogs. They should be staffed with proper personnel and adequate implements for the capture and destruction of such dogs. Along with this there should be a special department in the Public Health Laboratory for the *investigation and research of rabies* in the country.

In a developing country such as ours, we have to begin with *specific campaigns against particular diseases* and develop general health services gradually as our knowledge is increased and becomes diversified. It is therefore clear that health programmes to control or eradicate a specific disease eg. 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. The introduction of D.P.T. immunisation by the F.P. and M.C.H. 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.

These are measures to lessen the incidence of 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) *Poisonings*.

As cars increase so traffic accidents will become a factor to reckon with in health budgeting. A brake can be applied to the expected steep rise of traffic accidents by taking very stern measures against drunken driving.

To do this however one must not make any distinction between the local 'Bhatti' and the 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. And of course the recent decision to only forbid the sale of alcohol between 11.00 P.M. and 8.00 A.M. does not help appreciably.

Free sale of such poisons such as Dalf to frustrated lovers or mixed-up kids must somehow be stopped by having legislation restricting the sale of poisons. One has only to go to Bir Hospital Medical wards to realise that even now these type of cases take up so much of the doctor's and nurses' time—time which could be more usefully employed. Besides, these poisonings are an useless drain on health services funds.

For these mixed-up kids, alcoholics or for adults who are unable to cope with the strain of hectic living of the 20th Century, we have to provide adequate psychiatric services. As a doctor we cannot tolerate that a mentally ill patient 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 provision for registration, and also for supply of drugs to those addicts who, let us for argument's sake say, are unsalvageable.

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 outpatient 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, then the recruitment of para-medical personnel to help in the running of two shifts of outdoor 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 the doctor's clinic for medical treatment. The examination rooms should be fully equipped and every step should be taken to prevent the spread of infection amongst patients. There should be co-operation and co-ordination with other services like pathological 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.

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 Infections Diseases Unit (I.D.U.) In the same way doctors at Kanti Hospital will visit Lalitpur or Bhaktapur Hospitals, I.D.U. and also the Newborn units at Bir Hospital, or the *Prasuti Griha* on a regular basis.

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 doctors to go in field work or to other hospitals, 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 will 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 consultant has the advantage of being able to admit cases to hospital for observation, investigation and treatment.

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, in 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 of 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 providing drugs.
- 2) It saves time and the unnecessary worries of the doctor in charge, who has to run after a '*Thekdar*' (contractor) to provide food etc.

A still cheaper, albeit temporary, form of health service in areas where it is not possible to start a permanent health post or centre should be to send *mobile teams* with various specialists included.

There is much to commend the government decision to reduce *doctor's fees* at the clinic to Rs. 7 when one takes into consideration the fact that even the poorest man will have no second thoughts to spend this amount to see a doctor. After all his life is just as valuable as anybody else's. But should not a specialist or a super-specialist be allowed a little bit more ? There should be a *sliding scale of fees* depending upon the qualification and experience of the doctor. Irrational reduction of doctor's fees will only lead to deterioration in the quality of service. 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.*

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. All prescriptions once served by a chemist *must be rubber stamped* with his shops, name and the practise 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 a refrigerator to keep vaccines. By a mutual and rotation wise 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 shops if the original government decision was to protect the poor public from the so 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 the Royal Drug Research Laboratory at Thapathali*, not only within the hospital but also when they prescribe at the hospital out-door. When a specific drug is not available, or in the private practice then the choice should be left to the prescribing doctor. Whilst doing all this the government must also *check that the Royal Drugs Research Laboratory's 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 samples of all R.D.R.L. products and send these to be tested for content, potency etc. at analysis centres in India. The existing practice of the R.D.R.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 one could however ask the R.D.R.L. to check drugs produced by the various Ayurvedic concerns to see that there are entirely wholesome and do not contain western orientated chemotherapeutic agents or antibiotics and 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, who having perfected the art of quackery, descend even on such areas of the capital such as *Asan* and *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 practice adopted by even a Govt. Corporation paper like the *Gorkhapatra* to advertise claims of cures by non-registered non-medical men is an anomaly which must be rectified. And this leads on to a licensing body like the *Medical Council*. Can a non-registered doctor practise in Nepal or for that matter can he register or work in a registered clinic ? Furthermore

if registration of doctors is such a pre-requisite, can non-medical men maintain a clinic and practise medicine ? Or for that matter can the Auxillary health worker or compounders freely examine patients at the chemists' shops and liberally prescribe their medicines ? The Nepal Medical Council should ponder over these points.

Coming back to the previous point, if the compounder is going to over-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 normal rental charges to doctors wanting to build up a practice. Such action will ensure that besides providing the population of a 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 left to chance but must be in an orderly, area-wise 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 also 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, nay, of most of the people. To offset this there are other provisions eg. National Health Service in England, Insurance Coverage in the U.S.A., Canada and the 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 have pioneered, was a good one and benefited a number of people. To try to do away with this is short-sighted—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. The benefits would be enormous. 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 tried, it would mean a very high rate of taxation. So the only answer is for the state and the people to co-operate by subscribing to Health Insurance Schemes, which should be established in this country under special Acts passed by the government. In such a scheme the medical staff could be employed full-time but they would be paid substantial remuneration for their work.

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 the available 1700 beds in the whole country. To show that there is at least some awareness of the needs of children, the government should 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 Children's Hospital does not have 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 *Mob. 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*.

In the case of children it is also necessary to provide a *School Health Service* on a country wide basis. The over-crowding of children in the dormitories of most of the boarding schools of Kathmandu, in two or even perhaps three tiered beds reminiscent of ship's bunks or railway compartments, should not be allowed. The poor bathing facilities and the irregularly washed clothes are open invitations for impetigo and scabies to run rampant in the schools. The crying needs of the school children is not only for medical doctors but also for *School Health inspectors* to see that children's rights are respected and that the basic wish of a parent to do the best for his child, is not unnecessarily exploited.

A point which must be taken into consideration in making any future appointments in 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 consultant and/or specialists. It is a wastage of National resources when a doctor who has been trained as a 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 means 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 orientated when he knows that at the end of two years he will be posted elsewhere. Why slave one's self when one knows that the fruits of one's labour will be tasted by somebody else. It is far easier to mark time!

There should in fact be decentralisation of hospitals so that hospitals in the *Anchals* are not controlled by *Singha 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 hospital. This announcement was made nearly one and a half years ago but besides the naming of the Chairman of the Bir Hospital Board nothing more has been done.

The recruitment of the staff for these hospitals should also be done by the *Anchal* authorities or the hospital concerned. A rational approach would be for the *Anchal* Hospitals to vie with each other in offering inducements to the medical graduates in the form of allowances, 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. 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 around.* 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 over-all 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 held. Expenses for such courses ( including T. A. & D. A. ) should be entirely borne by the employing authority. For doctors with post-graduate 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 courses locally and abroad. As far as doctors in the districts are concerned it is sometimes found that adverse reports are sometimes motivated by personal reasons and hence before taking drastic steps against the medical officers it should be thoroughly investigated by H.M.G. Representation of N.M.A. 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.

It is gratifying to the Nepal Medical Association that one of its members has been

appointed as Dean of the Institute of Medicine at Tribhuvan University. Whilst the reformed Institute is at present only concerned with the training of the Auxillary Health Worker, Nurse, Assistant Nurse Midwife and Ayurvedic practitioner, one hopes that this is a 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.

Lastly, until such time as we have our own Medical School with its attached hospital, it is necessary to have one or two 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 competition amongst the doctors and other staff and ultimately the patient will have the benefit. In the choice between the *Arya Ghat* and any hospital bench, the doctors can get away with anything.