Life as a Medical Officer in Peripheral Government Health Institution

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I considered myself lucky when I was able to get through the highly competitive entrance examination of the ministry of education for MBBS scholarships. However as years passed into my medical school, I started thinking otherwise. The reason being the government bond that we had to sign before the admission which meant we had to work for the government (for two years as per the current provisions) in exchange for the scholarship. Serving the government under that bond, I used to hear about my seniors who were posted in different remote districts, without modern amenities, having to work in almost level zero setup and sometimes getting into difficult situations without any one to speak for them out there. This used to make me and other MOE candidates very unsure about what our future had in store for us.

As my internship drew to an end, I and other MOE candidates were gearing up to face the new side of life-to go off to some distant place and work there for two years . Those of them who were able to flex some political muscle got nearer, more accessible locations and those of us who did not have that privilege were dispatched to the different hills, mountains and plains that we'd hardly ever heard of!

As for me, I was posted in a government Primary Health Center that had just recently been upgraded to a district hospital level due to the high number of patients it had to serve. The new building was still under construction. The so called hospital was being run in the same old PHC. The patients were congested in a small OPD room with a doctor and AHWs. The inadequacies I felt there were just the reflection of the greater problem in the government system- Inadequate and undermanaged physical infrastructure, insufficient and underpaid, sometimes under motivated staff and in essence, an inefficient and disorganized unit.

Working in a primary level set up after being trained in a tertiary level referral center was quite an experience. Life, all of a sudden, was moving on rough roads. With only a primitive lab, x ray machine and limited supply of equipments and drugs to rely on, I had to take life and death decisions for my patients.

The problem was not only limited to the infrastructure and logistics, but also the poor administration and management. There were factions among the staff. No one seemed to bother what their role was. Everyone was backbiting; busy discussing other's mistakes or incompetence, while completely ignoring his/hers.

So there I was -unhappy, frustrated. To leave the privilege of city life and big city hospitals was too much for me. I thought of myself as I innocent guy serving his time in some prison for the crime he had not committed.

But as time passed, I started getting in terms with the new challenges and the new opportunity my life had bestowed upon me. I considered myself lucky for being able to serve in the rural community and a great number of needy people. I took the inadequacies and the imperfections of the rural set up as my challenges.

As a medical officer in working in periphery, I am able to help so many people with so much little in my hands which my fellow doctors in the cities can never imagine. I and my fellow MOs can give hope to the people in places where health service and doctor were only a

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myth. We can utilize the little resources that we have and serve thousands. We can treat many cases which used to be referred to the bigger hospitals.

Having said all that, I am not fully satisfied with the way the current system of affairs. No matter how much we, the medical officers in the periphery try, we still are unable to provide the services that the people need. In the absence of the specialists and adequate infrastructure and other staffs in the urban areas, we can't deliver the best possible medical care from the government institutions. Most of the times, we lack good laboratory services, imaging or the guidance of a senior doctor. We have to work day and night with a dismal pay. We also constantly have to face tussle with the administrative and public health staff for trivial matters. There aren't adequate systems for continuing medical education or keeping our doctors abreast of the current developments. While our classmates can apply for residency straight-away, we can't. These and many other factors have made the current system of peripheral posting flawed.

With the enforcement of similar provisions by TUTH and BPKIHS of mandatory peripheral posting for the new doctors, more and more places of Nepal will get service from qualified doctors. While it gives hopes to the thousands of people living in the rural areas of better health services, the need of the hour is to make the rural posting more transparent, better organized and more rewarding for the hard working doctors.