Frustrations of a *Conscientious* Health Worker

They say ignorance is a bliss. Contrary to that would be knowing the truth and being stressed! This is what the knowledgeable and conscious health workers are undergoing from today's medical practice, more so its effect is devastating in the LMICs. Medical training prepares us for illness care and to postpone death. There is little about "*health*" in medical education, and prevention takes a back seat. After graduation, those professionals keen on updating their knowledge, continue to master their skills in illness care. Pharmaceuticals, through Internet and other means are the source of continued medical education, which is largely to do with optimising wealth from medical practice or shall I say business. The absence of emotions and compassion among health care providers is always gawking at the patient. Psycho-social aspects of medicine in understanding of the patient's need is not the concern of a medical practitioner, but the next patient is!

At personal level, it is exasperating to observe the medical consultation. The other day, my wife suffering from sore throat and cough wanted to see a doctor, even though after assessing her condition, I had advised her that it will clear up in a few days and to continue to take symptomatic treatment. Wives do not trust husbands and she went on to see a doctor. The doctor listened to her complaints, did not bother to look into her throat or examine her lungs, and without saying a word went on to prescribe amoxycillin, paracetamol, cetirizine, bromhexine and a cough syrup containing codeine. The quantity of prescribed drugs, even if dutifully consumed, would be difficult to finish. On her return, I explained the drugs to her and suggested that apart from paracetamol and possibly cetirizine, none of the drugs were indicated. Needless to say that in two days she was back to normal without any medication. The doctor got his share from her health insurance and pharmaceuticals benefitted for the sale of medications, and the nation lost a chunk of money which could have been better spent on promoting preventive measures!
I visited my well known and respected orthopaedic surgeon the other day with mild pain and swelling in my knee. He asked me to get on the examination table, examined my knee and before I realised, gave me an intra-articular injection (most likely corticosteroids). The injection was probably the right treatment and got rid of my pain and swelling soon after, but he prescribed pain killers (Celecoxib) for two months, even though I had told him that the pain was not a problem. Unnecessary investigations, referrals, excessive use of drugs is not only a wasteful but a dangerous approach to medical treatment.**[1]**

Per capita expenditure on health is no indicator to better health, especially in the LMICs. Health indicators in many countries with very high health expenditure do not match with the money spent. India's health spending, according to World Health Statistic Report**[2]**, is a measly 3.9 per cent of GDP. Of this, public spending is just 1.15 per cent. Health indicators show that the neighbouring poorer countries are performing much better. Lesotho's health expenditure is one of the highest in Africa, yet its maternal mortality remains over 600/100,000 live births and one third of all Under-5s are undernourished. (see graph below)

Foreign aid accounts for substantial proportion of national income, for example it was 28% of gross national income in 2012.**[3]** . Less than one percent of the US budget goes to foreign aid, and that only, 30% goes to the least developed countries in the world.**[4]** Angus Deaton, the winner of the Nobel Prize in economics, has argued that foreign aid often hurts, rather than helps, poor people in poor countries. Deaton argues that, by trying to help poor people in developing countries, the rich world may actually be corrupting those nations' governments and slowing their growth. Ultimately, Deaton argues that we should stand aside and let poorer countries develop in their own ways. "Who put *us* in charge?" he asks.**[5]** Concerns that a transition to beyond aid in the health sector as currently envisaged may undermine attempts to achieve equitable universal health coverage. Greater

scrutiny is required of beyond aid investments in commercial hospital chains and other related areas in order to better determine their effect on poor people's access to health care, on catastrophic out of pocket health expenditure, and on opportunities for developing countries to create unified health systems with an appropriate focus on prevention and on primary healthcare.[6]

Those who have worked in LMICs would vouch for this. Responsible assessment is rarely carried out to assess the needs of the hospitals. In Laos, all district hospitals received an incubator for premature babies from a multilateral donor some time back. Draped in old hospital sheets, to this day, they are occupying precious space in the wards and will never be used. The reason being no one knows how to use them. The capacity of the district hospital is not capable of using these expensive machines. Power supply is a constant problem and they don't have 24 hour duty roster. Another multilateral supplied battery operated foetal monitors, knowing that supply of batteries was a problem because of various reasons. In any case, the foetal monitoring was perfectly being carried out with fetoscopes or stethoscopes at no extra cost. Another example is of duplication of equipment to a district hospital without checking if they already had those machines (see pictures below).

Even though expensive, western consultants advise sitting type of toilets, rather than squatting one that most communities are used to and prefer, and are surprised because few people use the toilets. Cultural sensitivity is totally lacking. In fact they would learn from the benefits of squatting on gastro-intestinal health problems.[7]

Alarming rates of caesarean sections rise is of concern. C-section should only be done when absolutely necessary. Save the Children reported[8], 77% of C-Sections carried out across Bangladesh last year were medically unnecessary. The rate of C-section is more than 31% in the country which is more than double the recommended rate of 10-15% by WHO. Hysterectomy scam in India is another horrifying case of cheating the poor for unnecessary surgical intervention.[9]

In LMICs most of the health expenditure is spent on building hospitals and illness care in the urban areas, whilst majority of the people living in the rural areas are neglected. At the same time private practitioners flourish in cities where most of the government health expenditure has been spent. Government doctors spend most of their time in their private surgeries or hospitals. Primary Health Care meant to be delivered through primary health centres in rural areas are under staffed, poorly equipped, lack adequate support from district hospitals and supply of essential drugs is erratic. Maintenance of equipment is always a problem, resulting in expensive machines lying unused because of service or disrepair.

Preventive services such as growth monitoring among Under-5s, family planning, care during and after pregnancy are poorly implemented, resulting in high morbidity and mortality among women and children. Although signatories to Astana Declaration 2018 and Universal Health Coverage, governments need to pay greater attention to primary health care, including diverting long awaited funds from illness care to Primary Health Care and for preventive measures.

For all conscientious health workers the power lies in speaking out and making these irregularities heard and understood by common man. Only empowering people with awareness and education will curtail the demand for unnecessary medications and treatment.

References:

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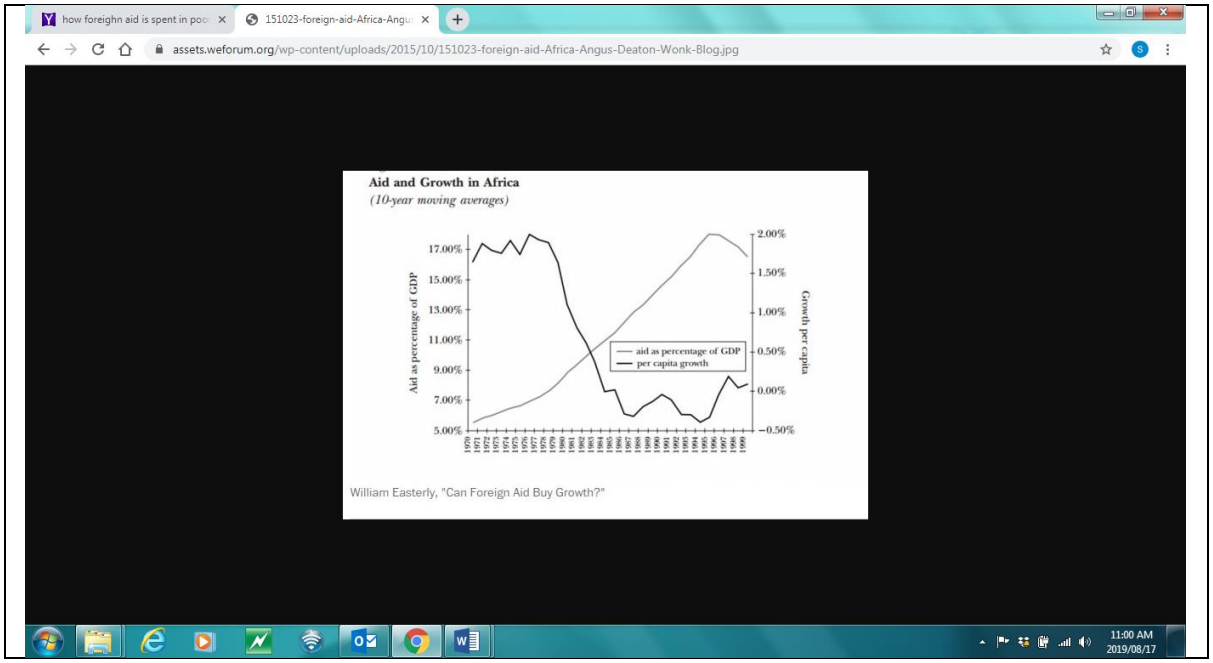

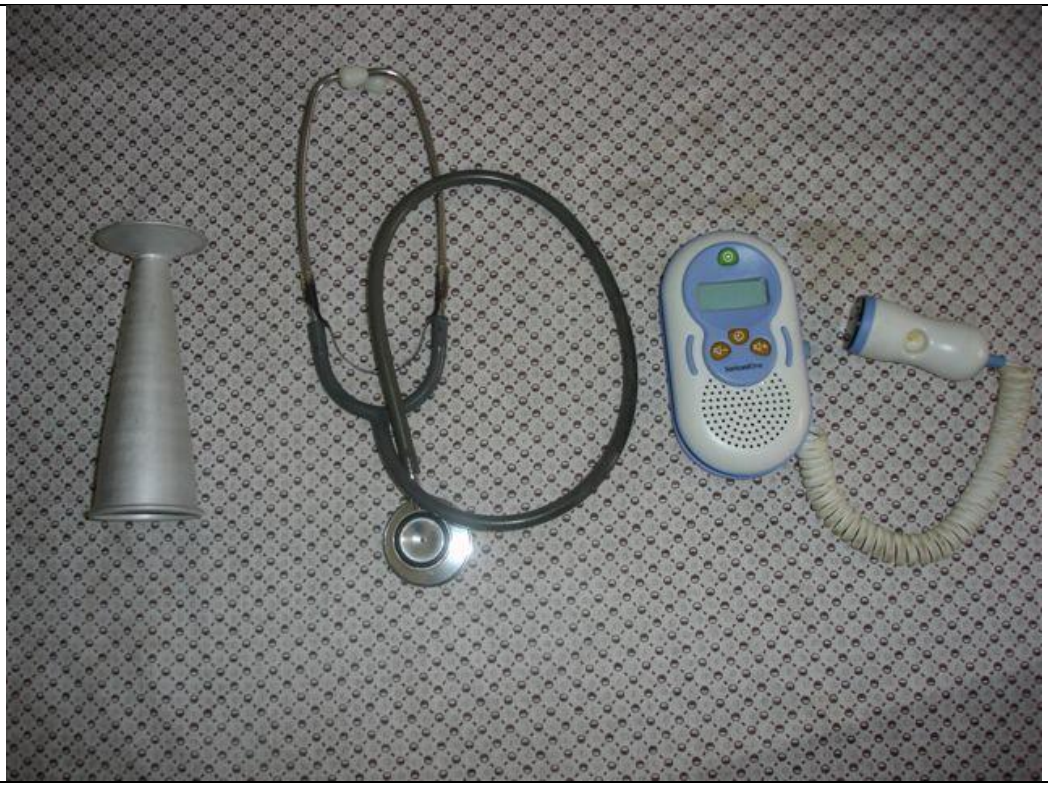


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