

EDITORIAL

THINK HEALTH

The Health is a far wider field than what is usually seen within the scope of health practice. If disadvantaged and under-served persons are to enjoy the benefits of good health, it is essential for every man, woman and child to "think health",--to recognize health implications in almost every facet of daily life, and take the right kind of action, both for combating health problems and for helping themselves and their neighbors towards healthier ways of living.

Health education and promotion lend themselves to a wide range of interpretations. Health education and promotion are, in essence, social and political actions of health. They seek to empower people with knowledge and understanding of health and to create conditions conducive to the pursuit of healthy lifestyles. This needs an effort of "understanding and will" on the part of all the concerned---from government level down to each individual. It is never too early to start learning, and teaching, the messages of good health.

As everybody can understand that it is responsibility of the government to provide free primary education to all Pakistanis but High school education and education at the professional colleges in no way is responsibility of the government. Similarly to provide health care at BHU's and RHC is the responsibility of the government but 100 % free treatment at tertiary care hospitals is neither responsibility of the government nor it is possible to provide such facility in the present socioeconomic status.

There are many countries who have completed or are in the process of decentralization of the health sector. In all such cases the process was initiated by the governments as a part of national policy and the health sector adopted it.

There is a need for decentralization of the health sector. Decentralization is a term that itself needs some explanation. It means transfer of authority from higher to lower levels of government, but interpretation of decentralization is often very confusing. So much so that for convenience decentralization is also classified into four different types.

1. **Deconcentration** in which some administrative authority is transferred to locally-based offices of central government, like District Health Offices; this model was adapted in UK in 1974 and was further strengthened in 1982.

2. **Devolution** is creation or strengthening of subnational levels of government that are

substantially independent of the national level with respect to a defined set of functions; this model has been adapted in health care facilities of Nigeria and Sudan.

3. **Delegation** involves the transfer of managerial responsibility for defined functions to organizations that are outside the central government structure and only indirectly controlled by the central government; Ayub Medical College is an example of such parastatal organizations.

4. **Privatization** that involves transfer of government functions to voluntary organizations or to private profit-making or non-profit-making enterprises with a variable degree of government regulation.

In the developed countries, health care is dependant upon Health insurance. Except for a few welfare states like Saudi Arabia which is known to provide free medical treatment to all the citizens, no country is known to provide full medical treatment to all the citizens. Even then, private hospitals that are very expensive are there. In UK every citizen has to insure him/herself to get medical treatment. They are registered with a general practitioner and they are treated by that GP and, if needed, referral to a government hospital as and where required is made.

The expenses of the treatment are born by the insurance companies. Even in these hospitals unlimited facilities are not available and the private hospitals are approached for such problems, which are very expensive but most of them are highly equipped and supervised by highly qualified specialists.

In Pakistan health insurance scheme is not compulsory. The limitations are due to religious prohibition and socioeconomic status of the general public. The government shares the slogan of WHO to provide " Health for all by the year 2000", which means that the primary health care will be made available to all the citizens by the end of this century that is till the year 2000.

Here I must mention that the basic divisions of health care facilities that is Primary, Secondary and Tertiary Health Care are all very important.

The primary health care is available at the doorstep and must be staffed and equipped enough to deal with day to day health problems.

The secondary is at a higher level, available for many primary facilities for referral cases like minor and moderate surgical procedures and admissions in wards.

Teaching hospitals and specialist hospitals are considered as tertiary health care facilities and they provide with most up to date facilities of the investigation, diagnosis and treatment for the cases referred from the lower levels of health care.

It is impossible that you go on strengthening one at the cost of others and then expect good results. If one level is weak the others will suffer too. Unfortunately this has happened in our setup of health care. We have strengthened the tertiary level only, at the cost of the other two. This has led to problems with all the levels. A new trend has been set up and that is to reach tertiary hospitals for every health problem. The major reason for this is the fact that the primary and secondary setups generally offer nothing or too little.

Every effort of the government has been directed to create, equip and maintain megasize tertiary hospitals. Very little skilled staff or equipment has been provided to primary and secondary health care facilities. Doctors, LHVs, nurses, dispensers, medical technicians are defined very well in the papers but if we see around us, they are physically present in just a few centers of primary and secondary health care.

The Operation theater, laboratory and X-ray is a secondary health center facility, but secondary centers around us either don't have these facilities or can't use them due to lack of trained staff or maintenance facilities.

I don't want to open a long list of deficiencies in the primary and secondary setups. I just stress upon my point that a trend has been set up recently to look toward the tertiary centers for even very trivial things just because of weak primary and secondary centers. This has led to enormous workload on the tertiary facilities.

There is a limit to which the tertiary centers can cater. No doubt that filter clinics are there, to stop a patient of flu from going to ENT specialist, or a simple malaria case from directly reaching a medical specialist. But the patient comes with an aim to see the specialist and he is never satisfied with anything less than the "Bara doctor".

This constant rush of patients to tertiary facilities has taken its toll in form of falling standards and disrepute of these big hospitals. There is a limit of

work output for the wards and their beds, laboratories and their machines, OTs and their aseptic conditions, X-rays and their results. When that limit is crossed, only then do we see long dates for simple procedures like barium meal, ultrasonography, ETT, hernioraphies and tonsillectomies. Only then the patients go to private hospitals for lack of beds. How can the OTs maintain standard without breaks for washing and asepsis. How the damage to the costly equipment of the laboratories can be avoided if it is being used at least 200-250% more than the recommended usage. How the ambulances can be sufficient for all the sick...with the result that they become dead body carriages only.

The need of the day is therefore not to criticize the tertiary care centers and curse their staff, laboratories and standards, but to strengthen the primary and secondary health facilities. So that people get all the basic health care, to their satisfaction, at their doorsteps. Thus, only the difficult cases will reach a tertiary hospital. This will decrease the burden of tertiary hospitals and this is the only way to reclaim the standard and prestige of the tertiary care hospitals.

In the end I will stress upon the following points to summarize my vision of health care at a tertiary hospital :-

- 1-Strengthening the primary and secondary health care facilities to decrease the workload of tertiary care hospitals.
- 2- Decentralization of tertiary care centers in form of delegation and not privatization
- 3- Promotion of merit and discouragement of "safarish" in recruitment of health care staff in tertiary setups.
- 4- Acquiring the machines with approval of the ones who have to use them, and not just by believing the salesman who have tall claims.

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