Review Article

Standardizing the Health Care in Pakistan

Aftab Mohsin

In early nineties, by default, as a young Assistant Professor of medicine, I attended a workshop on "medical education; planning and evaluation", at the CPSP's National teacher training center, Karachi. Those days' participants were paid for taking their time off and attending such an activity. It brought me close to Late Professor Fazal Ilahi and Professor Naeem Jafri. They instilled in us that in order to evaluate a candidate or a performance, you need to measure it. That evaluation could only be done if the quality being assessed was seen, being done, and that it was observable and measurable. It was further emphasized that in order to measure competence you had to compare it with a minimum standard, which when exhibited by a candidate would satisfy the examiner about minimal competence of the candidate and in turn the examiner or a set of examiners could declare the candidate in possession of minimal competence to pass. We discussed how the process of measuring could be made more objective, reducing personal biases. It led to emphasis on checklists and rating scales.

It was only a week back that I received a call to attend a workshop in Lahore on minimal health care service delivery standards. It is the initiative of present secretary of health Mr. Anwar Ahmed Khan and Mr. Abdullah Sunbal. The dynamic and visionary Mian Muhammad Shahbaz Sharif, the present chief minister of Punjab has explicitly desired so. I found striking resemblance in both the workshops and hence chose to begin this editorial with my first workshop on medical education.

Government of Punjab is rightly taking pride in steps being taken to revamp the department of education and the department of health. At least two foreign consultants were hired to look into the affairs of so called autonomous tertiary care health institutions. Their report surprised quite a few. There were no standards in place, no benchmarks to compare the performance of these huge institutions. Sweeping reforms are about to take place in standardizing the health care delivery in the province of Punjab. 'Minimal health care service delivery standards' is the term in vogue with the policy makers as well as health care managers. Public health care facilities are under critical scrutiny for poor health care delivery and general apathy amongst health care workers. Successive governments have placed increasing stress upon public health care. Policy makers, politicians, health care workers and public at large have high expectations from public health care facilities. They now seek return on investment! Investment on each tertiary health care facility runs into billions of rupees. Greater awareness of all of this has led to great expectations. On the other hand the number of patients flocking these facilities have nearly quadrupled in last few years. These tertiary health care facilities are simply overwhelmed by the patient turn over. This is in direct contradiction to the high expectations of all and sundry. This conflict results in dissatisfied patients and their attendants and at times boils down to hospital violence. It leaves the policy makers and politicians disappointed and wanting for more. While the hospitals struggle to cope with increasing burden of disease, the policy makers must realize that the present health care facilities are overwhelmed. New facilities are needed. The introduction of minimal service delivery standards will give something to measure. These minimal standards are usually and at times inadvertently imported from Western Europe or North America, without actually realizing the limitations of resources in Pakistan.

Not only we need to define and develop the minimal standards of health care delivery pertaining to local conditions and demands, we should also define the optimum number of patients to be handled in particular health care facility.

It is one thing to discuss minimum service delivery standards in a workshop setting and another to implement it. Implementation is going to require well-defined locally developed health care standards, trained human resource, efficient systems in health care delivery, investments in health care facilities, proper referral system as well as rewards and punishment linked to professional audit. The media has a major role to play, not in highlighting the lapses of medical profession only, but portraying the actual difficulties. A relationship of mutual trust must be forged among all the players, especially the media, the public at large and most importantly the so-called "protocol patients" who are usually responsible for

the hospital violence.

In the end I have an advice for the young doctors who are battling at the forefront, dealing with overwhelming number of emergencies as well as the occasional temperamental patients or their attendants. Two things can dramatically change the outcome of your encounter with the patient. These two things are within the scope of every one. These two attributes are effective communication skills and documentation.

These are stressful times for the whole world, tempers run high and tolerance is reduced to ashes in the flames of fury. The result is hospital violence and stained image of the noblest of professions.

Two measures by you, the young doctors can prevent any untoward incident and bring back the lost glory to this noble vocation. These effective measures will also protect you personally. It is the documentation that protects and communication skill that prevents any misfortune from striking you.

In times of a medical emergency, remember the quote " When the going gets tough, the tough gets going".

In effective communication during periods of stress the most important is to be a good listener, and it can be achieved in a matter of a few minutes. All you need is to have a keen ear, pick up the main complaint or the chief complaint or the major issue and ask the patient to elaborate it, preferably using the patient's language. It will have two benefits, firstly the patients will be satisfied or reassured that he has been heard, and secondly it will lead to better understanding of the patient's problem.

Whenever you see a patient, document it in the patients file or a chart or prescription. It is the proof for everyone that the patient was attended.

Document every measure taken for the patient whenever the measure is taken.

Documentation goes beyond seeing patient, document your leaves, any applications any change you notice in your unit etc.

Effective communication skills can lead to far greater benefits. It can translate into a meaningful patient doctor relationship. The purpose is to build up confidence between a patient, their family and medical care giver, thus giving doctor patient relationship a pivotal role in the entire management of the patient.

It demands from a doctor to be of a giving nature and exhibit understanding of the problems of the patient. You must show empathy and kindness to the patient and their families. At times, in the hours when we are overwhelmed, we feel it is all right to just perform the minimum that is required. The compassion and empathy though required at all times are not measurable! Time spent with the patient, number of attempts to pass the i/v line, accuracy of blood pressure measurement are measurable. So good doctoring goes beyond minimum standards. Remember, minimum should be the minimum and not the objective of health care delivery. And everybody needs a little dose of DOCTOR!

Furthermore making the patient feel that they are in safe hands will improve the patient outcome.

A doctor has the responsibility to explain the attendants about the gravity of the disease and prepare them for any incoming shocking event. An old saying is "give the best prognosis to the patient and worst to the attendants", but remember it should be based on facts.

Department of Medicine
SIMS/Services Hospital, Lahore
theesculapio@hotmail.com
www.sims.edu.pk/esculapio.html