

What a mess!

Pakistan's often
worthless
medical education
system now has
equally worthless
universities

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Health

S OON after he took charge of the country, General Pervez Musharraf appointed Dr Mahmood Chaudhry as Health Minister of Punjab and General Ahsan Ahmed, Health Minister of Sindh. Both weren't wise decisions as Dr Chaudhry was a surgeon with no first hand experience of health sector issues in Pakistan while Dr Ahsan, a retired general, had no idea of managing a healthcare system outside the army. Both enjoyed total support of their respective provincial governors and both took decisions without having an understanding of the health problems in Pakistan.

They had no idea of the prevailing primary healthcare situation in the rural areas of the provinces. They didn't even have an understanding of how the basic health units, rural health centres, taluka hospitals and district headquarter hospitals worked. But of all the bad things, the worst was that Minister Mahmood Chaudhry was also paranoid.

From the very beginning he started victimizing those doctors who he thought were 'dangerous'. These were doctors who were critical about

By Dr Shershah Syed

whole new ball game, in the already corrupt healthcare system of the country, when he played into the hands of professors of LMC and brought an ordinance to upgrade Liaquat Medical College to Liaquat University of Medical and Health Sciences. The decision was taken against the will of then Secretary Health and Chief Secretary who opposed the idea on technical grounds. Why was the university established and how will it help in solving the healthcare problems, is still not clear. In fact from the very beginning the biggest stake holder in the healthcare system, 'the patient', was not taken into consideration at all.

Soon after the wayward decision by the Sindh Government, the Punjab Health Minister Mahmood Chaudhry came with his very own bright idea of Punjab University of Health Sciences. And despite the

Balochistan? If the bigger provinces, Sindh and Punjab can have medical universities, that too two, then the smaller provinces can at least have one each, in Peshawar and Quetta. And so work has commenced in that direction.

In a country where not a single medical college in the public sector is up to the standard of modern medical colleges of world, it would be interesting how these universities produce doctors that will be at par with the global medical fraternity. However, the reasons for this university mania appears simple:

* These universities will be allocated massive funds without any accountability whatsoever.

* Job security is another plus. There is no chance that a professor from King Edward College, Lahore will be transferred to Bhawalpur or a professor from LMC, Hyderabad will be transferred to

Revolutionary actions and goal oriented decisions should be the order of the day. Patchwork is definitely not needed. A policy to help people, to provide primary and emergency healthcare to the masses. BHUs, RHCs, THQs and DHQs need to be activated immediately. Teaching hospitals need to be converted into training centres and institutes for the care of suffering patient. Medical colleges should be looked upon with pride and vision. An army of paramedical staff should be trained. And most importantly, medical professionals should be utilized and should be provided with a career structure, instead of being exported in exchange of some bulletproof Mercedes Benz.

Other measures that need to be looked into, are:

• A high power committee should be formed by the government and the UGC to investigate and justify the establishment of medical universities. The term of reference should deal with the performance of Liaquat and Punjab University of Health Sciences. The major question should be asked, how patients of this country are getting benefit from this adventure?

• The committee should consist of people of honest background, integrity and without vested interest.

• Every medical college and attached tertiary healthcare centre should be made autonomous in theory and practice. The Health Department should not interfere in the day-to-day and routine running of these centres.

• All faculty members should work as full time faculty members instead of being part-time visitors of hospitals.

• All appointments, promotions and transfers should strictly be based on merit.

• The Pakistan Medical and Dental Council should become completely autonomous with judicial power to monitor all kind of medical practices in the country. A separate section should also deal with alternative types of healthcare

Health – at a Glance

Population -----	142 million
Population below poverty level -----	50 million
Fertility rate -----	4.7 percent
Life expectancy -----	63 years
Under five mortality -----	110/1000
Infant mortality rate -----	83/1000
Immunization at 12 months of age against TB -----	78 percent
Immunization at 12 months of age against measles -----	54 percent
Campaign against polio -----	44 rounds
Vaccination against HGB -----	Not Universal Coverage
Blindness in general population -----	2 percent
Maternal mortality rate -----	340/100,000
Home delivery -----	80percent by TBA
1 nurse (15 nurse – 1 doctor normal) -----	08 doctors
1 doctor -----	2300 people
Nonfunctional BHU, RHC, THQ -----	< 2200 – 2400
Number of beds for 100,000 population -----	80 – 320
Specialists -----	1 for 14500
GDP on Health -----	0.73%

No national screening program for breast, cervical and prostate cancer.

Clean water and sewerage system not available to majority of population.

No effective program against Hepatitis C, HIV and smoking.

his decision regarding partial autonomy to the medical institutes, a policy by which institutes were declared autonomous but at the same time the minister and the Department of Health had all the decision power.

The minister made sure that the Public Services Commission was not encouraged and thousands of unemployed doctors forced to leave the country. The minister systematically tried to destroy the paramedic and nursing institutes by not appointing staff to vacant posts.

General Ahsan on the other hand, the Health Minister of Sindh, just did not believe in merit. He appointed unmerited personnel and made sure that the required new recruitment was not finalized thus ensuring mass immigration of doctors from the country.

In NWFP, the arrogant governor brought a whole new vista to the medical problems of the province when he banned private practice. Without proper planning he started a system which caused starvation of skill in public sector hospitals. He also opened medical colleges without consulting the experts.

Balochistan should have been given a better treatment as the Federal Minister of Health hails from the province. But nothing earth shattering has been done there as well.

THE PHENOMENON OF MEDICAL UNIVERSITY: General Ahsan, a graduate of Liaquat Medical College (LMC) started a

fact that the decision was opposed by the committee of principals of medical colleges in Punjab and other honest teachers in the faculties from various medical colleges, the minister argued that if Sindh can have a medical university, why not Punjab? The argument was supported by the provincial governor who had no idea about the medical education and healthcare system.

Despite the bitterest of protests, the ordinance for university was passed and university was established within the premises of the Institute of Nursing and Paramedics.

The scene shifts to Karachi where faculty members of Dow Medical College passed a motion saying that since LMC had been upgraded to a university, then so should DMC. And so, instead of appointing a committee and looking into the reasons why LMC was declared a university, the government decided to establish the Dow University of Health Sciences to satisfy the greed of vested interest groups.

But that didn't end there. Inflated egos in Punjab convinced the provincial government there that if Sindh can have two medical universities then so can they. Maybe even three! Recently King Edward Medical College was declared a medical university and it was also announced that Nishtar Medical College will also be a declared a medical university in the near future.

But what about NWFP and

Larkana.

* None of these universities are full time universities and it suits academic staff to get the benefits of a full time faculty member and remain part-time academic member, thus giving them ample time to attend to their private practices and other business ventures, inside and outside government institute.

* All of these universities are very much interested in building new complexes and aiding the vested interest groups, from architects to contractors and suppliers to interior decorators.

THE REAL HEALTH ISSUES: Blinded by their greed for power and money, these people have very little idea as to what the really health issue of the country are.

At least third of the population is living below the poverty level. We have an annual fertility rate of 4.7 per cent with a life expectancy of 63 years only. A big portion of our population doesn't have access to clean drinking water nor enjoys basic facilities of sanitation. Water-borne bacterial infection is one of the major causes of morbidity and mortality in both children and adults. While 78 per cent of our one-year-old children are immunized against tuberculosis, only 54 per cent are immunized against measles. I can go on and on and on. But are these health secretaries, governors or President Musharraf even listening?

GOVERNMENT'S PRIORITIES: The healthcare system of Pakistan needs help on emergency basis.

system.

• All private medical institutes, hospitals and medical university including centres like Aga Khan Hospital, missionary hospitals and voluntary hospitals should be made accountable to the government in respect of patients care and medical education.

• Doctors, nurses, midwives and other health providers should not be exported to other countries for foreign exchange. Instead they should be employed in our empty health centres in urban and rural population. All people have the right to get primary and emergency healthcare free-of-charge on 24-hours basis.

• A patient-friendly drug policy is required which should make sure that all lifesaving and essential drugs are freely available round the year and spurious drugs should not be promoted with the help of government and corrupt medical professionals.

• Other stake holders like PMA, CUSP and professional bodies should be consulted in making policies which have long term effect on our people.

Despite the ill-health of our country's health problems and knowing its remedies, it is possible for the newly elevated Prime Minister, Shaukat Aziz to at least fulfil his initial promise that everything will be done on merit in his government. His government has already shown that their priorities are not correct.