# A part of development

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MARIAM AFTAB says that our mental health plays an important role while making decisions

The starting point of preventing psychological problems is to be armed with information. Our emotions are a major part of human experience, and responsible for much of our behaviour. Sometimes people explain their actions by saying that they make them feel good, or stop them from feeling bad. How you feel from moment to moment, that is, the mood you are in is a major factor in your quality of life. But perhaps even more fundamental is that simply being in a good mood can make unpleasant tasks seem nicer, while being in a foul mood can dampen the most agreeable experiences.

Stress can play a vital role in all areas of life. Starting from interpersonal relationships, work, health, environment and even study habits. Problems in stresses are a part of growth, if you can view them in a positive manner. They could be strong opportunity to grow. One has to have the vision and the wisdom to diagnose one's own stresses and then redirect them into path of self-discovery. Every time I was presented with a problem, I knew that it was an opportunity to grow and that the power that created me had given me everything I needed to solve that problem.

Most of our behaviour has a hidden purpose, so hidden that we often forget it's there. In addition to the goals we have everyday (getting to work, doing the shopping), we also have more clandestine aspirations, which determine our behaviour. In any encounter with another person, we try to behave in ways that reflect our desire to be viewed as reasonable, competent, attractive and moral people. Anxiety is often experienced in our behaviour from time to time.

Anxiety and its symptoms should be understood and recognise properly. If it starts suddenly and severely it can leave you utterly confused and frightened, so much so that you can even mistake your own thoughts of alien experiences. You may believe the thoughts come from somewhere other than your mind; I have seen countless patients who, in the grip of acute anxiety, falsely assumed that some strange thought was a 'voice' or hallucination, which merely made them even more anxious. I have seen many students complaining of anxiety during an exam. Psychologists who study stress have long known that exams produce more strain than any other life pressure. One study found that one fifth of medical students were so stressed during exams that the high levels of stress hormones their bodies pumped out made them temporarily diabetic during an exam.

Your education than your work serves as your expression of creativity. You need to go beyond your feelings of not being good enough or not knowing enough.

Since achieving educational, professional and many other goals in life often depend on performance during a test of some kind, the failure of able students means that society loses many talents. The solution may be more complicated than just trying to stay calm.

The symptoms of anxiety associated with exam nerves are butterflies in the stomach, palpitations, trembling hands, a dry mouth, and so on. Instead of focusing on answering questions, those with high test-anxiety become preoccupied with thoughts that they are lagging behind others, rebuke themselves for forgetting answers, and recall in panic previous tests that ended in disaster. It is this distracting worry, not the physical symptoms of anxiety that need to be addressed for test performance to improve.

I have noticed that the most success I have received in treating exam nerves in my centre is not so much on relaxation techniques but more on getting the students to replace negative self-beliefs with positive eye. The most important technique which should be used is that the need to develop instructing themselves to concentrate on the task they have in front of them. Not to be distracted by irrelevant and self fulfilling fear of failure. At a most sophisticated level a solution is to analyse dispassionately the fearful thoughts, which are causing the anxiety and examine the evidence to see whether the extreme emotion is really warranted by the circumstances. But this, of course, is easier said than done.

Unlike depression anxiety is always temporary, it is possible to feel very anxious for a very long time. Even when students try to concentrate on doing homework assignment their thoughts are distracted. They often occupy themselves within another pleasurable activity so that their mind doesn't keep focusing on the short-term benefit, they would rather be enjoying right now. Self-control has to be learnt, there is a simple technique trying to anticipate the problems of resisting temptation and taking a few practical steps to limit your ability to respond when in the grip of strong emotions, which you have a chance to plan coolly, is probably the biggest contribution to self-control. This is called pre-commitment.

One of the reasons why people repeat mistakes is that they have failed to understand themselves fully. The definition of a mistake is an occasion in the past where, looking back, you believe you would have made a different decision, knowing what you know now.

The thoughts we think accumulate and when we are unaware, the old thought resurfaces. When we are reprogramming our minds, it is normal and natural that we go a little forward, we come a little back, and we go little forward again.

The very best preservers of positive mental health are those relationships where you feel cared for and esteemed even when you are at your lowest ebb and can give little positive of yourself. We need to know what we can do to preserve and enhance our mental health. Many people continue to invest in relationships, which quite clearly offer little or no support at times of distress and need. ■

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# Health care: too m
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By Dr Syed Khawar Mehdi

The Pundits and self-claimed custodians of healthcare are raving and ranting again. "Pakistan needs more specialists", Experts call for free emergency healthcare", Health through ordinance" —— and similar politicized headlines periodically fill the sad vacuum in healthcare.

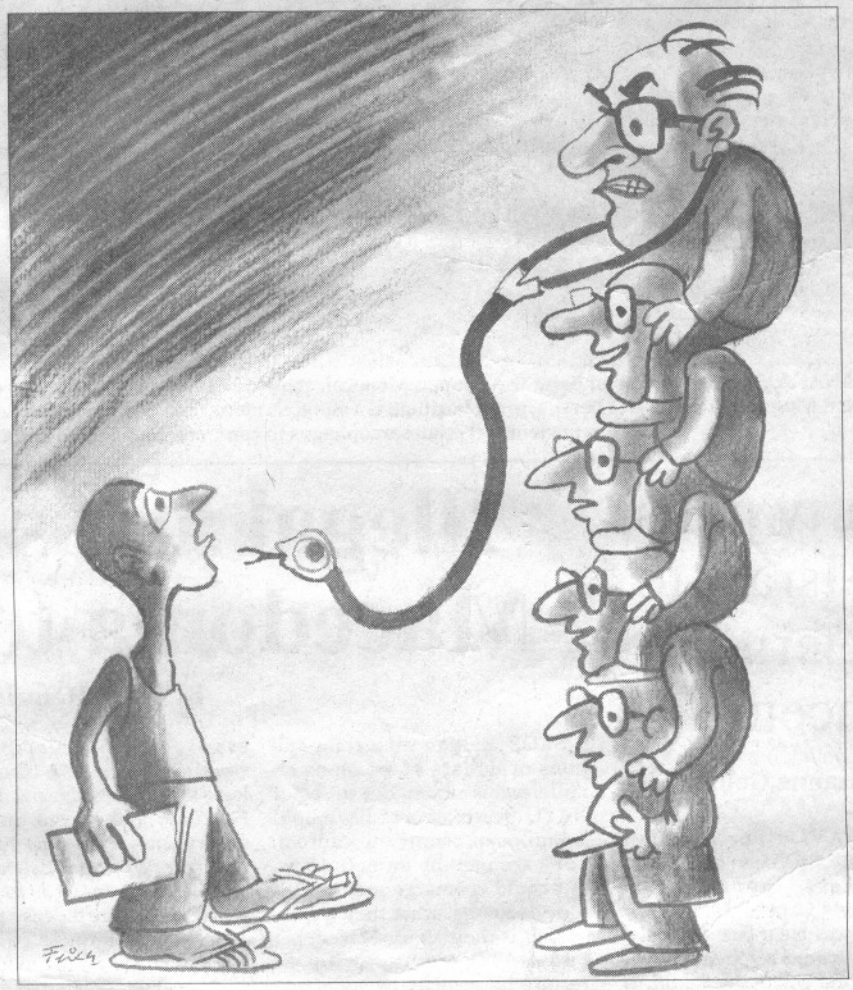
Some of the recent headlines are blatant attention seeking tactics by a sad few out- dated and ill-informed professors and practitioners from yesterdays, who are still trying desperately to monopolize and maintain the much fragmented and chaotic situation in healthcare. The current states of affairs in healthcare are reflective of decades of incompetence at both state and private levels. The livid morbid Tsars and under-takers of healthcare have in the last 54 years made healthcare a putrid swamp of blatant opportunism, criminal mismanagement, shameful negligence & insensitive misuse of resources and planned erosion of vital infrastructures at all possible levels.

Pakistan unfortunately lacks professional healthcare managers, economists and policy makers. The vital structures that form the core of our bureaucratic institutions are filled with mediocrity with no concepts of the global healthcare change and regional advancements in healthcare.

It would be quite pertinent and unfair not to mention of our regular tourist presence at some of the leading WHO and UNICEF meetings and seminars, be it in Rome or South Africa. These peer-reviewed meetings and concept drawing exercises are a must for the growth and development of our obstinate bureaucratic institutions; rather be made a must by Aid giving agencies and countries. What is equally important is to make sure that original papers are regularly presented at the leading healthcare forums and submitted to peer reviewed journals.

Pakistan needs to reprioritize and reallocate its financial resources and gear up its knowledge investments while working within the necessary political and social parameters to come up with workable solutions to the overtly mismanaged healthcare scene. Healthcare stands as the second most neglected casualty of our system after education.

Coming back to physicians and their non- committal attitude and militant role in healthcare policy matters leaves much to be desired and needs a serious impartial exercise in accountability and professional standards. A culture bereft of conscience and moral obligations also affects its professionals and technocrats. Pakistan has gone through enough upheavals to uproot any conscientious and their foundations. What these custodians of medical education and so- called messiahs preached tantamount to betrayal of the profession and crime against students and their careers.



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An educational institute's primary duty and obligation to its student body is to impart the best it can offer in knowledge & practical and put all its teaching resources at their disposal. Quite to the contrary, our medical academic institutes are hot beds of radicalism, ethnicity and party politics and the senior physicians willingly play the tune of their respective camp and ideology.

the better management of limited resources. The overtly politicized body needs to get over its day- to- day bickering and passing resolutions on Palestine, Kashmir and world politics, let the Foreign Office manage or mismanage what they are paid for.

PMDC on the other hand is bureaucratic monolith with no worth or rationale for its existence, it should be disbanded and the responsibility handed over to the respective provinces and independent peer managed bodies so as to maintain a desired yet healthy balance between the private enterprise and state. For our

society, though in process has created makeshift structures and platforms that serve as alternative to permanent institutions and service modules. Physicians too did not fare any better than the rest of the professionals and technocrats, they too were solely enticed by monetary objectives which supercede all drives to improve professionally and develop career tracks. The lack of sustained growth and blatant favouritism has bred anarchy in our grassroots. Any serious attempt to bring progressive new ideas is inadvertently made to face demoralizing grilling from the custodians, brought to a frustrating halt and the ultimate abandonment.

During my student years at Sindh Medical College & JPMC, I clearly remember few very senior physicians who also happened to be staunch leftist & would encourage us Young Turks to work on social revolution and to revolt against the system. As a matter of fact we were quite bold and successful in quite a few campaigns during the Zia years; similar to ours were the experiences of our friends in Jamat and few other right-wing and centrist students' parties. No wonder all our energies were focused on creating more chaos and bringing conundrum to the already shaky institutions

The academics and federal & provincial godfathers of healthcare have played havoc with matters of healthcare and policy matters at both national and provincial levels. Whether it is the fossilized bureaucracy, militantly motivated organizations like PMA or the individual practitioners; a common thread binds them all on the maintenance of status quo. What has PMA done in its many years of existence other than promoting militancy and to focus all its strengths in countering the likes of Jamat- based interests in physician community? What has it accomplished in making better medical institutions, improving curriculum, entrance exams at all medical colleges, better delivery of healthcare, patient rights, occupational safety, workplace safety, hospital accreditation, physician accountability, better physicians, malpractice and medical ethics. It truly has one agenda and that is to permeate its rule. Looking at the number of physicians jumping the ship and making it to monetarily lucrative fields as police, district administration and customs, it seems like that the system has reached its lowest in the last 54 years.

PMA needs to go through a major overhaul and work on a new agenda in alignment with the modern day realities and

private enterprise and state. For our healthcare scene to progress we need to be in tune with free market reforms to cover gaps in our already late start and a peripheral but sobering presence of state to make sure that rights of the underprivileged and the old are not ignored or compromised on.

The Chinese model of scientifically accommodating the change and artfully managing the tradition have much to offer to the shaky nerves of those few who are acting as obstinate pillars of resistance to change.

The state should continue to subsidize healthcare and its delivery to the masses, while at the same time should charge a decent fee from the better offs. A physician posted in Umerkot with a salary of Rs 6000 and an annual medicine and store supply of under Rs 40, 000 should not be expected to turn out miracles or be expected to stay in that environment. No wonder majority of well connected( both of rural and urban origins ) get posted elsewhere in good time, the rest only spend time under compulsion and not out of choice.

The million-dollar question is what can the government do to encourage physicians to move to under- served areas. A host of measures can be employed to attract physicians with missionary zeal

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and the desire to provide basic health to the rural population. Lucrative hardship allowances, rotational assignments, accommodation and promise to relocate to urban setting in two years. Upon continuity of service in same area a handsome raise and early promotion with more long-term incentives can have the desired effect in encouraging the young physicians to take up the task. We have to learn from the better performing healthcare delivery models in USA, UK and European Union, while not ignoring the ground realities at home.

Healthcare structures need to be built on corporate footings with full involvement of the private sector and a more responsible and caring role of the state, maintaining a corporate- friendly attitude yet not compromising on basic needs and requirements of the underprivileged and the old.

Talking of accountability and Hippocratic oath. How many Physicians have had their licenses revoked due to malpractice? What actions have been taken against the professors who have blatantly practised favouritism and maintained monopoly by unethically controlling the pass percentage at postgraduate institutions like CPSP (College of Physicians and Surgeons of Pakistan)?

Physicians with poor qualifications, lack of experience, dubious diplomas and sub- standard training are heading departments at leading institutions that once had repute and sound standing. Majority of state- run hospitals are a patient's nightmare. Once prominent healthcare institutions like JPMC (Jinnah Postgraduate and Medical Centre) and CPSP (College of Physicians and Surgeons of Pakistan) are being run like personal fiefdoms with shameless arrogance and are more so a scheme for controlled and tailored spread of knowledge.

Our healthcare system needs a critical analysis in order to make it a feasible entity for both the patient and the practitioner. A phased structural re-engineering of the entire healthCare system will be the ultimate sustained effort to promote growth and development.

The GOP and the provincial governments need to have a more sympathetic attitude to the concerns of the investors both local and foreign, and mobilize enough resources to attract investors and technology transfer in fields of healthcare, healthcare delivery and medical education. An essential encouragement to the multinationals would be guarantees for intellectual property and technology transfer, thereby establishing confidence and leading to actual investment in R&D base as well. A close look at the changing policies in both China and India would argue convincingly in favour of such measures. Pakistan has come a long way in Healthcare and to improve the dismal system, one needs to fully appreciate the problems at both the grassroots and policy levels. We need to appreciate and encourage talented individuals in order for us to improve as a system.

The current healthcare setup is paralyzed neck down and only breeds' incompetence, nepotism and validates dinosaurs of the fossilized system. School Health system is a classical example of how to waste precious resources and encourage mid level corruption. The ghost setups have lately received some attention after I raised storm with a conscientious serving minister.

The Mandarins, ministers, medical practioners, clinicians, academicians and technocrats need to put together a powerful task force with full discretionary powers and mandate from the centre and the provinces. Transparency at all stages should be a pre-requisite of this massive exercise. The Task Force shall identify the ailments that malaise the system and make suggestions in a stipulated time frame. A good start would be to have the objectives identified, questions framed and modus operandi designed at an academic level with leads from both local and international healthcare experts and scholars and institutions of standing. ■