

Health
Dawn

Let nature take its own

By Professor Altaf Hussain Rathore

NO one knows how long he or she is going to live. Of course the privilege of knowing the exact date of our death is reserved with the Almighty. However, what we do know is that to some extent there are factors that control the longevity of the human life. These factors include race, environment, diet, style of life and diseases. And these are the factors that have been responsible for the different average ages of the people at different times.

Cardiovascular diseases, cancer, trauma (traffic accidents and injuries) are the leading causes of death. There are other causes as well, such as kidney diseases, diabetes mellitus, cerebrovascular accidents failure, lung diseases, infectious, tropical and gastro-intestinal diseases. But in the past number of years, advancement in biotechnology, discover of more potent drugs and a better understanding of human physiology has helped us in improving the survival rate among humans. Better nutrition and prevention of certain diseases has definitely played a major role in attaining a longer life.

It should be remembered that simply prolonging life is not important. It is the quality of life that matters. The question is simple: Is remaining alive with the help of dangerous and expensive drugs, which one can hardly afford, or living in misery due to untoward aftereffects of the treatment, or remaining confined to the hospital attached to some life support mechanism most of the time, worth it?

the initial factors that need to be taken into account. If it is long enough, the affected area of heart muscles dies (infarcted). The person may die immediately due to heart stoppage or shock, or die slowly due to poor pumping of the heart if left untreated.

But if you promptly start the heart by cardiopulmonary resuscitation (CPR), clear the closed artery supplying the heart (coronary arteries), maintain general blood pressure of the body by drugs, keep the coronary arteries open and encourage the establishment of collaterals (new blood vessels), you can save the person for a longer period. If this blockage of the coronary arteries occurs slowly due to incomplete and segmental narrowing of the blood vessels, the sufferer will start getting sudden pain in the chest, left arm and neck, especially after exertion or a heavy meal, which is temporarily relieved by keeping a tablet of a medicine called nitroglycerine under the tongue. This state of affairs is called angina.

If it is not treated in time, it may lead to MI or cripple the person due to the cardiac pain all the time (called unstable angina or USA). Actually angina is a warning sign of impending MI. The site and degree of block is diagnosed by ECG, thallium scan, stress test and coronary angiography. A minor block can be treated by medicines. But if it is something bigger, more has to be done if the block is major and extensive.

The treatment of choice is by opening up of the blockage by inserting a balloon and then placing a small piece of tube at the site of obstruction. This small operation is called angioplasty. It is a sophisticated procedure done under local anaesthesia and causes fewer traumas.

The other alternative is a major heart surgery called coro-

nary artery bypass grafting. These operations cost anywhere between Rs2 to 300,000/- each. The patient has to continue taking medicines throughout his or her life after the operation.

THE INCURABLE CANCER: By and large cancer is still an incurable disease. A few cancers are curable, but even that is possible only if these are detected at a very early stage. Surgery, radiotherapy chemotherapy, hormones and immunotherapy are the main modalities to treat the cancer. Research in the matter is going on throughout the world. But a breakthrough seems a remote possibility. Lots of extremely expensive chemotherapeutic agents are given by the doctors, which may add a few months of life to the patients. But that life is nothing but a misery with pain, loss of hair, sore mouth,

again this procedure has its limitations.

The real answer to kidney failure is to get a new kidney, a process called renal transplantation. However, the main problem in this operation is to find a person who is ready to donate his or her kidney. In the West and in other advanced countries, the kidney is taken from dead bodies. It needs lots of complicated tests and expensive medicines before and after the operation. Cost comes in hundreds of thousands and one has to take anti-rejection medicines (serving to suppress the natural immunity of human body) all through his life.

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But if a person gets a fatal disease, how long we can treat it to ward off the death? Let's take a look at a few examples.

MYOCARDIAL INFARCTION (MI): Commonly known as a heart attack, MI is the sudden stoppage of blood supply to the heart muscles. Results depend upon how extensive the damage is. Sensitivity of the affected area and for how long blood supply to heart muscles remains stopped are

ing ie connecting coronary artery to ascending aorta or internal mammary artery. Thus the usual first choice is stenting. But every case is not suitable for this procedure. Coronaries may get blocked again after stenting. In either case we have to resort to the bypass operation. Even bypass operation can fail and we again have to repeat angioplasty.

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going on throughout the world. But a breakthrough seems a remote possibility. Lots of extremely expensive chemotherapeutic agents are given by the doctors, which may add a few months of life to the patients. But that life is nothing but a misery with pain, loss of hair, sore mouth, ulceration of skin, nausea, vomiting, stomach and intestinal upset, diarrhoea, loss of appetite, things that leave a patient wishing for a quick death.

KIDNEY FAILURE: Terminal kidney failure is not an uncommon cause of death in Pakistan. Repeated dialysis (artificial kidney, maybe peritoneal or haemodialysis) may keep the patient alive. But each dialysis costs the patient thousands, and

tion medicines (serving to suppress the natural immunity of human body) all through his life.

Liver failure is now common in Pakistan due to the spread of hepatitis B and C and other diseases. Unfortunately there is no temporary life support for liver failure (like dialysis in the cases of kidneys). The only remedy is liver transplantation ie replacement of the liver with another liver of a dead person. It is a very difficult and complicated operation. At the same time, the failure rate is high and cost is exorbitant.

Thus it seems, that the answer to how long one lives, depends on how much money one can spend. It does not matter

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whether you have a heart disease or cancer. Only 10 per cent of the population of Pakistan can afford such expensive treatments. The rest of them, who are struggling for two square meals of a day should remain contented with cheaper drugs, herbal medicines and homeopathy. For many, even quacks and faith healers would do. These people should accept an early peaceful death. No false hopes and therefore no financial crisis in the family.

In heart disease if the stent is blocked, bypass is done. When a bypass gets blocked, another stenting is done. But what if that also fails? A heart disease is not just a local disease. Rather it is a generalized body upset, which causes the

for another kidney transplant and resort to dialysis. Similarly, cancer treatment may mean buying an expensive and yet a painful life.

It should be remembered that simply prolonging life is not important. It is the quality of life which matters. The question raised here is simple: Is remaining alive with the help of dangerous and expensive drugs which one can hardly afford, or living in misery due to untoward after effects of the treatment, or remaining confined to the hospital attached to the life support most of time, worth it?

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Doctors always give hope to the patient. It is their duty. But shouldn't they be talking about the dark side as well? This causes a lot of ethical and professional debate in the medical circles, but doctors need to know where to draw a line and put their tools down. At a particular stage of disease, medical treatment for the prolongation of life only adds agony to the patient's misery. This is the point