**Patients` voice**

BY MUHAMMAD AMIR QIDWAl 2022-01-20

THE sight of worried patients being dictated to by doctors, nurses, pharmacists and other healthcare professionals is ubiquitous in hospitals and related healthcare set-up across the country. Patients are often bullied into submission for a particular treatment or a course of medication against their wishes. The doctor or the healthcare worker always dominates: from diagnosis to treatment, every shot is called by the health practitioner with or without the patient`s consent.  
  
Many developing countries, including Pakistan, are victims of the professional model in which healthcare professionals have the final say in all aspects of the medical treatment of their patients. In developed countries, increasing awareness about patients` rights in the last few decades has led to the loosening of doctors` (et al) domination over healthcare systems. For example, the US government enacted the Health Insurance Portability and Accountability Act, 1996, to protect patient information and make obtaining patient consent for treatment mandatory.  
  
Meanwhile, in Pakistan, from medicines to the selection of doctors and hospitals, taking a patient`s consent or perspective is a mere formality. When viewed in totality with other factors, these habits, especially the lack of health sector regulation, are symptomatic of the more considerable structural inadequacies of the country`s healthcare system, which not just allow but create conditions for rampant manipulation of patients by healthcare professionals.  
  
The government`s inability to regulate patient care, low accountability and lack of national medical standards has provided space for negligent health professionals to compromise the quality of healthcare services. This also allows heavy inflows of cash by the pharmaceutical industry, manipulating both the health sector and regulatory bodies. Lack of accountability for doctors and health professionals, and money by Big Pharma allows for the flourishing of substandard practices which we routinely see in government hospitals today without it affecting the practitioners` professional standing.  
  
Moreover, from obtaining a diagnosis to the completion of treatment, up to 60 per cent of the cost of treatment is borne by the patient. In such a situation, it is a travesty that patients are not given a say in the process.  
  
The introduction of the Sehat Sahulat Card by the federal government in KP and Punjab has disturbed the status quo of the health sector quite a bit by allowing patients to choose which hospital whether government or private they want to receive treat-ment at. Previously, poor patients had no option but to go to government hospitals for free treatment regardless of the outcome.  
  
However, it has been observed that most patients prefer going to private health facilities over public hospitals. On the one hand, this has upset the monopoly of free healthcare, while on the other, it also indicates that investment in state-owned hospitals is valued less by the public.  
  
This aspect is related directly to patient satisfaction, which is now increasingly underpinning healthcare systems of developed countries as they move towards the value-based healthcare model. If medical intervention does not help improve the patient`s quality of life, it is considered a failure. A medicine that reduces the pain of the patient but at the expense of increased vomiting will not be preferred, and the patient would have the right to refuse the treatment and its cost.  
  
Pakistan`s healthcare system needs to shift from a professional-centric to a patientcentric approach. There are many waysthrough which the exercise of patients` rights and airing of their concerns can be encouraged. Improving patients` access to information augments their decisionmaking and reduces chances of miscommunication. It is alsoimportant for patients to realise that they bear the larger portion of medical expense for their treatment and to begin airing their views on the quality and efficacy of the treatment being received.  
  
Meanwhile, the government should be more transparent in sharing information regarding its healthcare facilities. But to be able to do that, the government should be aware of where it stands vis-à-vis the quality of medical care, health indicators and patient satisfaction. A national-level survey should be conducted to gather the relevant information about the workings of publicsector health facilities to help identify the gaps in the system. Secondly, to generate healthy competition, it could introduce a system of nationwide hospital ranking.  
  
A shift towards a value-based system in all aspects of healthcare will not only improve the quality of service but would also remedy to a large extent many of the systemic problems of the country`s dilapidated healthsector.m The writer is a Harvard graduate and works as manager pharmacy at Lady Reading Hospital, Peshawar.