

Towards conflict management in health services system and a healthier Nepal

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The health services sector has undergone tremendous positive changes in Nepal. The technological gap between the developed countries and an developing country like Nepal is fast closing, perhaps more so in the health sector than in any other field. People from the southern border towns of Nepal have stopped going to India for their medical treatment and now prefer to have their treatment in Nepal since the last 10/12 years, and in fact, patients from across our southern borders now come to Nepali hospitals seeking advanced medical care. Numerous big, tertiary care hospitals have opened in various parts of Nepal, which treat difficult and complicated cases. Quality health services are now available and accessible to a much bigger population group than 20 years ago. Translated very simply, it means that many more children are born in health centres aided by trained persons and a larger number of patients, many of them being complicated and difficult cases with higher associated morbidity and mortality rates, are treated in Nepali hospital than before. It follows, therefore, that more children are being born and more patients are dying in hospitals receiving the best of care, instead of at home!! This is how it happens in all modern society in the world. It is this very simple fact that the general public of this country must realise when they come to any health institute of Nepal.

Modern medical treatment available in Nepal, which is at par with the rest of the developed world, is expensive by Nepali standards but at least 100 times cheaper than in developed countries. Most of the patients in the developed world have health insurance provided by the state or private insurance companies. In Nepal, neither is available!! With the help of information technology nowadays, the Nepali people know the kind of health services available in the country, but the ground reality is that the government of Nepal cannot provide more than primitive health services and many cannot afford the kind of services that they desire on their own. There is a mismatch between the kind of health services that the patient desires and his capacity to pay for it. Therein lies the chief source of conflict between the health service provider and the patient.

Many a times, the health service provider has not counselled the patient and his relatives regarding his disease, its treatment and potential complications. Other times, he has counselled inadequately or inappropriately. This seemingly trifle job, is in reality, an extremely important job by the health service provider in allaying patient's fear and building patients trust.

The political changes that have developed in last 20 years and especially in the last 5 – 6 years have brought about definitive changes in the mindset of the Nepali people. They have started questioning and opposing social and government systems, which by them may be considered to be positive and progressive changes. However, the flip side to this change is that the public in general shows very little respect for other person and does not believe in any sort of discipline or rule of law. One can experience this very clearly when driving on the roads of Kathmandu. The mentality of the drivers, pedestrians and roadside hawkers on the roads of Kathmandu mirror the negative changes percolating down to all levels of our society in varying degrees.

The stage is now set for a state of frequent potential conflict between the health service provider and recipient. A state of conflict has occurred many times: more so now than 15/20 years ago because of all the reasons already explained. This conflict scenario is very stressful to all concerned when it does occur. The health service provider works under a constant threat of this scenario unfolding during the course of treating a patient. This is the kind of environment in which we practice our profession.

How then can we help solve this problem? Implementation of the Health Professional Act can help to a great extent, but preventing the conflict can help solve the problem more. Preventing this conflict entails:

1. Massive public education and awareness programmes about treatment and complications of various diseases by media savvy doctors of NMC/NMA using TV, radio and newspaper media, especially explaining the difference between complication and negligence.

2. Communication skill of the service provider can be vastly improved by incorporating it as a subject in the medical / nursing curriculum.
3. Health insurance should be provided by the state for all Nepalis and by private insurance companies in addition for those who require more facilities.

It is up to us (all the involved players: the health service providers, the patients and the government) to minimise conflict and bring about efficient, meaningful and progressive changes in the upliftment of health in our society. The leadership in moving towards this goal lies firmly on our shoulders, as we are the health care providers.

Editorial

Assessing the distribution of numerical data

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In 1921, it was asked whether a writer should use statistics in medical journal. Later in the second half of 20th century, the numbers of papers published were largely based on statistical analysis¹. Nowadays there is hardly any paper published in medical journals without statistics. It is unethical to publish research results that are incorrect and misleading. Nearly two decades ago, a Nobel laureate biologist was accused for falsifying scientific data in USA². Before publishing any report in a journal, it should be examined critically. It is also necessary to assess statistical methods used for the kinds of data observed, for the design adopted and for the number of subjects' studied^{3,4}.

Many researchers are not familiar with categorical and numerical data. For categorical data, researchers are able to compute only percentage and counting. For these data, researchers do not need to access normality. But for numerical data researchers should check whether data are normally distributed. If data are not normally distributed, researchers should convert data into logarithmic, square root etc and make normal^{5,6}.

There are many statistical tools to describe numerical data, however not all tools are appropriate for any given data. For example, mean and standard deviation are useful when data follows normal distribution (Symmetrical distribution) but poor descriptors, when data does not follow normal distribution. Similarly, in regression analysis to predict one variable from another will yield poor results when data are not normally distributed. Even the parametric hypothesis testing cannot be performed without accessing the normality^{6,7}.

Most of the researchers, knowingly or unknowingly, ignored viewing of data which has distorted their research results.

It is important for any researcher to identify and describe the numerical data in summarized format. The best way to summarize numerical data is by using exploratory data analysis (EDA) techniques. There are two graphical methods of EDA popularly used to display the nature of the data. The first method is stem and leaf display, which like a histogram, provides the information regarding the range of data set, shows the location of highest concentration of measurements and reveals the presence or absence of symmetry^{8,9}.

Second useful visual device for communicating the information contained in a data set is the box and whisker plot. The box and whisker is constructed by using five number summary (minimum value, first quartile, second quartile, third quartile and maximum value). Examination of box and whisker plot reveals the amount of spread, location of concentration and symmetry of the data^{8,9}.

Medical journals have a role of guardians of quality. The majority of readers of the medical papers is not able to judge statistical procedure themselves and so must take these on trust. That statistical methods used in many research papers do not receive adequate scrutiny is a serious ethical issue which is vitally important in all data analysis. Unethical behaviour occurs when researchers willfully choose inappropriate statistical tools to distort the facts in order to support a particular position. Therefore researchers are required to consult statisticians before publishing any paper. The standard of medical journals can be improved by recruiting statistically experienced people as referees and preferably representation on editorial board³.

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