

## **A medical eleven team for Nepal**

**I**t was in 1978 at Alma Ata, now Almaty that I heard a health minister from Mozambique remark, "Just as it is dangerous to put a general in charge of a war so also is it dangerous to put a doctor in charge of health". Whether a politician will do any better is another matter but the situation is that things could not be worse in the health field. In the period following this Primary Health Care conference the general feeling of those working in the health field was that it is not just the doctor but the whole health team which provides health care to the people at large. On the other hand the medical fraternities in Nepal have perhaps been able to project themselves so successfully that many people, including politicians and the powers that be feel that the posting of doctors, sans medicine or sans equipment will get rid of all the health problems in a particular electoral constituency or even a district. How misplaced is such thinking but who is to say it is wrong, or who for that matter is ready to advise to the contrary?

One of the reasons why many individuals want to take up medicine is said to be the fact that after qualification one does not necessarily have to apply for a government post, with the possibility of being shunted here and there as per the whims of a minister or even the secretary. Many parents feel that a professionally well qualified person will earn enough within the country to lead a life with a reasonably comfortable standard of living. Then there is the possibility of going to greener pastures after having passed the USMLE or the PLAB test. The country gains too, for not all those who go this way are saying goodbye to the country for ever. Many will send back remittances to their dear and loved ones who may not want, or be able to go abroad. Such Forex from educated Nepalis will naturally be much more than that sent by unskilled labour in the Gulf countries.

Then there is the service sector aspect. There is the concept of "health care tourism." Because of this, people from developed or surrounding countries are going to India for medical treatment. These treatments may be operations that are less costly, of superior quality and are done earlier than at home where the waiting period may be even years. The provision of good health care in Nepal also attracts patients from surrounding regions. This is well exemplified by the well developed ophthalmic services in this country. If it is possible with eye then

why not in other areas. The patient coming for service should be satisfied and the care should be of a good standard. There is enough of a population in the adjoining provinces of Bihar, UP and Uttaranchal to justify the effort of setting up health services and waiting for the returns. The worldwide trend is that many countries are to also setting up services to attract people from elsewhere.

It is perhaps with these prospects that many parents want their children to take up medicine. The numbers sitting for the MBBS entrance tests bear this out. It is similar in every country in the world. Whereas elsewhere there is thinking and planning in these matters on human resources for health, here in Nepal it is all haphazard. The powers that be and the sycophants around look at those wanting to take up the profession and say that there is scope for more and more medical colleges. The prospective starters of colleges look at the fees that is technically feasible and jump on to the bandwagon. Many are looking at the fees coming in but not at the expenditures that will definitely have to be incurred when the students have to learn the clinical aspects of medicine at a well functioning hospital. And newly built hospitals do not function overnight, as the populace must have faith on the providers and trust the services provided. Not only the doctors, but all other categories of personnel working at the hospital must be thoughtful about and caring for the patient. It is the caring attitude of health workers that attracts patients to a hospital.

Only the other day a professor of medicine from the States told a gathering of doctors in Nepal that they should listen more to the woes of the patient, for this is what is required in this country. He is right for we all know that many doctors are overwhelmed by the number of patients coming to them for care. Care given can thus sometimes be very transient.

The function of any Medical Council is to protect the public. It is therefore the duty of the Nepal Medical Council to do that. Can the Council ensure that the centres of medical learning in this country are having adequate facilities for teaching / learning so that the products of such institutions are of high standard? A heavy responsibility lies on the NMC. Is it able to shoulder this task?

The ground reality is that there are 10 medical schools already functioning here and there are another five or so in the pipeline. The days of having a full medical team of eleven medical colleges is not far behind. Then there are no less than 3 dental colleges already and here too there are some in the process of being started.

Will just the influx of workers who have passed examinations, but have not been supervised nor developed technical skills, solve our health problems? Are our thoughts and actions on medical education on the right lines? One might well ask *Abba ke garne?*

HD