

Life after Death

In Pakistan many affluent people die leaving their fortune for their children to fight for their share and at times fight long drawn out court battles. It is seldom that one sees that some of these people have left their will that after their death their property and assets or some part of it should be given to some Trust or Charity working in the field of education, research or healthcare. However, it is quite common in the West and the developed countries. Very few people in the Muslim World have in their life time built some Trust or Foundations which can keep them alive for ever, however, there are a few exceptions like Edhi Foundation, Shaukat Khanum Memorial Cancer Hospital and Research Center by Imran Khan or Sindh Institute of Urology and Transplantation (SIUT) by Prof. Adeebul Hassan Rizvi. Some families spend huge amount of money on various rituals after the funeral although by economizing some of this money can be put to much better use.

Bolooki Hooshang was an eminent cardiac surgeon in United States who died on December 15th 2008. He was born in Iran on March 28th 1937, went to USA in 1960 and became a citizen of United States of America in 1976. An obituary written by his wife, published in the latest issue of the Journal of Tehran University Heart Center makes an

interesting reading. According to Dr. Abbasali Karimi Editor-in-Chief of the Journal, late Dr. Hooshang Bolooki was a renowned cardiac surgeon who had richly contributed to the cardiac surgery literature.

“Dr. Bolooki was highly respected by those who were fortunate enough to know him. He had unsurpassed devotion to academics. He got basic medical education training in a medical school in Tehran, Iran and got general surgery training in Kings County Hospital and Downstate Medical Center, Brooklyn, New York. He received his training in cardiac surgery at Miami Jackson Memorial Hospital and became faculty member of the school in 1969. He earned Professorship in cardiac surgery in 1977. He founded and was Director Cardiac Transplant Programme performing the first heart transplant in South Florida in 1986. He was recipient of many prestigious awards”.

In this obituary by his wife Joanne, published in the Journal of Tehran University Heart Center,¹⁷ what impressed me most was her call to late Dr. Bolooki’s friends and well wishers that “in lieu of flowers memorial donations may be made to the Hoshang Bolooki MD Research Fund, Miller School of Medicine, /University of Miami, Dept. of Surgery. This is an example worth following.

Let us hope that some of our well to do eminent personalities in the medical profession will come forward to set up Trusts or Foundations during their life time and ask their friends and well wishers for donation even if when they are not alive. May be this way we are able to set up some good institutions in this area.

On the other hand, during my visit to Multan, an office bearer of an NGO working in the field of Oncology looking after the poor patients informed me that though this Southern Punjab has many landlords but they seldom send any donations while they do get a donation regularly from a Parsi family in Karachi. This perhaps reflects the prevailing culture in Pakistan.

(August 1, 2009)

Independence of media and its responsibilities

During the last couple of years print as well as electronic media in Pakistan has become quite independent and it has earned this independence after long hard struggle. Media also played a vital role in the restoration of judiciary which augers well for the future of Pakistan. It continues to highlight the corrupt practices which are important if we have to ensure good governance. However, with this independence also comes certain responsibilities and to discharge these, continuous professional development of representatives of the media is essential. Instead of running malicious stories, it is important that those reporting such events are competent and knowledgeable in their respective fields.

Just to quote an incident in the recent past, one of the patients admitted in a tertiary care hospital in Karachi during thyroid surgery had some complication whereby facial nerve was damaged. This is a known complication and one has to differentiate between complications of surgery and professional negligence. However, a section of the print and electronic media ran a campaign on this issue targeting the surgeons and the hospital which was certainly not in good taste. One should never condone professional or

criminal negligence on the part of healthcare professionals but one has to draw a line between known complications of surgery and negligence. If this is not checked, it will be the poor patients who will eventually suffer as doctors will be reluctant to undertake emergency or complicated surgery which has higher morbidity and mortality. Representatives of the print and electronic media need to look into these issues in their correct perspective. They can appreciate these things only when either they have the professional background or try to find out the truth before rushing to report such events.

However, it will be unwise to lay the entire blame on the print and electronic media for such mishaps. It is the healthcare professionals who are supposed to communicate any mishap or surgical complications to the patient or their attendants when it occurs and also inform them of the likely outcome. They should take the initiative and learn how to convey the bad news rather than the patients or their attendants coming to know about these things later on. Then, there should be some mechanism within the healthcare facilities to look into the complaints from patients and their attendants if any immediately. Regular morbidity and mortality conferences looking at the mishaps which have occurred and which could have been avoided could go a long way in improving the current state of affairs. However, while we have so far failed to set up any such mechanism of redressing the patient's complaints, the authorities only wake up when these issues are highlighted by the media. By that time, the damage has already been done.

Whenever such mishap occurs, it should be the administration of the healthcare facilities to look into these issues immediately and present the correct picture to the media instead of leaving them to make their own judgment. Facial palsy after damage to facial nerve during thyroid surgery is a known thing and it takes a few days to settle down. If the patient and their relatives are informed of these things immediately, it could have avoided the bad press which this incident got.

Cases of professional negligence by the healthcare professionals are often highlighted and most often all is forgotten after few days. It is the duty of the professional specialty organizations to take note of these incidents and conduct proper investigations. We have always maintained that it will be much better if the medical profession decided to monitor itself otherwise some outside agency will take up this responsibility and then it will be quite painful for them. Still there is time and one hopes that leadership of the medical profession will wake up before it is too late.

(August 15, 2009)

Some private medical & dental colleges face an uncertain future?

I wish and pray that I am proved wrong but looking at the situation prevailing today; it is quite likely that a number of private medical and dental colleges will start closing one by one after next four to five years. The likely scenario will be that the owners would have packed up and disappeared after minting money and the poor students and the faculty members will be on the roads protesting to be accommodated in the remaining recognized medical and dental institutions. If that happens, the present executive of the Pakistan Medical and Dental Council must be held responsible for that as it has granted recognition to many of these institutions which does not have proper teaching and training facilities and their own teaching hospitals to fulfill the rules and regulations laid by the PM&DC.

Currently the number of recognized medical colleges in Punjab in public sector is eleven as against fifteen in private sector. In the Sindh province the number recognized medical colleges in public sector are seven and eleven in private sector. In NWFP there are six medical colleges each in public and private sector and just one medical college in public sector in Balochistan. The Government of Punjab has already announced establishing a medical college in

Dera Ghazi Khan while plans are underway to set up medical colleges in Sialkot, Gujranwala, Gujrat and Sahiwal in the days to come. In addition three more private medical colleges are likely to be set up in the private sector in Punjab in the next few months. The Government of NWFP has already announced to set up medical colleges in Bannu and Mardan as well while the Balochistan Chief Minister has announced to set up medical colleges at Turbat and Khuzdar. The question arises are so many medical colleges sustainable in the long run. While the government might manage to go ahead with its plans as it has hospitals at its disposal in various districts, the private sector will find it extremely difficult to sustain in the long run. As the number of seats available in the public sector medical and dental colleges will increase which is naturally the first choice with the students, the number of applicants wishing to enroll in the private medical institutions will decrease gradually. Even at present a large number of students in the private sector come from the expatriate Pakistani families in Middle East and Europe who find it extremely economical to get their children medical education in Pakistan. Since they pay in foreign currency, the private sector has been making quick easy money but the situation is likely to change in the days to come.

While it is quite easy and much more economical for the well established existing medical universities and medical, dental colleges to further increase their seats, the newly established medical and dental colleges in the private sector will find it extremely difficult to attract more students. Many of these institutions are already under staffed. A critical look at the faculty position will reveal that if an indepen-

dent survey is conducted inspecting all the medical and dental colleges in the public and private sector, many of them though recognized will be found deficient in faculty and other facilities. Though some measures have been taken to ensure that the faculty members once join an institution, their transfer to other institutions should be prohibited without prior enough notice so that teaching does not suffer but it may not work. The faculty members particularly those in the basic sciences have been shifting from one institution to another who offered ten to twenty thousand rupees more and this has been going on since long. Recently when the management of a big Trust hospital which is setting up a medical and dental college shortly, called applications for various posts, they were surprised to see that the entire faculty of two private medical colleges had applied for jobs and after scrutiny they short listed a few but eventually ended up selecting none of them. According to the Principal designate who is a highly qualified medical educationist with over twenty years experience, selection committee did not find any one of them competent and suitable for selection. This conveys a lot about the quality of faculty at some of these institutions.

The private sector needs to be encouraged to supplement government efforts in education and health sector but only those who enjoy some credibility and are seriously interested in education or healthcare and not to mint money. For example what interest a real estate owner will have to set up a medical college except to make money. These institutions should be established by Trusts and Foundations which are already active in these fields or those set up by educationists with proven academic accomplish-

ments to their credit. Once these Trusts and Foundations, educationists are selected then the government must give them all the facilities including provision of free land and concessions in import of equipment and instruments besides teaching aids. They should also be encouraged to set up these institutions where there is no such institution at present. In return all these institutions should be asked to take responsibility of providing healthcare in the surrounding areas in respective districts and it should all be linked and affiliated with the existing healthcare facilities in the public sector which should serve as filter clinics and refer complicated cases to the tertiary healthcare facilities. They should also be encouraged by providing funding and scholarships for the faculty members for their training at centers of excellence within the country and overseas under a clearly laid down scheme of faculty development. All this will ensure a balanced growth and development of healthcare facilities throughout the country.

At present what happens is that as soon as the students from the private medical colleges qualify they rush to public sector hospitals for house jobs and also demand the government to pay them remunerations. House Job is a part of teaching and training and these private medical and dental colleges must be asked to fulfill this responsibility. This can only be done if they have proper teaching hospitals with adequate facilities and support services. Public sector teaching hospitals are already over burdened and the number of resident staff and trainees is too much with the result that the very purpose of house job i.e. on the job training how to manage patients in practical life is defeated. All this leads to poor quality of training which is

very dangerous as these are the people who will be looking after the health of the nation. It is high time that the concerned authorities instead of looking for short term solutions taking adhoc measures, wake up to the realities and make long term plans which are feasible, practical and sustainable. If the earlier generation of our health planners and policy makers has failed let the present one not make the same mistakes but instead try to learn some lessons from those mistakes. Will they? Our history tells us that they won't.

(September 1, 2009)

Annual Heart Mela at PC Bhurban

It was perhaps Prof. Afzal Mattu, Prof. of Cardiology at Pakistan Institute of Medical Sciences who many years ago came up with the idea of Cardiac Society's CME meeting which was named "Cardiology Update" at the newly established hill resort Pearl-Continental Bhurban in Murree. The idea was that the members of the Pakistan Cardiac Society will meet annually during summer in June or July to share their knowledge and experience which will also provide them a much needed relaxation in a comfortable environment surrounded by scenic beauty. However, the main emphasis was on Continuing Medical Education (CME). The scientific programme used to be quite interesting and the invited speakers used to do full justice to the topic given to them. It was indeed a treat to listen to the distinguished speakers at this meeting.

After a couple of years, this became an important event in the country's cardiac calendar and the organizers did not lose sight of their original objective of providing an occasion to update the knowledge of the cardiac physicians and surgeons besides others interested in cardiology. Pharmaceutical trade and industry as usual came forward with their support to make these meetings a great success.

When this event became quite popular, other departments of cardiology in the twin cities of Rawalpindi and

Islamabad i.e. Central Government Poly Clinic as well as Armed Forces Institute of Cardiology (AFIC) felt that why this should be organized by just one institution and they also showed interest to shoulder this responsibility. General Secretary of Pakistan Cardiac Society Prof. Abdus Samad is reported to have then suggested that all the three institutions organize this academic event by rotation. It went on smoothly for a few years. However, with the passage of time the initial enthusiasm among the organizers vanished and instead of being an academic event, it turned out to be a social get-together for the families of the cardiac physicians all paid for by the poor patients of Pakistan as the Pharma trade and industry passes on whatever it spends on such occasions to the patients in the shape of higher cost of drugs and devices. Then in between there was dispute between the two institutions in the civil side & when the civilians fight, the army is ever ready to take advantage of such a situation. Hence, when the cardiac physicians at the civilian medical institutions did not agree as to who should be the next host, the Pakistan Cardiac Society executive advised the AFIC to go ahead and organize this event which they have now been doing for a few years.

Now the academic activity has almost gone into the back ground with the scientific contents of the meeting having been diminished to a great extent while the social aspect has over shadowed. It won't be an exaggeration to say that now it has just become an *"Annual Heart Mela"*. The organizers coerce and use all tactics to get hold of the Pharma industry representatives to sponsor this event. While some are forced to do this, there are a few others, mostly new comers in the field of pharmaceuticals who in a bid to

capture their market share and get a foothold, go out of their way to spend money bringing in cardiologists from all over the country to rest and relax here. Their not so hidden agenda is to influence their prescribing practices in which they are quite successful which is evident from their sales growth. And it is pity that cardiac diseases just like diabetes being a very faithful diseases, the patients are supposed to take their medications in most cases for life long, hence finding sponsors from amongst the Pharma industry is not a major problem for the organizers and these unethical practices go on un-checked.

This year, according to reports it was a mess for various reasons. Firstly the dates had to be changed by the organizers due to law and order situation (some allege there were some other reasons too) and then the hotel management refused to provide the organizers the number of rooms they had requested saying that they have to entertain their regular clients as well. As usual the pharmaceutical trade and industry were ordered to book the number of rooms at exorbitant rates starting from five to twenty five or more depending on the interest shown by their representatives and they were supposed to sponsor the travel arrangements of the participants for this meeting as well. While the multinational pharmaceutical companies these days due to various reasons, control and monitoring from their head offices and their reduces share in the Pakistan pharmaceutical market etc., are not better placed to provide major funding though they still do to some extent, this vacuum has been filled in by the unethical national pharmaceutical companies who just survive on bribing the members of the medical profession to get their prescriptions. It suits both the parties to their mutual advantage.

According to reports, a day before the meeting was to start the representatives of the pharmaceutical trade and industry who had booked rooms for the participants at PC Bhurban were invited in the evening to take possession of the rooms for their guests. And when they reached, it was a different scene altogether. They were told that no rooms were available at PC Bhurban and they will have to arrange the stay of their guests at the small motels, guest houses in the surrounding areas despite the fact that they had paid for the hotel bookings in advance. What was more surprising was the fact that the organizers even misbehaved with the representatives of the Pharma industry which has always come to their rescue for organizing such meetings. In the end what happened was that the company who had booked over two dozen rooms, it is said, was given eight or ten rooms, those who had paid for five rooms, one or two and they were told to accommodate their guests who had already started arriving at make shift accommodation in rest houses. And rooms at these places which usually are available for few hundred rupees were made available at couple of thousand rupees.

The available rooms at PC Bhurban were reserved and handed over like a few complimentary rooms for General A and another few for General B and so on. An interesting situation is reported to have occurred when a senior officer who used to be organizer of these meetings but has now been transferred to another city, was told that there is no room for him. At this he is said to have lost temper and said there is no room for me who has been giving rooms to every one. However, before an ugly situation could have emerged, he was accommodated. The organizers is also reported to have promised to the Pharma indus-

try to refund the amount for the number of rooms which could not be provided to them. And if they do get the refund, it will be no less than a miracle. While on one hand the Pharma industry representatives were treated badly by the organizers, on the other hand they found it extremely difficult to convince their invited guests that the situation was not in their hand and they had to be content with the accommodation which was available. Some even conveyed this situation to their guests before they were leaving for Islamabad to participate in this meeting so that they are mentally prepared for the type of accommodation which they might get. As regards the scientific programme, the less said the better.

I personally know a number of senior officers in the Pakistan Army Medical Corp who neither like such Melas surrounded by the Pharmaceuticals nor they appreciate the fact that such lavish expenditures should be incurred all paid for by the Pharma industry. They know the fact that in a country where over 40% of the population lives below the poverty line and high cost of drugs and medicines is beyond the reach of a vast majority of the population, such unethical activities should come to an end. The time has come that they should not only publicly condemn such social get-togethers, do not be a party to this but also prevail upon the organizers to mend their ways. While initially the scientific part of such meetings used to be over 80% the rest twenty percent being social get together now it is the other way round, almost 80% being a social get together and relaxation for the families unfortunately all paid for by the pharmaceutical trade and industry. Hoping that their conscious is still alive, let them review the situation. They have two options either to abandon this

activity altogether or go back to the original objective of a CME programme rich in scientific contents providing an opportunity to the participants to update their knowledge in the respective fields.

It is yet another tragic story that the Federal Health Ministry has so far remained indifferent to such activities and there is no other agency either which could have monitored these unethical practices on the part of the medical profession and the pharmaceutical trade and industry. Throughout the civilized world, there are clearly laid down guidelines on interaction between medical profession and the Pharmaceutical industry as to what is ethical and what is not permitted. A recent meeting convened by the DG Health Prof. Rashid Jooma at PM&DC campus in Islamabad on August 3rd 2009 to discuss the concept of Continuous Professional Development (CPD) this issue of medical social get togethers sponsored by the Pharma industry also came up for discussion. May be the authorities will wake up and realize their responsibilities to monitor such unethical activities. There is a need to check this epidemic of so called medical social get togethers and introduce a system of Credit Hours for all such academic activities based on their scientific contents. If institutions like the PM&DC or the Federal Health Ministry fail, let the Senate Standing Committee on Health take up this issue or some conscious members of the Parliament may also play their role. Things have gone too far and it cannot go on like this for ever, some one will have to eventually intervene but who it will be, only time will tell.

(September 15, 2009)

Importance of faculty development programmes

Medical Universities or medical and dental colleges are only considered as good as their faculties but unfortunately most of these medical institutions in Pakistan except a few in the private sector have no proper faculty development programmes. Many of the owners of these institutions in the private sector consider it an un-necessary expenditure though it is an investment which can pay them rich dividends in the long run.

Most of the faculty members after completing their post graduation get selected for teaching and training jobs but they themselves are seldom exposed to further training. The institutions with which they are affiliated seem to be least interested in providing them any opportunities to visit centers of excellence either within the country or abroad to learn and master new techniques and keep themselves update with the latest developments in their respective fields. It is not an exaggeration to say that had it not been due to the generosity of the pharmaceutical trade and industry, a vast majority of these faculty members would have never stepped out of the country to attend any international conference. It is another matter that some of those who are provided such opportunities fail to avail

maximum benefit and are more interested in sight seeing making it just a pleasure trip. In the absence of any government support, many of the senior medical teachers and faculty members who went abroad to learn and get training in advanced techniques managed to do it on their own expense and they could afford it because they had good private practice. Many of them even bought their own equipment and instruments to practice even at public hospitals in the beginning though the situation has improved a lot during the last couple of years. But it was only a few who had this luxury of getting further training at centers of excellence overseas.

Since government allocations for health has always remained less than 1% of our GDP, medical institutions are always faced with financial constraints. However, if there is a will, there is a way. In case the head of the institution is interested in academics, he or she can definitely earmark some funds for such faculty development programmes by cutting on certain other un-necessary and non-academic activities. Now Higher Education Commission is providing enough funds to the medical universities and one hope these institutions will come up with faculty development programmes to strengthen the faculty. In order to ensure judicious use of the scarce funding, the authorities must select right people for the right job; identify faculty members who can be suitable candidates for sending them overseas for short courses and training. Similarly the faculty members should also be provided incentives to attend international conferences and workshops overseas in their respective fields and all these faculty development programmes must be properly monitored. One of the ways

to monitor this could be that those selected for such programmes, on their return should be asked to prepare a detailed report besides making a presentation in the institution so that others who could not attend such activities abroad can also benefit. The selection for such short and long term fellowships or training courses must be based on merit only then it will achieve the desired objectives.

As for the private medical universities and medical and dental colleges, it is in their own interest that they have some faculty development programmes. They earn lot of money through admissions and if some percentage of this fee is earmarked for such a programme, it will have a positive impact. However, no institution would be interested to invest in faculty development in case their loyalty to the institution is a question mark. They might invest in some faculty member in sending them abroad but he or she might leave the institution if they are offered more remuneration by other institutions and this has been happening quite frequently. Hence, there is a need of some agreement between the faculty members and the respective institutions that they would serve for a particular period. Once the institution is sure that the faculty members will stay for at least the agreed period, only then they will be inclined to offer them such facilities. For these universities and institutions in the private sector, it should not be difficult to enter into some short and long term faculty exchange programmes with various institutions abroad particularly within the region. It will not only be economical and cost effective but in view of the fact that we have similar disease pattern, pathology and environment,

circumstances, things can be worked out more easily. West is not always the best and we can learn a lot by sharing from each other's experience? There are many institutions in various fields within the region which offer state of the art teaching, training and patient care facilities. Efforts should be made to avail these facilities and opportunities within the region.

(October 1, 2009)

Getting rid of the American Aid

I have always believed that one of the best things which can ever happen to Islamic Republic of Pakistan is the stoppage of American Aid. It will help us to learn how to live within our means. Looking at the language of the much debated Kerry Lugar Bill recently passed by the American Congress and Senate, it is not only insulting but also humiliating and no self respecting Nation can ever accept such conditionalities. But we must also set our own house in order which we have failed to do so far.

Just look at the AID which we got during the earthquake a few years back. According to the officials looking after the rehabilitation of the earthquake victims, of the 6.2 billion dollars aid promised, in fact we got only two billion while the rest 4.2 Billion was used by the workers, officials of the donors themselves through various ways. Even they charged the cost of a Helicopter which fell down and was destroyed from this account. Even otherwise it is a known fact that almost about 70% of such aid is taken back by the donors in the shape of consultants etc., What is going to happen if we do not get this AID? Since there will be less money, our rulers wearing three piece suits with a begging bowl in their hands will not go on useless foreign tours every other day lasting for weeks altogether.

If we could ensure good governance, earn the trust and confidence of our own people, we won't need to maintain an army of Ministers and Advisors at Federal and provincial level. By cutting down on these lavish expenditures, we can save lot of money. The government must handle the various "Mafia Groups" which are ruling and ruining this country. These groups are seen every where business, industry, health and education, bureaucracy and the financial sector.

If we can ensure social justice, concentrate on improvement of social services by judiciously spending on health and education the sectors which have so far remained neglected, it will earn the government people's sympathies who will then be willing to tighten their belts a little bit further if need be to protect the sovereignty of the country but before that the rulers and the affluent class must wear the belt itself. The problem with the present government is that it is not only inefficient but also incompetent. Surrounded by foolish advisors, it does not need any outside enemies. Its own advisors land it into trouble one after the other and then the government remains busy in damage control mission for couple of months.

If the Supreme Court of Pakistan has to fix the sugar price, it has to tell the government that it cannot appoint doctors in public sector bypassing all the rules and regulations (just see the example of appointment of Dr. Naeem Tareen at PIMS Islamabad) what is the Government doing. Does not its Ministers and others responsible people know that it brings bad name to the Government. Strained relations within the coalition government (Chief Minister vs. Governor in Punjab) and in Sindh as well has seriously

affected the development of medical institutions and improvement of health infrastructure in Punjab and delayed the announcement of Admission policy to public sector medical colleges in Sindh province. It has now been announced but a couple of month's precious time has been wasted. Just look at the number of Ministers and Advisors we have in Balochistan the most backward and poor province of the country. Whatever resources are there are utilized by this army of Ministers. What is left for the development? Had there been a truly representative government, one would not have to please such a large number of politicians by making all of them Ministers and offering lucrative perks and privileges. If the government could check the loot and plunder of resources and effectively check corruption, we won't need any foreign AID. We will have enough resources to manage our affairs.

Coming to the American Aid, it has always come with strings though in the past some useful institutions were established with USAID i.e. Basic Medical Sciences Institute at JPMC Karachi and the NICVD. If a vast majority of people of Pakistan hate America it is because of its policies towards the Muslim world in general and Pakistan in particular. If the past is any guide, it has always betrayed Pakistan whenever we need its help and support. Just because of the Americans, for a long time we did not have good relations and no business with Iraq. When Export Promotion Bureau, Government of Pakistan a couple of years ago decided to send a medical delegation to Iraq to hold a joint Pakistan-Iraq Medical Conference and also arrange a pharmaceutical exhibition, it had a very positive impact. The medical delegation not only earned lot of good will

but the Trading Corporation of Pakistan chief who visited Iraq during the same days also signed contracts for export of Wheat, Rice, Steel and many other products worth billions of dollars. We also started exporting drugs and medicines to Iraq as well. This was a market we had never entered in the past. Similarly instead of looking towards America and Europe all the time, efforts should be made to improve, expand and strengthen business relations within the Muslim world and with our neighbours like Iran. Pakistan and Iran can also have a very fruitful co-operation in the field of Medical Education and pharmaceuticals benefitting from each other's experience.

We want to have good friendly relations with every country including America but they should stop dictating us. As long as our rulers will keep on listening to dictates from USA, they will have a very low credibility within the country and our problems will keep on mounting. We have to look at the causes of our problems rather than resorting to symptomatic treatment. United States has its own agenda for this region and Pakistan. In the past it is on record US paid over five hundred million dollars to one of the NGOs to promote secular education curriculum in Pakistan. That is what they do through these NGOs. Unfortunately we do have some people who are still mentally slaves and they always look towards America. These part time Pakistanis live here but their sympathies and loyalties are somewhere else. When the names of medical delegation to Iraq for that conference was being finalized, some doctors did not agree to be a part of that delegation fearing that if their Passports are stamped with Iraq Visa, they may not get Visa for United States.

All our corrupt rulers, bureaucrats, businessmen, generals find a safe abode in United States and Europe. They have bought palaces and other property, have businesses and their children get educated overseas. Whenever this affluent class including Ministers and bureaucrats, politicians are sick, they travel aboard for treatment on government expense, hence why should they ever be bothered to improve the healthcare facilities in the country? We have seen the military rulers and politicians have also got chance quite a few times. If they fail to deliver, then no one can stop a bloody revolution when the poor people of this country will be left with no other option but to snatch their rights. There is still time and we can prevent that happening if the rulers start delivering, give up nepotism and favoritism, control corruption, uphold merit and ensure social justice coupled with good governance.

(October 15, 2009)

Ensuring effective use of computers for presentations

Human brain is the excellent machine ever perfected by God Almighty and despite revolution in the information technology and increasing use of computers; it is the human brain which can ensure that these computers are used effectively. While the younger generation of scientists and physicians is much more familiar and computer literate and the laptops have made the life quite easy, still a large number of physicians in general and faculty members in particular lack the know how to make proper use of computers.

Making a presentation is an art which one has to learn. But it is very annoying to see when some of the presenters even cannot properly see and read what they have written on the slides. It is generally felt that there should not be more than six to seven lines in one slide and the presenters should use them just to highlight the points for discussion. But what happens in some cases is that these presenters put too much material on the slides and then start reading them without any eye contact with the audience. In such cases though the participants are physically present but mentally they are somewhere else and not many are seen interested in such presentations. Hence, the whole

objective of conveying a message, if there is some message at all, is lost.

Some of the presenters showing a childish behaviour include various things on the slide like cartoons or use too many different colours with the result that it is difficult for the audience to concentrate on such slides. It also reflects the professional immaturity on the part of the presenters. At times the font's size, type or the back ground colour used is such that these slides are not easily readable. They may look fine on the monitors when these slides are prepared but the presenters must see what is going to be their impact when they are projected in a meeting at a bigger screen. The selection of the back ground colour and the font size all needs to be carefully looked at. Unfortunately some of these presenters even do not have the capacity to learn from looking at slides of other speakers who have mastered the art of presentations and are good at using the facilities offered by the different software's in the computers. These presenters can always benefit from the help and assistance of experienced computer users to prepare their slides and these days it is not that expensive either. It will certainly make their presentations useful and also save the audience from the punishment which they are inflicted with looking at the poor quality of slides.

It is all the more frustrating when some senior faculty members, trainers and the supervisors make a mess of their presentation. When they themselves are not aware of these things, how they are going to teach and train their post-graduates. Various institutions have now started offering training facilities to its staff how to use computers, how to

make slides on PowerPoint while during workshops on communication skills they are also taught some of these things. It is important that such facilities are made available at all the undergraduate and postgraduate institutions. Ideally each and every ward, unit should have a computer and multimedia facilities along with an experienced operator but if that is not possible, at least every medical institutions can create a pool of such staff offering secretarial assistance to the authors, presenters and researchers. It is now quite cost effective and helps in improving the quality of presentations ensuring that the message is conveyed effectively.

(November 1, 2009)

Dr. Aspirin Shah from Larkana and underutilization of this Heart Vitamin

Speaking at the inaugural session of the 5th National Conference of Pakistan Aspirin Foundation held at Chandka Medical College Larkana on October 31st Mr. Nisar Khuro Speaker of the Sindh Assembly disclosed that there used to be a doctor Shah in Larkana in 70s . He used to prescribe Aspirin apart from other drugs to most of his patients suffering from various diseases. Dr. Shah also used to advise his patients over forty years of age to take a tablet of Aspirin daily. In view of his frequent prescription of Aspirin to his patients, he was known as Dr. Aspirin Shah. It is almost forty years ago when he used to give Aspirin to his patients. Now Dr. Aspirin Shah is settled in Houston in United States of America.

Mr. Nisar Khuro further stated that in those days we were not aware of the fact that this is such a useful drug which is safe and effective in so many diseases. It is heartening to note that now healthcare professionals all over the world are promoting the use of Aspirin. He also commended the efforts of Pakistan Aspirin Foundation to have taken up this task of promoting the use of Aspirin in Pakistan and selecting Chandka Medical College as a venue for its national conference.

The time towards which Mr. Nisar Khuro referred to in his speech was perhaps the same in 1974 when the world famous research scientist Scottish physician Peter Elwood had published his study highlighting the safety and efficacy of Aspirin in prevention of Acute Myocardial Infarction.)¹⁸

Despite so much evidence available about the safety and efficacy of Aspirin in Acute Coronary Syndrome, other cardiovascular diseases that regular use of Low Dose Aspirin (LDA) significantly reduces morbidity and mortality, this “Statin for the poor” and “Heart Vitamin” remains underutilized all over the world and Pakistan is no exception. At the recently held European Cardiac Society/Asia Cardiovascular symposium in Beijing on September 12th 2009, the findings of Aspirin Underutilization and Compliance in CVD Treatment (ACT) were also presented. It emphasized the need to broaden the use of Aspirin therapy to help reduce the global burden of deaths and disability due to cardiovascular diseases. This ACT study was based on the response of 7,363 physicians in eighteen countries across Europe, Asia Pacific and South America to an online questionnaire. This revealed that although low-dose aspirin was recommended in more than 85% of patients with a previous heart attack, compliance remained sub-optimal.¹⁹ Most physicians in Asia Pacific agreed that lifelong use of low dose aspirin is indispensable after a heart attack and should not be stopped. However, compliance among their patients who had previously suffered heart attacks was only 53% in China, 56% in Indonesia, 60% in Korea & 61% in Taiwan. This means that a large proportion of patients were not fully compliant in taking their life-saving medication regularly.

Coming to the situation in Pakistan, Pakistan Aspirin Foundation a multidisciplinary group of conscious physicians have been trying to create awareness among public as well as healthcare professionals besides promoting the use of Aspirin in its well established indications since 1997. This is done by holding small Continuing Medical Education (CME) meetings which are not confined to major cities and Five Star Hotels but are also organized in small towns and cities all over Pakistan. In addition special sessions on Aspirin are also organized at various conferences in collaboration with various specialty organizations.

Pakistan Aspirin Foundation also conducted an Aspirin Awareness and Usage Study (AAUS) which enrolled over fifteen hundred patients suffering from Acute Coronary Syndrome from s patients reached hospital after a mean of 13.2+-6.2 hours delay after the onset of symptoms. This means that the time for thrombolytic therapy to be of any use is already over. What was more surprising was the fact that only 50% of the patients suffering from acute coronary syndrome were prescribed aspirin at the time of discharge from these coronary care units which is a criminal negligence on the part of the healthcare providers. While 71.7% of patients were given Aspirin in the Ward only 59.9% of patients reaching the emergency room were given aspirin. Lack of awareness among the Family Physicians regarding the use of Aspirin was evident from the fact that only 20.8% of patients were prescribed aspirin therapy by them. Only 16% of the patients took Aspirin themselves at home after the onset of chest pain.²⁰

The above dismal figures about the use of Aspirin in Pakistan shows that though Pakistan Aspirin Foundation has

done a lot to create awareness among the public as well as healthcare professionals, it still needs to do a lot more. Publication of a booklet in Urdu on Aspirin this life saving miracle drug which is being distributed free among public as well as doctors will hopefully help to improve the situation to some extent. Efforts are also underway to translate this booklet in different regional languages so that the message is conveyed to the public more effectively. There are certainly some contra-indications for the use of low dose aspirin therapy on long term basis and this issue is always discussed and highlighted at the seminars, meetings organized by the Pakistan Aspirin Foundation where speakers also talk about other anti-platelets available. Despite new discoveries and many new anti-platelet agents being marketed by the pharmaceutical industry, Aspirin will remain the mother anti-platelet agent. Moreover, since it is the most cost effective therapy, it needs to be promoted when majority of the patients cannot afford expensive drugs. This is exactly what Pakistan Aspirin Foundation is doing for the last many years.

(November 15, 2009)

How everything has changed in Pakistan?

Last week I met a distinguished member of the medical profession who retired as Professor from an undergraduate medical college a couple of years ago gracefully having played his innings well. He had earned respect of his professional colleagues, was loved by his patients and was quite popular among the students but feared by the incompetent, corrupt and inefficient because of the strict discipline which he had enforced for every one including himself and the fact that he will never tolerate any financial and intellectual corruption. This is certainly a very rare breed among the healthcare professionals these days though exceptions are always there.

After exchange of pleasantries he started the conversation saying "At times I feel, I should stop reading your column " Off the Record" these days as it "pains me" to read as to what is happening in today's Pakistan. Our beloved country Islamic Republic of Pakistan was never used to be like this. Should one stop reading the newspapers and watching the television networks as it leads to frustration, depression and also shows the helplessness of us all." Then he himself added "unfortunately what the media shows are also the true reflections of our society. My son

had gone abroad for postgraduate training. He was all set to return to Pakistan and it is also the wish of parents to see their children with them in old age but I have stopped him coming back to the country. We will spend our lives but cannot endanger the lives of our children here where the state has failed to provide security and deteriorating law and order situation, deplorable state of the economy and uncertainly has become the order of the day", he went on to say. I certainly do not agree with your decision I informed this very dear friend for over thirty five years. Angels will never come and we ourselves have to struggle and fight for a change and change for the better, I told him. So much is written and shown on the media but it has no impact, there is no improvement in the situation and one does not see any light at the end of the tunnel, he remarked.

Let me share with you another communication from another distinguished physician and former Principal of a medical college known for his honesty and professional integrity. He writes " A.A.Long time-no see. I hope you are well. I am writing to congratulate you on your "Off the Record" in Pulse International October 15th 2009 about American Aid (read RAID). You are no doubt voicing the feelings of all decent, self respecting patriotic Pakistanis-but certainly not the so-called rulers. Your last paragraph gives all the answers but how can you expect the same people about whom you begin with paragraph, deliver what you want and need in the last part of the Paragraph.

I have recently finished reading a small book named "confessions of an Economic Hitman" by John Perkins. I

would strongly recommend it to you because it will clarify to a large extent what is happening to Pakistan and Why and How! Because that is the modus operandi of our "Allies". I would also recommend an article in two parts on the internet by Prof. Michel Chossudorsky titled "The destabilization of Pakistan". One can find it easily on Google.com. It is the script of the drama which is being enacted before your eyes these days. Its Part-II is Pakistan and the Global War on Terror".

I have intentionally not mentioned the names of both these eminent members of the medical profession but the idea of sharing their views with the readers is to let them know what these respectable members of the medical profession feel. How everything has changed in Pakistan these days. We all know except those who need to know what these "Special Americans" are doing in Pakistan. Many of them have often been caught by our law enforcing agencies with sophisticated weapons but later released. Lately I have been quite busy in what can be said as forced readings to perform my professional duties of editing the two medical publications and I look forward to reading both the books and the article on the net recommended by the physician friend for whom I always have had lot of respect and regards. May God Almighty help us Save Pakistan.

(December 1, 2009)

Need & Importance of accountability in the health services

The death of a three years old girl in the emergency of a well reputed hospital in the private sector in Lahore and the death of an MNA in the PIMS due to non-availability of ventilator, have once again highlighted the importance of initiating accountability of the health services in general and the healthcare professionals in particular. No one will ever deny that this must start soon and it has been long over due but how such a measure should be initiated and implemented needs careful planning and rationale thinking. This highlights yet another well known secret that we have extremely poor emergency and critical care services both in public as well as private sector. The most unwilling, junior, inexperienced, irresponsible healthcare professionals which include doctors, nurses and paramedics who have to be punished are usually posted in the emergency and casualty departments although these are the essential areas which must be manned by experienced personnel who can handle the emergency. But what happens in actual practice is that most often, they send a message to the unit on call and that is all. If this is the state of affairs in well reputed tertiary care facilities in big cities, what might be happening in other hospitals particularly in small cities and towns is not difficult to imagine. There is a

difference between medical error and criminal negligence. While medical error can and does take place all over the world even in the best of the health centers, it is the criminal negligence which should not go un-noticed and un-punished.

The tragic incident involving the death of this three years old girl patient has also exposed the maladministration in the health services. Chief Justice of Lahore High Court has already ordered an enquiry, the provincial government and the hospital administration itself have all started enquiries and even a few doctors have also been suspended. It is extremely important that the findings of these enquiry reports must be made public. Though some information is already available but till the enquiry report is available, it is too early to point any finger and comment on this event. However, on the face of it there appears to be a case of professional negligence if not criminal neglect. The culprits must be identified and punished to meet the ends of justice. The sad part of the incident however, is that even when the hospital staff came to know that the child had died, they tried to cover it up and referred the patient to the Children Hospital. Had the parents not been alert, educated and those who know what their rights are, the whole episode must have been covered up. Only God knows how many such preventable deaths take place in various healthcare facilities all over the country and those responsible escape any punishment due to lack of any accountability.

However, justice also demands that no malafide actions should be taken against the hospitals or their staff through politically motivated measures as it will not be

good for the health services in general and the country as well because it can have serious repercussions. Earlier a similar incident involving the death of the wife of former Capitan of Pakistan Cricket Team Mr. Waseem Akram had made headlines and the family members, it is learnt, were not satisfied with the care which she got. Even an enquiry report is also alleged to have come to the conclusions that there were some negligence which were however, denied by the hospital administration which feels that whatever best possible was done in this case and the patient as well as family members were quite satisfied and did not lodge any complaint till they left for treatment overseas. These recent events has done an irreparable damage and affected the credibility of the medical profession to a great extent, which is already at its lowest ebb for various reasons.

An accountability bill is already in the Punjab Assembly and the provincial government has done the right thing to form a committee to have input from the different stakeholders to make appropriate amendments if needed before enacting it as a Bill. The government authorities must not embark upon any ambitious plan which is neither feasible nor practical. To ensure its success, the accountability measures must be initiated in a phased programme. For example let the start be taken from the healthcare facilities with indoor facilities to begin with. After discussion and in depth deliberations with the representatives of medical profession, various medical institutions, let the government first categorize all these healthcare facilities into A, B and C category and then also give details as to what type of facilities must be present in these different

category of institutions because one does not expect that facilities available at a state of the art tertiary care facility in big cities can also be made available in small cities and towns. Then they should be given about two to three years period to make up if they have any deficiencies. After that the process of monitoring and accountability should become operational and implemented in its letter and spirit. There should be no distinction in public and private healthcare facilities as regards provision of facilities, equipment and instruments, availability of trained, experienced medical, paramedics and nursing staff as per their category. This monitoring and accountability should also be done through qualified professional people whose professional integrity is not questionable and they can be assisted by representatives of public, media and others in the society. The whole process should be transparent to ensure its success. No body will ever deny the fact that monitoring and accountability in health services should be undertaken but the way the bill presented in the Punjab Assembly gives draconian powers to the Inspectors will only open flood gates of corruption. The government authorities in general and health bureaucrats in particular must learn some lesson from the past experiences and mistakes. Many measures initiated in the past failed, the schemes had to be withdrawn or abandoned simply because they had no input from the different stake holders whose viewpoint was never given any importance. Let us not repeat the same old mistakes and move forward. Every one in the medical profession is not a criminal and there is no death of good, kind hearted, conscious, responsible people in the medical profession who believe and practice ethical medicine and who will be too glad to help the government

in this regard.

Once some positive headway has been made in monitoring the healthcare facilities with indoor facilities, in the next step the authorities can start monitoring and regulating the Family Physicians and other private practitioners which can be easily done by making the Pakistan Medical and Dental Council effective. Had the PM&DC been performing its duties efficiently, we may not have been facing such a deplorable situation. Let the functioning of the Council be de-centralized by establishing Provincial Medical and Dental Councils and delegating them the responsibilities of licensing, registration, monitoring and evaluation while the Federal Council can concentrate on policy guidelines, ensuring uniformity in standards of medical education and healthcare. It will also make the working of the PM&DC much more cost effective.

At the same time quackery which is rampant in the country also needs to be checked. It will be of no use to monitor and hold the medical profession, healthcare facilities accountable if the practitioners of *Hikmat, Homeopathy, alternate medicine, Herbalist* etc., continue to play havoc. These quacks thrive on publicity in the print and electronic media befooling the masses. They offer guaranteed cure for any disease and use huge quantity of steroids in their prescriptions. Their practices also need to be monitored and authorities must ensure that they practice within their domain instead of using modern medicine of which they have no knowledge whatsoever.

(December 15, 2009)

American arrogance and the Pakistani physicians

An eminent medical personality from Pakistan in his 70s recently went to United States to see his doctor son. At the New York Airport, official at the immigration counter first welcomed him to United States, looked at his Passport, stamped it and gave it back to him. All this happened in a few minutes. The Pakistani physician thanked him and started moving to collect his baggage. He had just gone a few yards that he was called back and asked to return his Passport. He asked the immigration official what was the problem to which he did not respond but took him to another room where a few immigration officials were busy interviewing some other passengers.

He was kept waiting for almost six hours during which he was asked all sort of stupid questions and throughout this period his son was waiting outside. One of the questions he was asked was that has he ever been in the Pakistan Army? At this he replied that he was not in the army service as such but did serve for some time when the doctors were asked to serve in the army for some time in 70s since there was shortage of doctors in the Army in those days. At this the immigration official became rash and remarked why he was not telling the truth. Why you are not saying that you were in the service of Pakistan Army. At

last his ordeal was over and he was asked how long he intends to stay in United States to which he replied " four weeks". After all this humiliation and the rude behavior, the immigration official told him that he was giving him permission to stay for six months to which he replied, I do not want to stay more than four weeks and do not wish to get visa for six months. Then at the Customs counter, the treatment which many of the Pakistanis get is not better either and he was no exception.

Many Pakistanis who have their children or other relatives settled in United States visit them from time to time. They just cannot afford to forget them or stop visiting them but then they have to face lot of humiliation at the hands of immigration staff at the airports. If by any chance, some one gets offended and complains about their attitude and behavior, immigration staff do not mind deporting them. In fact they draw pleasure in humiliating them. This is one side of the picture. On the other hand the Americans who come here in Pakistan are so arrogant that there are reports that many of them leave the airport without getting their baggage checked and even misbehave with the immigration and customs staff. They roam around in different Pakistani cities in bullet proof cars with tinted glasses, fictious number plates, take photographs of sensitive places and security check posts. When they are intercepted, they refuse to be searched and eventually establish contact with American Embassy officials who come to their rescue and get them released after intervention of government high ups. During the last month alone there have been numerous such instances in the city of Lahore and Rawalpindi-Islamabad. These Americans are so arrogant that they think they are exempt from any search.

Diplomats do enjoy some privileges but most of these special Americans who were involved in such undesirable activities were not Diplomats but even then they do not abide by the Pakistani laws. There have been many terrorist activities in major cities of Pakistan recently and some people fear and suspect that some of these so called Special Americans operating under the name of Black Water or its other affiliated agencies may be involved in this.

The government needs to act before it is too late. First of all every foreigner in the country must be forced to abide by the rules and regulations, respect the relevant laws to avoid any untoward incident. Secondly if we can get rid of these special Americans sooner the better. This new situation has brought with it a special security risk which is not at all in our national interest. It is time that we the Pakistanis regain and retain our self respect and dignity which we appear to have lost during the last few years due to wrong policies of military dictator General Pervez Musharraf. However it is unfortunate that those policies are still being followed. For this we need a strong political government in Pakistan but unfortunately we do not have that so far which is evident from the fact that even members of the official delegations are also humiliated at the immigration counters in USA as well as in some European countries. The rude attitude and behavior of American immigration staff with Pakistanis visiting United States with valid visas also needs to be condemned. Despite the fact that Pakistan has always tried to be friendly with United States but the later has always betrayed us which is not only painful but unfortunate. That is why anti-American feelings are at its peak in Pakistan these days.

(January 1, 2010)

Drug Manufacturers without conscience

The Central Licensing Board of Federal Health Ministry is at last reported to have suspended the drug manufacturing license of a Lahore based drug manufacturing firm for allegedly supplying three hundred million sub-standard Paracetamol tablets to the Government's Primary Healthcare Programme. According to reports thirty batches of the drug supplied to the programme were tested at the Central Drug Laboratory in Karachi as well as at the National Institute of Health Islamabad. During the meeting of CLB, eight out of nine members of the board recommended cancellation of the license of Shifa Laboratories.

The executive board members accused the firm of "deliberately violating "the Drugs Act 1976. On the other hand Mohammad Younus Malik chief executive of the said firm during his appearance before the CLB is reported to have argued that the action proposed in the show-cause notice i.e. prosecution in the court, cancellation or suspension of the license or both was unlawful under the Drugs Act 1976, though he is stated to have failed to convince which provision of the law had been breached by the show-cause notice.

There are over four hundred drug manufacturers in the country which can be clearly divided in two groups i.e. those who follow current Good Manufacturing Practices (cGMP) and also practice ethical marketing and the others who do not care about the cGMP or ethical marketing. It is the later group which is playing havoc with the human lives in order to make quick money. However, they cannot continue their nefarious activities without the active support and patronage of the officials of the drug control department. The most unfortunate aspect of the whole episode is that the Federal Health Ministry came into action after the suo motu notice taken by the Supreme Court of Pakistan. One fails to understand why the health officials fail to perform their duties and every time they have to be reminded by the Honourable Judges of the Supreme Court. If the allegations against the firm whose license has been suspended for a year are correct, it is too little a punishment. Not only the license should have been cancelled but the owners should have also been sent behind bars for couple of years. All those drug manufacturers without conscious should be given an exemplary punishment which should prove to be a lesson for other culprits among the drug manufacturers.

Leaving everything to the government is also not desirable. Ideally we should have strong institutions and in this case the Pakistan Pharmaceutical Manufactures Association (PPMA) should have been playing a more vital role. PPMA must have its own Experts Committee who should inspect all units and only after it is satisfied that they have the required staff, equipment and ethical behaviour, should be made members of the PPMA. Mere

getting a drug manufacturing license should not entitle them to be members of the PPMA. If such controls are exercised by the industry itself, many of the problems can be resolved much easily. Similarly the PPMA must ensure that all its members confine themselves to ethical marketing practices which is of course not so easy but if they failed to enforce that, some one else will take up this responsibility.

Once a drug manufacturer told me that “he was making lot of money when he used to import drugs as it had lot of profit margin. But ever since he has set up the manufacturing facility, the survival has become extremely difficult. To ensure quality control of each and every batch, starting from the purchase of the raw material to the final finished form, is an extremely expensive proposition. And if they follow all the cGMP and also practice ethical marketing, one can just survive with these price controls. Hence, there are some among the drug manufacturers who just concentrate on government and institutional supplies. Their products are seldom available in the market, they are not prescribed by the healthcare professionals either except those who have been purchased by them on regular payment but they make lot of money by taking care of the concerned government officials responsible for purchases as well as the officials in the drug control departments including drug inspectors”. Hence, unless the system of government purchase is streamlined, such episodes will continue to be witnessed as there is a tendency among some drug manufacturers to make quick profit without realizing that their actions might endanger human lives.

Maybe, it is time that the PPMA in collaboration with the concerned officials in the Federal Health Ministry must agree on some long term plans to ensure proper growth and development of the pharmaceutical industry in Pakistan. The government should offer incentives to those who follow cGMP but at the same time give exemplary punishment to those involved in production of sub-standard and spurious drugs. Another way of helping the quality conscious drug manufacturers is to help them in export of drugs and medicines. There is a great potential in pharmaceutical exports which can be realized only with government patronage and support.

(January 15, 2010)

Focus on the Liver Diseases

The 6th Asia Pacific Association for Study of Liver Diseases (APASL) Single Topic Conference organized by Pakistan Society for Study of Liver Diseases held at Karachi recently has done well to highlight the problem of Acute Liver Failure. ALF is a clinical syndrome which is considered a fatal condition. It is associated with encephalopathy and coagulopathy and its management is extremely difficult. Presentations by various speakers from the Asia Pacific Region highlighted the known causative factors for Acute Liver Failure in detail.

While in the West it is mostly drug induced, in the Asia Pacific region it is the viral infections like Hepatitis B, C and E which is considered the most common cause. In addition, hepato toxicity due to the use of anti-TB drugs and use of herbal medicines is also reported to be an important cause since their scientific efficacy with good control is lacking. The National survey regarding prevalence of Hepatitis B and C conducted by the Pakistan Medical Research Council has reported high prevalence of these viral infections in the country which is much higher in certain districts in all the four provinces. Liver Transplant is the only treatment modality effective for management of acute liver

failure but since this facility is not yet available in Pakistan, for us preventive measures remains the only viable option. As such it is important that we must revisit our interventional strategies to control these viral diseases with input from the experts. Measures should be taken that those drugs which have developed resistance are replaced with more safe and effective medications in the National Hepatitis Control programme.

Vaccine for Hepatitis-B is available and it must be ensured that its use is promoted. Early detection of Hepatitis-C and its effective treatment can save many lives. Similarly the healthcare professionals must be careful and practice rational prescribing. Un-necessary use of NSAIDs should be discouraged while appropriate use of anti-TB drugs being careful about their hepato toxicity are some other important measures. Alcohol is another causative factor which fortunately is not a big problem in Pakistan. In addition data from the West also show that indiscriminate use of antimicrobial agents like Quinolones can adversely affect the liver. Moreover, public needs to be educated not to use pain killers like Paracetamol un-necessarily as it can also have adverse effects. Curative treatment being very expensive which many patients cannot afford, we must put emphasis on preventive measures to reduce the prevalence of viral infections like Hepatitis B and C.

Another important suggestion put forward during the conference was to initiate local studies to find out the primary resistance to various drugs in the region besides formulation of country and region specific guidelines on management of liver diseases. These are all very

important suggestions which need to be implemented if we have to curtail the burden of liver diseases in the country. This calls for a collaborative effort at the national level in which the government authorities, healthcare professionals, print and electronic media and the public all have to play their role. On the other hand it is also important that efforts should be made to establish a few liver transplant centers in the public hospitals so that this treatment modality is also made available within the country.

(February 1, 2010)

Fall from the Heaven's Syndrome

A former First Lady, wife of a former President of an Asian country visited a consultant ENT surgeon who had retired from government job a few years ago. The ENT Surgeon is now running an NGO which also has a state of the art ENT Hospital besides school for hearing impaired children. She complained of buzzing sounds which she was hearing constantly. After taking history and clinical examination she was told that she had no physical illness. At this she asked the ENT Surgeon then why this Buzzing Sounds? She was told that it is a condition known as "Fall from the Heavens Syndrome". Is there any cure for this she asked to which the ENT Surgeon responded saying Yes. Then he explained the disease in detail and also wrote a prescription.

You are suffering from this buzzing sounds because you are finding it difficult to adjust yourself in a new situation. Once out of power, all the protocol, facilities and luxurious life is gone and with it the army of sycophants and praise singers which usually surround the rulers. You were cut off from the public which had give you all that. You were not aware of the ground realities which are very bitter. The

treatment is very simple. Go back to the people who had given you all that, talk to them, live with them, know their problems, try to be helpful to them and you will see the results yourself.

She came back again after a few years and thanked the ENT surgeon stating that she took his advice seriously. Worked in the villages and during the elections she has been elected as a member of the Parliament. She also thanked him for not removing his plaque from the hospital as it was she who had laid the foundation stone of the hospital when her husband was President of the country. At this the ENT surgeon reminded her that it is a part of history. I do not belong to any party. I am my own man. Her opponents who came to power did not accept my invitation to inaugurate another facility at the hospital simply because you had laid the foundation stone of this hospital. I cannot remove that plaque. However, he informed her that tell your husband to learn some basic etiquettes. When he was President, I operated upon him and he did not have the moral courtesy of sending a two line letter of thanks. On the contrary a few weeks after the operation, I received a phone call from his Military Secretary that the President has invited me for a lunch at the President House. I asked the Military Secretary where is the invitation card or letter to which the MS said that there is no such letter or card. At this I told him that how one can enter the President House without proper invitation because of too much security. I do not want to be humiliated at the entrance where I have to convince the security personnel that I have been invited by the President for lunch. I did not go and the matter ended there.

More recently one of the important ministers wanted to get his wife examined. He came over and asked me if I need, he can get time for his meeting with the President. Perhaps he thought I will jump over this offer. I told him that I do not need anything, hence I was not keen to meet the President. The Minister never came back and went to some other surgeon. Continuing he told the former First Lady, "Just listen when you are in power, you always ignore merit and try to accommodate your party loyalists, friends and relatives on lucrative jobs. This is the tragedy with most of the rulers in developing Third World countries. The result is that incompetent people who are selected fail to deliver and it is the country that suffers. If your party ever gets another chance, just uphold merit, be fair and ensure justice for all. God Almighty has given me enough. I do not need anything from any one. I am a very contented man and feel happy serving the people". She listened to all this patiently and then left thanking him once again for his advice.

This ENT Surgeon is a very kind hearted, God fearing, conscious, upright man who not only believes but practices ethical medicine. Since he does not believe in party politics, does not visit those in power corridors, he had to face lot of intrigues from the bureaucrats as well as professional jealousy from his colleagues. Efforts were made to defame him but without any success. Over the years he has developed a team. Affairs of the NGO are run in a democratic manner with regular elections of office bearers. Accounts are also audited regularly to ensure transparency. He gets lot of donations from within the country and overseas for this NGO which helps him modernize,

improve and expand the facilities being provided. He has managed to have funds which are enough to meet the running expenditures of this institution. Money he believes is not everything, and it certainly cannot buy happiness. He lives a very simple life, sleeps well and still has lot of energy to serve his patients. He is an ideal role model for many to follow.

(February 15, 2010)

Need for training course for the Ministers?

Most of the major political parties in Pakistan do not have Think Tanks or if they have, they are either non-functional or do not do the job properly. That is why they fail to give proper guidelines to the party leadership on various issues. In the civilized society in the West as well as in many other democratic countries the opposition always maintains a shadow cabinet and they are always monitoring the performance of the respective ministries, departments. They keep themselves update and when they get a chance to form the Government, they are fully prepared to shoulder the responsibilities. Not only that, cabinet members are elected on merit based on their competence, knowledge and experience. Unfortunately this is not so in Pakistan.

Here when any party wins the elections and it is to form the cabinet, first the leadership selects those who have to be accommodated in the cabinet taking into considerations their political importance and irrespective of their competence. Once this is decided, then the portfolios are distributed with the result that many a times those given these responsibilities are not up to the task.

Often they take decisions which have to be reversed at great embarrassment to the government.

Till such time that we can develop the culture of having think tanks and shadow cabinets, what can be done in a short term measure is that those selected for cabinet posts must be made to undergo a training course of short duration. They should be taught how to handle the media besides providing them the services of some subject experts to teach and educate them. It will save the government from lot of embarrassment. In the absence of such an arrangement, many a times some of the Ministers make public statements or even in the Parliament which not only hurts the national interest but are without any solid evidence to support their actions and statements.

In the recent past, the two such incidents can be pointed out. First the Interior Minister Mr. Rehman Malik made an announcement in the assembly saying that 50% of the drugs produced in the country are sub-standard. Little did he realize that such a statement coming from the interior minister will not only hurt our national interests, affect our drug exports which was over one hundred fifty million dollars last year but it will also be exploited by our enemy neighbor India. Besides checking the growth of national pharmaceutical industry It will also shake the public confidence and trust in locally produced drugs and medicines. Firstly members of the assembly must ask him what is the source of his information and secondly if some sub-standard drugs are being produced, whose responsibility it is to check this? There is no doubt that some drug manufacturers may be involved in production of

sub-standard drugs but they cannot do this without connivance and patronage of the corrupt officials in the drug control department. Moreover, their quantity is certainly not that high as stated by the interior minister. Should not he have checked the facts and figures before making a statement on the floor of the house? Members of the Assembly and Senate Health committee must enquire into these things to ensure that such irresponsible statements are not made again.

Second unfortunate episode was when two recent bomb blasts occurred near the Accident and Emergency Center of Jinnah Postgraduate Medical Center Karachi. It is a fact that the Emergency Department of JPMC has been doing a commendable job for the last many years looking after the victims of not only bomb blasts and terrorist activities but other disasters as well. As soon as the victims of the first bomb blast near the JPMC Emergency were handled, the second bomb blast occurred. At that time the Sindh Government was seen in panic and one heard the announcement on the electronic media that the injured should be shifted to the private hospitals like Liaquat National and Aga Khan and their expenditures will be borne by the Government. This was an unfortunate attempt to destroy the image of JPMC. If the government authorities won't own their own healthcare facilities, how the public will have any confidence. This statement should not have been made at all. Instead of paying to the private hospitals, the government should utilize the same funding to help improve its own healthcare facilities, ensure security, patient safety so that such incidents do not occur. Safe access to the public healthcare facilities should be ensured.

Not only that all un-necessary ambulance service which in fact are just transporters should be removed from the hospital campus. In addition all encroachments from hospital campus should be removed immediately. It is the politicians who patronize these encroachments; hence they are part of the problem and cannot become part of the solution. The time has come that the government must use its political will power and remove all encroachments from the JPMC. It must have a secure boundary wall and entry points should not only be limited but they should also be properly monitored. If these steps are not taken, recurrence of such incidents in future cannot be ruled out.

Administration must ensure security of the hospital staff so that they can work with devotion and dedication. Entry of all un-necessary personnel i.e. patients attendants, security personnel, media representatives, politicians and representatives of civil society within the Emergency should not be permitted. Hospital spokesperson can provide the necessary details to the media representatives outside or at any designated area in the Emergency. With so many un-related people wandering in the Emergency, it becomes extremely impossible for the medical and nursing staff to look after and manage the patients and save their lives as they cannot concentrate on their work. These security concerns and other related issues have already been highlighted by the hospital administration many times but the government has so far failed to take any effective steps. Instead of announcing short term measures in panic, let it make clear if they are prepared to foot the bill of any such victims in future as well so that the patients go to other

private hospitals directly and do not bother to reach the JPMC or other healthcare facilities in the public sector. If the government cannot afford it, then it should desist from making such announcements on such occasions which creates doubts among the minds of public and spoils the image of public healthcare facilities as well. JPMC hospital administration should also take up such issues with the provincial and federal governments to have clear policy guidelines for future.

(March 1, 2010)

Casual attitude towards medical emergency

Millions of patients are saved and successfully treated at public healthcare facilities in Pakistan every year by doctors, nurses and paramedics who have to work under very difficult and uncomfortable working environment but one seldom sees any appreciation in the media. However, whenever, some mishap occurs it is seen all over the print and electronic media which is highly demoralizing for the entire medical profession. One cannot condone criminal negligence if any but sometimes the patients come in a situation where it is almost difficult to save their lives, hence doctors cannot and should not be held responsible for that. The malicious campaign against the medical profession by the electronic media in particular, in the recent past has been very damaging and at times counter productive as well. Now there are reports that sometimes doctors are reluctant to handle serious cases as they are not prepared to take chance for fear of any backlash and adverse publicity. Here again it is the patients who are suffering and some of those whose lives could have been saved are being deprived of any chance.

However, it will be unfair to say that all the allegations against the medical profession are unfounded, in many cases it is the attitude of the healthcare professionals towards

patients, their attendants and problem in proper communication which results in bad press. Particularly when the patients come in emergency in a critical situation, they need to be handled efficiently. But working in most of our casualty departments in public healthcare facilities is not at all satisfactory, though there are a few exceptions. It is incidents like this which I would like to share with you which have spoiled the image of the medical profession in the eyes of public where it is now at its lowest ebb for various reasons.

A young boy suffering from status epilepticus was brought to the casualty department of a teaching hospital early in the morning. Staff at the casualty could not do much and the patient was sent to the neurology department. The patient was examined by the neurologist who felt that the patient's conditions was really critical, hence he rang up the Professor of Paediatrics with a request to come and see the patient, if he could be saved. Professor of Paediatrics sent a resident to the neurology ward to have a look at the patient. When the resident came, the neurologist (Assistant Professor) asked him where is your Professor Sahib?. To this the resident replied, in the Ward. I have been sent to see this patient, then the Registrar will come and examine the patient and give the report to Professor Sahib and then if need be, Professor Sahib might come and see the patient. The young patient was fighting for his life in the Ward and eventually passed away at 12.30 PM in the afternoon. While leaving the hospital Professor of Paediatrics went to the neurology ward to see the child at 1.30 PM and felt sorry when came to know that the patient had died. Professor of Paediatrics talked to the neurologist and said "if the patient was so serious why did

not you inform me". At this the neurologist said, I did not send my Resident or Registrar, instead I talked to you on phone myself and also informed you that the patient's conditions was quite serious. Was it not enough?"

The patient may not have survived even if he was examined by the Professor of Paediatrics but the casual attitude with which the Professor of Paediatrics took this whole case will leave a very bad impression about the doctors in the minds of the parents of the child who is no more in this world. It is incidents like this which has destroyed the image of the medical profession. There is certainly lot of room for improvement in the attitude of the healthcare professionals. It is their duty and it is not asking for too much. One hopes that all those concerned are listening.

Unique remedy for headache: These days the number of girl students enrolled in the medical colleges is much more than boys and in almost all the institutions whether in public or private sector this ratio is somewhere between 65% girls and 35% boys whereas in the past the percentage of girls used to be just 10-15%. This has also given birth to lot of social problems as well. Speaking at the JPMC's 47th annual symposium Prof. S.M.Rab narrated an incident which throws some light on what is happening these days. Prof. Rab said that while he was delivering a lecture in one of the private medical colleges recently, he suddenly noticed something. I went to the students and saw that a boy had put his head n the lap of a girl student in the third row. When I asked the girl student, what is all this, she said, "*Sir, Iss becharay Kay Sir Main Dard Hai*". I told her, I do not mind all this but please do not do this in a public place, Prof. Rab remarked.

(March 15, 2010)