

# Medical Practice in the Peripheral Health Centers in Nepal

Sitaula S,<sup>1</sup> Magar A<sup>1</sup>

<sup>1</sup>xenoMED Foundation, Kathmandu, Nepal.

## ABSTRACT

The Ministry of Health and Population has implemented a compulsory two year service contract in government health facilities for all the scholarship holders of the Ministry of Education. Doctors are now being deployed to all hospitals and primary health centers of the country. Prior to 2005 it was very difficult to send doctors to the peripheral part, and now they wish to go more remote area due to the privilege given to the National Academy of Medical Sciences Post Graduate Entrance Examination, which help them get MD/MS seat. However, there are more challenges due to weak health system and failure to implement established rule and regulation. This paper highlights the outcry of a doctor working in the remote part of the country.

## INTRODUCTION

News headlines like “No Doctors in the hospital for months” or “Postmortem couldn’t be done due to lack of doctor” are seldom shown in comparison to the past. The Ministry of Health and Population (MOHP) has implemented a compulsory two year service contract in government health facilities for all the scholarship holders of the Ministry of Education. Doctors are now being deployed to all hospitals and primary health centers of the country.

This intervention calls for an investigation on how medical practices are being carried out to identify any shortcomings and challenges. The purpose of this article is to enumerate the frequently encountered problems and issues while working in the periphery with possible suggestions.

## STUDY AND PRACTICE

After rigorously studying five and half years of medical sciences, students learn the art of ‘must do’, ‘can do’ and ‘must not do’ and he/she always tries to be within this boundary. They approach department of health services (DHS) and finalize their posting. The DHS is not transparent for the posting and transfer of doctors. Many doctors, including who graduated without scholarship, wish to go to their own villages where posts are vacant; but due to inappropriate and unscientific approaches they are posted to other places.

Once, they are posted in the peripheral hospitals, the doctor due to many circumstances has to give up his/her own norms, values and basic ethics. Not only they have to prescribe the drugs without diagnosing, but also have to practice poly-pharmacy because of undue pressure from the patient party for early recovery of the illness. For e.g. even if some drugs are absolutely not required, patient party demands and if you don’t prescribe, sometime situation goes out of control saying doctor know nothing. Due to lack of facilities and patients’ demand for guaranteed recovery, doctors are compelled to refer the cases which could be supervised under their care. Eventually, medical doctors posted in the periphery with limited resources are hand cuffed and their performance deteriorates.<sup>1</sup> Doctors are taught to be gentle. But with increased political influence everywhere, patients sometime demand for ‘now and here’ recovery and the situation goes out of control. Concerned people with power or political leaders don’t bother about this, and ultimately it’s the poor and villagers that suffer the most.

## MISTREAT AND INSECURITY

What can a doctor at district hospital expect if he or she is habitual to reading news of ‘doctors beaten and hospital vandalized’ in central level hospital at the capital or other part of the country? In the chaos of

**Correspondence:** Dr. Subhas Sitaula, xenoMED Foundation, Kathmandu, Nepal.  
Email: sitaulasubhas@gmail.com.

this environment, doctors have to work in a constant state of stress. They always have to work praying that there will not be any mishap happen due to lack of infrastructures, equipment and manpower during their work hours. Nepal Medical Association (NMA) had raised a strong voice for the security of the doctors with the government and carried out various protest programs but it has never been settled. The executive committee of NMA also determines the intensity and level of advocacy and lobbying done. The previous committee had raised this issue at the national level but the current one has remained silent yet. Recently, Pakistan has seen an outburst of doctors' strikes for the same reasons without any tangible solution.<sup>2</sup> Physical assault against health professional occurs especially during the evening and night when intoxicated people come to the hospital; mistreat, misbehave and threaten the doctors and other staff.

### ADMINISTRATION AND POLITICIZATION

A doctor is the chief officer in almost all hospitals, but he or she has to run the office in a pitiful situation in daily practice. The doctor has to rely on the sluggish administration not only in routine procedures of the hospital but also in emergency situation. The chief can't take any action even if a helper doesn't join the duty and emergency service halts because of centralized administration and concealed political power. The tension rises more when source force within the bureaucratic structure disharmonizes the professional merit and expertise.<sup>3</sup> One of the worst part is, most of the hospital staff have political affiliation in or other way because of which a doctor has virtually to work under them and it demoralizes professional integrity. If a chief wants to take action against their poor performance, then doctor itself is out casted. Unless health institutions are made free of political playground, it can not give quality service at peripheral level. This scenario is not limited to rural but central level as well. The Bir hospital has become one of the frequently shut down hospitals in the country. Due to political instability, and every forth night government change, a strike begins as soon as new government is formed in Bir. It can be evident by the fact that none of the Vice Chancellors (VC) and other officials has completed their tenure in last few years. Now, new government has already been formed, the new appointment is imminent. In this scenario, how can we expect Bir to provide quality health service and National Academy of Medical Sciences (NAMS) to provide quality education?

Doctors in an administrative position have limited knowledge and skills on management. Medical school teaches them to treat patients not to run a hospital. It is therefore important and necessary to provide a short course before deputing them to work as a chief.

### DOCTOR-DOCTOR RELATIONSHIP

Although medical school teaches the doctors about humanity due to dire circumstance seen in the health facilities, there is an increase in doctor-doctor conflict. Rather than working together for maximum delivery, relationships are strained due to competition, personality clashes and political inclination. This results in conflicting decision-making and hence renders the services provided. This whole phenomenon is indirectly minimizing teaching-learning and research activities leading to professional incompetence. There is need to collaborate and cooperate to withstand the current scenario in Nepal.

### COMMUNICATION GAP, POOR POLICY AND FRUSTRATION

Doctors should spend more time for information sharing during patient check-ups. In order to increase patients' involvement, there is a need to explain the nature of the disease, treatment options and cost of the treatment. However, a study has shown that more than half of Nepali doctors adapt paternalistic approach to the patients.<sup>4</sup> This would directly deteriorate the doctor-patient relation and indirectly provoke the vigilante element that tries to take advantage. But overload and over work for doctors and trend of attending the private clinic during office hours make communication gap a challenge. On the other hand, patients are not aware enough of the right to be informed.

Many doctors working at periphery are not satisfied with their position and placement. They always regret missing the opportunities at the central level or in foreign countries. There is a clear demarcation between doctors who are well placed geo-politically, who would like to maintain the traditional kinship based promotions and placement, and one from less advantaged background, who want reforms and state regulations.<sup>3</sup> Fewer opportunities for career development and lack of "reward and punish" system in addition to above mentioned are the reasons behind their frustration.

The government decided to integrate Bir hospital, only tertiary level government hospital, into the NAMS. Now onwards a doctor working at periphery cannot get his or her transfer to Bir hospital. Besides Bir, the government does not have its own tertiary level hospital. It seems a doctor posted in the periphery will always remain out of Kathmandu. He/she will never get a chance to work in the central level hospital. How can we expect a doctor would join government service if s/he can not ever be posted in central hospital?

## MEDIA AND CIVIL SOCIETY

Media doesn't give attention to halting of services due to absence of paramedics though it reacts to doctor absenteeism promptly. There are many examples of manpower/technicians not being present where resources (ECG, lab, X-ray) are available and vice-versa. If media voices these concerns, there is a chance of manpower-resource match. Sometimes, mishaps have occurred due to exaggerated hot news of doctor's mistakes and accidents during the provision of services. The civil society, in the form of health facility development committee, has also not played its role to protect the doctors' rights because of background political drive.

Most of the lower and mid level manpower have political links immunizing them in mainstream media. Due to political influence and instability, media is encouraged to publish negative news. Rarely does a name such as Dr Ram Prasad Pokharel get featured for his untiring effort and advocacy for eye care.

## WAY FORWARDS

Doctors working in the periphery are giving hope to the people in places where doctor and service were a myth. They are serving for thousands with the little resources they have.<sup>5</sup> To improve the current situation, the country immediately needs is to have a clear and envisioned Human Resource for Health (HRH) plan that addresses development, demand and distribution issues of medical doctors and the staff. Recently the country Coordination and Facilitation (CCF) process has been adopted by Ministry of Health and Population (MoHP) for having a comprehensive, coasted and evidence based HRH Strategic Plan.<sup>6</sup> This may turn out to be a major way ahead. Another plan that could be immediately implemented is posting of final year postgraduate doctors in the periphery. It would provide specialty level care to the local people and encourage teaching learning activities even in district level hospitals.<sup>7</sup> Similarly, private medical colleges can be forged to contribute for rural health in collaboration with prevailing government health set up. BP Koirala Institute of Health Sciences (BPKIHS) has extended its health care delivery through

teaching district concepts into different hospitals and PHC in eastern Nepal.<sup>8</sup>

Lastly, as said, solution is concealed in each problem. Everybody needs to play a constructive and responsible role from his or her position. The earlier, the better. Otherwise our medical practice will be static and never be reformed even if doctors reach to each health post or each village. Now, human resource is not the problem in the peripheral level but the system is.

## REFERENCES

1. Lamichhane J. Dilemma of Medical Graduates in Nepal. *J Nepal Health Res Counc* 2010 Oct;8(17):116-19.
2. Sashank. Doctor's strike: Raising their voices against poor provisions-PAKISTAN [Online]. 2011 Mar 17 [cited 2011 Mar 18]. Available from: URL:<http://www.xenomed.com/community/index.php?threads/doctor%E2%80%99s-strike-raising-their-voices-against-poor-provisions-pakistan.56/>
3. Weiner SJ. Source Force and the Nepal Medical Profession. *Soc Sci Med*. 1989;29(5):669-75.
4. Kattel S. Doctor patient communication in health care service delivery and case of tribhuvan university teaching hospital [Online]. 2010 [cited 2010 Nov 11]; Available from: URL:[http://mppg-nsu.org/attachments/119\\_Final%20Thesis%20\\_Sarbani%20Kattel\\_.pdf](http://mppg-nsu.org/attachments/119_Final%20Thesis%20_Sarbani%20Kattel_.pdf)
5. Pathak R. Life as a Medical Officer in a Peripheral Government Health Institution. *J Nepal Med Assoc*. 2010 Oct-Dec;49(4):
6. Angel. Developing Human Resources for Health (HRH) Strategic Plan [Online]. 2011 Mar 10 [cited 2011 Mar 11]. Available from: URL:<http://www.xenomed.com/community/index.php?threads/developing-human-resource-for-health-strategic-plan.20/>
7. Angel. PG 3rd year resident to be posted in the peripheral government hospitals [online]. 2011 Mar 27 [cited 2011 Mar 28] Available from: URL:<http://www.xenomed.com/community/index.php?threads/pg-3rd-year-resident-to-be-posted-in-the-peripheral-government-hospitals.119/>
8. BP Koirala Institute of Health Sciences, Dharan [online]. 2011 [cited 2011 May 13] Available from: URL:[www.bпкиhs.edu](http://www.bпкиhs.edu)