

HARTAL FANTASIES

We do Hartals, Left, Right, and Centre Too

EXCUSE me, is this "Hartals Unlimited", can I speak to the proprietor please?

I am Doctor Hartal, how can I help you?

I would like to order a hartal gift voucher for my son. Its his birthday next week. Unfortunately the poor fellow has to go to school. I would like to surprise him by ordering a hartal. Can you give me some information on rates and the various options that you have?

But of course sir, if I may be so bold, how did you hear about us?

Somebody was passing out flyers in Baitul Mukarram, and I was pleasantly surprised to read your message:

"Hartals Unlimited - The Hartal Specialists
We do Hartals, left, right and centre too.
Come one, come all.
Low rates available for off season.

Give that special someone in your life the very own personalized hartal - a gift to remember"

Well sir you have certainly come to the right place. We are a one stop operation. We can arrange any kind of hartal

package you want. We are running a special now - what we call our bankable hartal package - you can buy a one day hartal voucher, but you can then split it into two half day hartals, one to be used now - and then save the other (bank it as we say) and use it later.

Well I don't know, my son really wants a full day off.

No problem! What about our seventy-two-hour special. You just pay for two days and you get an extra day absolutely free, to be used later as required. Its one of our big sellers.

Are there any restrictions on when I can use my free hartal day? I have just heard from my friend that he ordered a hartal from one of your competitors - an outfit called "Dare to Strike" and he could only cash in his free hartal voucher for a Friday - and they wouldn't even give him a refund.

Sir, we are no fly by night operators. Our motto is "we strike to please." Everything is above board. Unlike some of our unscrupulous colleagues, we offer special concession rates if you desired hartal should happen to fall on a Friday or a National Holiday. However there are

some restrictions or black-out days. For example a number of our customers want to tack on a hartal day before or after a regular holiday - a sort of a long weekend package. Normally the free voucher is not applicable for weekend extensions.

Hmm - I don't know. I was sort of hoping to kill two birds with one stone, get one day off my son and a couple of



REFLECTIONS

by Dr Omar Rahman

days off for the whole family next month. I haven't had a vacation in months, and the stress and strain of everyday life in the city is just wearing me down. A little piece and quiet would do wonders. My wife was mentioning that this other outfit "Dare to Strike" is offering a number of Hartal Health Packages.

Sir, we have a complete line of Hartal rest cure packages. If you would just care to look through our brochure. No not that one - that is our "Green-Hartal Package for

Eco-Tourists". It is the one next to it!

Oh! I see - "A Hartal a Day Keeps the Doctor Away".

Yes, we are quite proud of this particular package. As you can see, recent research by that eminent Hartalogist, Dr Dharmaghat indicates that there is strong relationship between the number of Hartal Days in a month and doctor visits. Physician visits go

in advance which days you want off and we will set it up. For a small extra fee, we are also offering a special discount on video rentals. Our sister organization - Videos Unlimited has a special Hartal Package, which offers a volume discount, five videos for the price of three. There is also the extra special video hartal offer, whereby you reserve your very special videos and we arrange for a hartal day so that you can watch in peace and quiet.

What if I want to travel. There is no point in getting days off if we can't go on vacation. I think I would like to go to Cox's Bazaar.

No problem, we will make the travel arrangements so that you leave the night before the hartal and arrive in your favourite resort destination, just in time for the hartal in your native city. Once you are all rested up, you return to your origins, free to face the challenges of life in the big city.

Talking about fresh air and walks, what is this Eco-Tourism brochure. "Far from the Madding Crowd Vacations - Come back to Bangladesh during the Hartals".

Sir, that's really my baby

University Crisis as Guns and Gowns Fight it Out

With no fresh admissions in the 1994-95 academic year, Nigeria's universities are suffering the results of three years of turmoil. Governments and lecturers are locked in a series of mutual recriminations

Dulue Mbachu writes from Lagos

UNIVERSITY representatives in Nigeria have drawn up a plan to slash the number of universities in the country from 42 to 22.

The proposal comes in the wake of a World Bank study that reveals at least 10,000 Nigerian academics are working in the United States - more than the number of academics currently employed in all Nigeria's universities.

And if further proof of crisis were needed, there have been no fresh admissions for the 1994-1995 academic year and all university students are losing one academic session.

A variety of culprits are blamed for the disarray, including military governments

strike in July 1994. Now under the leadership of Dr Asisi Asobie, the university teachers held out for seven months until January 1995 when another settlement was agreed.

Many Nigerians believe the government allowed the strike to last so long because it meant the universities were conveniently closed during the months of political crises in 1993 and 1994 following the military's annulment of the June 1993 elections.

The National Association of Nigerian Students (NANS), also banned by the military, has repeatedly proved to be a militant opponent of the military. It has led nationwide demonstrations, often violently broken up, against un-

Doctors and Their Noble Profession From a Layman's Perspective

by Dr K M Maqsurur Rahman

ACCORDING to our custom, we greet a known person with 'Assalamo Alaikum' if he is a Muslim otherwise it is 'Adab' or good morning etc. After greetings, one usually asks about the welfare of the person and his family. If someone is ill, the conversation turns to disease, treatment, treating physician (his fees), laboratory test and the place of its doing, and host of related questions. I list below the comments that are made by the public in such circumstances:

Exorbitant fees. Some do not give reasonable time even after such a high fee.

Often there is wrong diagnosis and/or treatment.

Non-communicative i.e. does not explain nature of disease to patients or his relatives.

Treating patient with business type of mentality.

Forced to get tests at a fixed laboratory so that doctors get a certain percentage of commission.

Touting to get or grab patients.

Issuing false medical certificates and postmortem reports.

Writing unwanted costly medicines and its certification.

Unreliable laboratory tests. Unwanted and costly laboratory tests.

Keeping patients unnecessarily in clinic bed to get extra fees and occupancy charges.

Discriminatory behaviour between paying and non-paying patients.

Unbecoming behaviour with non-paying patients.

Using hospital equipment at private clinic.

Accepting money from private patients at hospital for laboratory tests done by using hospital equipment.

Paying more attention to private clinic patients by neglecting the hospital ones.

Indulgence of corrupt practices by doctors holding administrative posts.

Absenting from place of duty without prior approval of authority.

Observance of strikes - repeated and continuous strikes.

Paying less attention to teaching and research.

Accepting illegal gratification.

Most of these are due to malpractice and mismanagement that are committed by our professional colleagues. However, it is suffice to say that many doctors indulge in one form or other form of malpractice. It is rampant right from top to bottom of the cadre. As a result the government hospitals and thana clinics are running in a most inefficient manner. We often see the plight of the deserving patients getting admission into the hospital. If one at all is admitted, a considerable time is passed before he gets consultant's or professor's care. Most often required medicines for patients are unavailable in hospitals. For laboratory tests, the patients are advised to get these done from private laboratories and often from a particular laboratory. If one wants to know the reason, the usual answer is the delay in getting results if it is done in the hospital laboratory. If the tests are costly or rare one, then the answer is the

non-availability of reagents and test kits or the presence of date-expired reagents, etc. Thus, patients are compelled to attend private clinics. Even in clinics, they are not satisfied with the treatment and care that they receive. Because of these reasons, wealthy people often cross the border to receive treatment in neighbouring countries. Is it not a slur on our profession? Whatever it is, the doctor's community has earned a very bad reputation over the years because of their involvement in the malpractice, negligence, mismanagement, etc. I am sure the teachers and physicians have been trained and visited abroad, but have not seen these types of malpractices and mismanagement mentioned above in those countries. In my service experience in different continents, I have not seen the slightest sign of malpractice anywhere in medical profession. The question is: If others can do, why can't we do it here? We can do it by forming strong public opinion against the group of doctors who have vested interests in maintaining the status

quo. What is said above is absolutely true. Even the family members of the doctors do not contest or argue on it. While discussing these matters with professional colleagues they often tell that as they belong to the society, so they follow its norms. Some even argue that the doctor has to spend a lot of money during his study period. So what is wrong in reaping some illegal gratification? Our colleagues do not realise the fact that the medical education gets the maximum government subsidy. In the '50s the subsidy used to be Tk 9,000 per medical student for his five-year study period. Currently, the subsidy will stand manifold.

Here I cite just one example of the conditions that exist in two hospitals. The hospitals are PG (IPGMR) and Diabetic Centre (BIRDEM). Let us see the differences be-

tween these two. If a new person enters into BIRDEM in the morning hours, he or she will see a huge gathering like the evening crowd that are seen at Gulistan. Whatever the crowd is, hardly anybody has to wait more than half an hour to get his job done at BIRDEM. The appointment system runs smoothly. Behaviour of all doctors, paramedics and auxiliary staff is praiseworthy. Cleanliness is maintained all over the hospital including toilets. The doctors explain the diseases and its consequences. If the same person visits the IPGMR, which is exactly opposite to BIRDEM he or she will see an entirely different situation. Why so much differences exist between the two hospitals? The answer lies in the word of late National Professor M Ibrahim - 'Discipline is life'. It is followed at BIRDEM (referred professor died on September 6, 1989). It is not even loosely followed at IPGMR.

What we see at the entrance gates of IPGMR? A pile of garbage always exists

how he used to set the example for others. On his posting as a professor of Medicine to the Jinnah Post Graduate Medical Centre, Karachi, 1965, he had visited my ward for the first time. At the entrance of the ward a cigarette butt was lying on the floor. My junior colleagues and I were about to pick it up but he stopped all of us. He himself picked it, and that was the lesson none of us will ever forget. Can anybody in this profession set similar example today? I doubt it very much. His greatest example is the creation of BIRDEM institution that he dreamt from the beginning of the establishment of Diabetic Association. How did he do such a monumental job? His close associates know it very well. It was his unbounded persuasive energy to get the things done against heavy odds. Even his rival had to veer around to his point. He spent every moment of his life for the welfare of his patients. He followed the medical ethics in letter and spirit. However, we are happy to see that there are several

fort and just before my departure from the university in 1992, I could obtain his reply. The reply was: "Your physical facilities in teaching institutions are poor." The reader can draw the conclusion of what the team had reported to the Malaysian government. The question comes to our mind as to why the administrators or teachers are not persuasive enough to receive the appropriate physical facilities from the ministry of health. Secondly, whatever the facilities exist, most of these often remain out of order due to lack of maintenance. Why the maintenance is poor? One may say it is due to the poor budget allocation. In any developing country for that matter even in developed countries there always exist insufficient budget allocation for health services. Here the question comes to priority setting in using the allocated money in the most efficient way.

I remember my days at Dhaka Medical College Hospital in the late '40s and the early '50s. In spite of many constraints due to sudden partition of Bengal, all the staff used their unbounded energy to run the hospital as smoothly as possible. Every Taka budgeted was spent for the betterment of the institution. Teachers were very sincere in teaching as well as taking care of the patients. What I see today is a painful plight that exists in almost all the hospitals. It has not developed overnight, rather over the years due to negligence, inertia and lack of commitment by the administrators and teachers. Of course, overall environment that exists in the country, particularly since independence has destroyed the very fabrics of morality and values in the society, and the medical department had its share too.

Unfortunately the senior academic staff of the medical colleges are not setting the exemplary examples that the junior colleagues, students and other staffs could follow. If they had set such examples by themselves, the pitiable situation seen in the hospitals would not have existed. More or less in every department of medical institutions we see the decay both in physical structure and mental attitude. I feel sorry that seldom we see the urge, initiative, drive to advance the cause of his or her activities. Why is it so? Because, self-interest receives more attention than the social responsibility that one owes to the society. No matter what position, one holds he or she should and at the end of the day ask him or herself how much he/she has contributed to the society.

How can we get rid of the morass to restore our lost reputation? The answer is that the Bangladesh Medical Association (BMA) in cooperation with Bangladesh Medical Council (BMC) should come forward to set the medical ethics that all the doctors should follow scrupulously. Both the organisations should strictly enforce it. Unethical practices

should be stopped forthwith. By setting few examples at the top echelon may rectify the systemic malpractice and mismanagement in the concerned area. If someone commits gross malpractice, he or she should be penalised. Similarly there should be sufficient incentives and rewards for the good performers.

Now I will touch the ethical code that the medical profession is required to follow. A great number of universities now use the Geneva Declaration approved by the World Medical Association in September in, 1948. The text is:

"At the time of being admitted as a member of the medical profession.

I solemnly pledge myself to concentrate my life to the service of humanity.

I will give my teachers the respects and gratitude which is their due:

I will practice my profession with conscience and dignity; the health of my patient will be my first consideration;

I will maintain by all means of my power, the honour of and the noble traditions of the medical profession;

My colleagues will be my brothers;

I will not permit considerations of religion, nationality, race, party politics, or social standing to intervene between my duty and my patient;

I make these promises solemnly, freely and upon my honour.

Now I quote a few lines from the 'International code of Medical Ethics' which was adopted by the Third General Assembly of the World Medical Association, at London, October 1949.

A doctor must always maintain the highest standards of professional conduct.

A doctor must not allow himself to be influenced by motives of profit.

A doctor owes to his patient complete loyalty and all the resources of his science.

Whenever an examination or treatment is beyond his capacity, he should summon another doctor who has the necessary ability.

A doctor must not entice patients from his colleagues.

A doctor to behave to his colleagues as he would have them behaved to him.

A doctor must observe The Declaration of Geneva approved by the World Medical Association.

The following practices are deemed unethical:

• To receive any money in connection with services rendered to a patient other than the acceptance of a proper professional fee.

• Any self-advertisement except such as is expressly authorised by the national code of medical ethics.

• Taking part in any plan of medical care in which the doctor does not have professional independence.

• Under no circumstances is a doctor permitted to do anything that would weaken the physical or mental resistance of a human being, except from strictly therapeutic or prophylactic indication imposed in the interest of the patient.

Africa: investing in the future

Number of students in higher education per 100,000 people	
Zimbabwe	466
Congo	479
Swaziland	426
Gabon	375
Nigeria	320
Botswana	296
Madagascar	296
Cameroon	288
Tanzania	21
Mozambique	16

Source: UNESCO, 1989

afraid of students and self-interested lecturers.

After two lecturers' strikes spread over 11 months, military ruler General Sani Abacha blames teachers: "Strikes, closures and academic dislocation have become the rule rather than the exception in our educational system," he told a recent meeting of the National Parents and Teachers Association in the new capital, Abuja. "Teaching staff have devoted more time to trade unionism rather than academic research and development."

But teachers have consistently accused successive military governments of neglecting and mismanaging education.

"Under military rule," says Dr Attahiru Jega, who led the Academic Staff Union of Universities (ASUU) in confrontations with the military between 1988 and 1993, "the essence and the mission of the university have been distorted and virtually destroyed."

The genesis of the current crisis goes back 1992, when ASUU declared an industrial dispute with the government-led by General Ibrahim Babangida, pointing to "the deplorable state of the universities and the apparent lack of concern on the part of the government."

The union accused the government of underfunding the universities, interfering with their autonomy and neglecting staff conditions of service. For instance, while university enrollment grew 200 per cent in 1987-1992, funding fell from 2.26 per cent of the budget to 1.45 per cent, while defence and security spending increased.

As real pay for academics declined by more than 60 per cent, staff sought jobs in more lucrative sectors of the economy or went overseas.

Of the 10,000 Nigerian academics in the US, says the World Bank report, about 75 per cent would return to their former universities if pay and conditions of service were to improve considerably.

Such improvements are precisely what ASUU was seeking in its strike action. The Babangida government banned it, but ASUU held out under Jega's leadership until the government was compelled to reach an agreement.

One year later, however, the government reneged on the agreement and the union went on strike again. After five months, the government re-committed itself to the 1992 agreement.

The Abacha government broke the agreement yet again, provoking another

popular policies and actions.

Since their return to work in January, universities have been striving to recover their bearings. Most are still caught up in the 1993-94 academic work. Only four, which had completed their first semesters before last year's strike, are in any position to admit new intakes this year.

"Somebody would have to pay for the disruptions in our university education system," says Mohammed Abdulrahman, a registrar of the Joint Admissions and Matriculation Board, the body in charge of matriculation exams.

Although usually held in the first quarter of the year, the 1994 matriculation exams were delayed until December because of the disruption of the university calendar. The Board now plans to allocate university places for a new session scheduled for November based on last year's exams.

Education Minister Dr M T Liman blames the universities' problems on the educational expansion which occurred in Nigeria's oil-boom years.

He insists that the universities are not in grave danger, though "there may have been an apparent fall of standards, here and there, due to the phenomenal increase in the institutions without adequate provision of physical facilities."

The most recent disagreement is over the plan by the National Universities Commission to cut the number of universities.

Professor Idris Abdulkadir, the Commission's executive secretary supports the idea: "For cost effectiveness and qualitative university education, some universities should be made campuses of large universities."

But ASUU president Dr Asobie disagrees. The way to solve the problems that now exist is not to merge the existing universities," he argues. "It is to ensure that the money that is budgeted is actually allocated."

There is a very big gap between what is budgeted at the beginning of the year and what is actually disbursed at the end of the year. In case of recurrent allocations, virtually every year since 1992 the fourth quarter grant has not been released. In the case of capital grants they have not been able to release up to 50 per cent.

"If you look at the number of the people who apply every year (an average of 400,000 of whom less than 15 per cent are successful) you will see that right now we don't even have enough space for them."

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