

Service Delivery in Hospitals The Quality Challenge

by Dr. Syed Saad Andaleeb

The control of hospital management remains strongly in the hands of physicians. These physicians must go back to what they are trained to do — tend to the sick and heal the afflicted. The administrative duties of pushing files and making managerial decisions should be left to a well-trained generation of managers.

"Quality is doing it right the first time."
"Quality has to do something for the customer."
"Quality is a journey"

HEALTH care is a vital sector in Bangladesh. It may be argued that the health of the economy is dependent to a considerable extent on the health of its most important asset—its people. Poor health is reflected in productivity losses that are lost for good. Unfortunately, the efficiency of the health care sector leaves much to be desired as it is beset with many problems. From the removal of healthy kidneys to the use of toxic intravenous saline and blood bags; from the abysmally unclean hospitals to poor interpersonal patient care; and from the lack of accountability of health care providers to insubordinate and unruly fourth class employees, the task ahead seems to be monumental.

The overall challenge for the sector is to improve access to health care, reduce the exorbitant costs, and ensure quality. To achieve this, many of the above-mentioned and related problems must be addressed systematically. The central focus, however, should be on improving service quality. This is because health concerns are extremely salient to people and the perceived quality of services has a relatively greater influence on patient behaviour (hospital choice, usage, etc.) when compared to access and cost. In Nepal, for example, the government made substantial investments to increase access. Yet, utilisation of the facilities remained low because of clients' negative perceptions of quality.

Quality also impacts costs structures; it costs less because doing it right the first time means that resource usage is not duplicated and can be deployed for wider coverage. For example, poor service quality prevents patients from quick recovery, thereby increasing

their costs. The facilities also remain unavailable for other patients. Clearly, expanding access or reducing costs may not be enough if one's confidence in the quality of health care services is low. In fact, perceptions of poor quality may dissuade patients from using available health care services; if the system cannot be trusted to guarantee a threshold level of quality, it will remain under-utilised, be bypassed, used only for minor ailments, or used only as a measure of last resort. It is perhaps not an overstatement that the overall quality of health care service in Bangladesh is generally regarded as sub-standard; in some instances it is third rate or worse! The resulting lack of patient confidence in the system is estimated to result in a loss of Tk. 1,000 crore to health care providers in neighbouring countries.

What is important is that service quality must begin to be understood from the patients' perspective because it is they who will ultimately vote with their Taka. If their needs are not effectively met, they will continue to go to neighbouring countries that have much to gain in terms of earnings. In fact, customer ratings have been used to determine service delivery performance in many developed countries. The importance accorded to patients is perhaps reflected in the following: the health care consumer will control the medical market place. The focus will change to patient satisfaction, personalised care, and preventive services. While some may feel that the patient may not be a good judge of quality, others argue that it does not matter if the patient is right or wrong. What is important is how the patient felt even if the care-

giver's perception of reality is different. The centrality of the patients' perspective must be incorporated into policy decisions to ensure that they are won back.

To understand the service quality needs of hospital patients, we conducted an exploratory study in Dhaka city. We found that patients assess quality on five major dimensions. In order of importance they are: discipline (cleanliness of the facilities and staff, and a general sense of order and discipline in the hospital), assurance (skilled staff, efficient services, and procedures done correctly the first time), responsiveness (staff must be caring, helpful, prompt and courteous), communication (when patients' conditions and all medical procedures are clearly explained), and baksheesh (when patients don't have to pay extra for due services). Clearly, every hospital must strive to provide and maintain a clean environment which is often paid lip service; staff skills must be ensured through continuous training; patients must be kept abreast of their condition and what procedures they are likely to undergo, along with proper instructions on medication and their potential side effects; they must be humanely treated with care, assistance, promptness and courtesy; and they must not have to pay extra for services that are due to them.

To ensure that the above needs are met, hospitals must adopt modern managerial practices and reduce service failures. Generally, these failures occur because providers do not know or do not care to know what patients want; they do not have any standards in place to deliver consistent services; they are incapable of delivering according to the standards because of human resource and management system problems; and because they fail to match performance to promises made explicitly or implicitly. Clearly, they must define and

establish deliverable standards based on feedback from patients. That will require fine-tuning of the hospital system through 1) benchmarking 2) continuous assessment of quality, and 3) using the results to make improvements where needed. It cannot be stressed strongly enough that quality is a journey and with every improvement, patients' expectations will elevate to the next level. For health care professionals, the excitement should be in the challenge to meet those expectations, win back the heart and soul of the patients and, of course, reward themselves by stemming the outflow of valuable foreign currency that can be deployed better in other sectors.

To ensure conformance to quality standards, there is also a need for modern managers to run the hospitals efficiently and effectively. The general state of apathy and unconcern that currently prevails in most hospitals, especially in public hospitals, suggests that such practices are yet to be introduced. This condition may be attributed partly to the fact that the control of hospital management remains strongly in the hands of physicians. These physicians must go back to what they are trained to do — tend to the sick and heal the afflicted. The administrative duties of pushing files and making managerial decisions should be left to a well-trained generation of managers. To this end, we strongly feel that the field of health and hospital administration must be introduced immediately in the country. We ardently hope that physicians will embrace these changes. That way they will best honour the oath they have pledged to uphold.

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Crack-down on Falun Gong. Why?

by Harun ur Rashid

The campaign against Falun Gong is "a struggle which has an important bearing on the fundamental faith of communists....and on the destiny and future of the Communist Party and government"

THE Chinese government recently declared the activities of the popular Falun Gong (meaning roughly Law Wheel, Great Law) sect as illegal and seized and banned all materials relating to Falun Gong, such as the pamphlets, books, videos, cassettes, photographs and banners as the government considered the members of the sect "engaging in illegal activities, advocating superstitions and spreading fallacies, hoodwinking people, inciting and creating disturbances and jeopardising social stability."

The Government is reported to have burned and shredded more than two million publications and warned its followers they must draw a "ideological line" and renounce the teachings and practices of Falun Gong. Even in Hongkong although the sect is not banned, the materials are reported to be unavailable as the days go by. Some allege that it is due to the political pressure from the mainland.

The members of the sect, on the other hand, claim that they just do five simple physical exercises to improve their health and practice the age-old art of qigong, a form of deep breathing thought to channel cosmic forces to prolong their lives. The followers believe that when the wheel spins one way, it draws in energy from the universe and in a reverse spin, the wheel sends out the energy of salvation. They further claim that they have no organisation, let alone any political objectives.

Most of the followers are middle-aged and the sect relies on a lifestyle based on a meld of Buddhism, Taoism and New Age spiritualism. It also advocates moral purity which has a mass appeal. One 71 year old lady adherent was reported to have said: "I have tried other forms of exercises and none of them have been as effective as this one and I shall keep doing it at home."

The authorities in Beijing viewed with concern the growth of the sect which numbered about 10,000 staged a silent sit-in

disciplined demonstration outside the central government headquarters in Beijing on 25th April. The aim of the sit-in was to get assurances from the Government that the sect would not be proscribed and to ask for official recognition.

Its leader, the 48-year old Li Hongzhi lives now in New York for the last one year. Mr. Li maintains that he enjoys the Chinese government support in the early 90s and lectured to the Public Security Academy in Beijing and received official testimonials. Mr. Li was a former soldier and low-level bureaucrat and claims that he is just an ordinary person.

Mr. Li issued a statement on the group's Web site calling for tolerance. He said: "It is my hope that the Chinese government and its leadership will not treat the people who practise Falun Gong as enemies. The consequences would cause people to lose confidence in the Government and its leadership and to be disappointed in the Chinese Government."

China ordered its police and border guards to be on the alert to arrest Mr. Li on sight. It describes Mr. Li in detail, "about 1.78 cm tall, with slanted eyebrows, single-edged eye lids, a bit fat and speaks standard Chinese with a north-east accent." It issued a warrant of arrest for Mr. Li and charged him with disturbing public order and requested international cooperation from Interpol member states. The Paris-based Interpol has yet to determine the request from China. Mr. Li's aides said in Washington that he would be safe from extradition as long as he lived in the United States as there was no extradition treaty between China and the USA.

Many have wondered why did the Chinese Government ban the sect which seemed to be so innocent and essentially so Chinese? There could be several reasons.

The sect is reported to have 100 million members while the members of the Communist party are about 60 million. The size of the membership transcending all layers of the community including the armed forces and communist members naturally alarmed the Chinese leadership. The show of strength on 25 April demonstrated the unity and cohesiveness of the followers of Falun Gong and the nature of a well-structured and tight organisation.

tion under one exiled leader and the all pervasive Communist party cannot ignore such a potentially rival organisation. After all the Communist party in China is supreme and is above everything, such as religion or other teachings. No rival organisation can be allowed to exist in that environment.

The Government perceives the sect as a threat to Chinese communist rule. It appears to be a great threat to social stability in China since the 1989 student-led protests on Tiananmen Square. The Communist party paper captures the mood of the party when it sums up the campaign against Falun Gong as "a struggle which has an important bearing on the fundamental faith of communists....and on the destiny and future of the Communist Party and government".

The Communist Party swept into power in 1949 in China by a popular revolution and realises that challenges to its power base may emanate from mass spiritual movements. The most famous in recent memory is the Taiping rebellion of Hong Xiuquan who in the mid-19th century styled himself as the Chinese brother of Jesus Christ and built a following that shook the very foundations of the Qing dynasty and claimed 40 million lives. The display of numerical strength and organisational ability of Falun Gong reminded the Government of another spiritual movement to wreck the base of communist power.

If the Communist Party would have caved in to the Falun Gong, some political observers believe that the government would have set a dangerous precedent for others, the country's legion of unemployed workers, or environmentalists, trade unionists, or democracy activists. Such precedent is perceived to expose deep fissures in social stability in Communist China.

It may be recalled that the Communists originally mustered their power among the impoverished, demoralised

population with a promise of good life and equality. The economic reforms initiated by Deng Xiaoping during the past 20 years appear to have shifted away from rigid socialism and manifested the disparity between the rich and the poor in China. At present the government-owned enterprises are being restructured to avoid huge losses and as a result many people would remain unemployed while many Chinese people rush towards riches hitherto unknown in that country.

The poor people, according to some political observers, are being disillusioned by the Communist Party and the moral principle advocated by Falun Gong may appear to be attractive to the poor masses who could be prompted to believe that the Communist leaders ignore the underlying moral principles in running the economic reforms. The Communist Government at this point of time appears to be less confident about its economy. The Falun Gong which does not sit in well within the communist party structure appears to represent a threat to the social stability as it may exploit the worsening imbalance between the rich and the poor in the country.

Conclusion: The story of Falun Gong is nothing new to the Chinese history. It appears to be the re-emergence of a familiar pattern of secret organisations, religious movements or other religious teachings in China. What appears to be different in respect of Falun Gong is that it has become a well-structured organisation which had the ability to swiftly and secretly mobilise huge number of persons for a sit-in demonstration. The show of strength of the sect appears on hindsight to be a mistake by its leader. Although the teachings of Falun Gong are based on China's myriad forms of martial art, the fact that its leader Mr. Li lives in the United States appears to give impression that its followers are being manipulated from foreign shores. Among the other irritants in Sino-US relationship, Mr. Li's presence in the US could be another source of diplomatic tussle between the two countries.

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Food Supplements Can Provide Immunity against Malaria

by Md Asadullah Khan

In the 1950s, international health experts thought wonder drugs and insecticides would eliminate malaria completely, just as widespread inoculation programmes have conquered small pox. By the start of this decade, the disease was on a dangerous rebound.

WITH symptoms of a headache, then a flu-like fever and bone racking chills lasting up to an hour or more — the disease has come to be familiar to millions of people around the world. When the chills return after 24 or 48 hours, the patient knows for sure, what disease he has — malaria — and treatment can begin for the relatively lucky patient infected with — one or more benign strains of the parasite. The fever is caused by Plasmodium, the malarial parasite one of the deadliest and most devious on earth. As it winds its way from mosquito to man, it causes other than fever, severe damage to the spleen in perhaps 500m people a year. Of these, it kills an estimated 2.7m — most of them children under five.

One should be happy that the monsoons do bring life but one should be equally worried that they could just as easily bring death. The rains are the first sign of problems. The dried pores and cracks lie dormant eggs of one of the hardest and greatest scourges — the Anopheles mosquito. In its guts begins the life cycle of "plasmodium falciparum", the deadliest of two microscopic parasites that cause malignant malaria with more lethal modus operandi. The other parasite, "plasmodium vivax" is not as lethal as the "P. falciparum". One enters the human blood stream "plasmodium falciparum" starts reproducing at such a fantastic rate that its progeny clogs arteries and choke off the oxygen supply to the brain. The patient can die within 48 hours after the onset of the first fever, long before a diagnosis is possible.

The epidemiologists warning for the last few years that especially deadly types of malaria, brought on by drug resistant "P. falciparum" strains, were on the way came true in India. In 1994, P. falciparum made its first appearance in Rajasthan after heavy monsoon rains allowed fulsome breeding of the "Anopheles" mosquito. Malaria, it was learnt, killed about 2800 people in India in 1993. Many of the malignant form of the disease — cerebral malaria. Parasites of this type cut blood supply to the brain.

Anopheles, the female type is: deadlier. They suck blood from humans — to collect proteins to produce eggs and these female type of the species transmit malaria through its bite. The males feed on plant nectar. Female mosquitoes

have an excellent set of homing devices. They zero in on their victims by a variety of means: detecting infra-red radiation, carbon dioxide and chemicals that are emitted in minute quantities by the body.

Anopheles bites at night and rests indoors during the day. It can breed in everything from a cupful of water to a reservoir created by a dam. Anopheles species have adapted to human conditions marvellously. They once fed on cattle but then found humans as easy prey as their population rose. These species are found especially in the inundated parts after the floods with patches and puddles of stationary water which are ideal breeding grounds for Anopheles type of mosquitoes. And as the water keeps on receding more and more puddles will be formed. As already stated, malaria, spread by the parasite, P. vivax and P. falciparum breed in the Anopheles' intestines. The parasites kill red blood cells and cripple the spleen.

Shockingly, following rains in 1996 in some states of India, "P. falciparum" surfaced again claiming more than 600 lives in Rajasthan and the human blood stream "plasmodium falciparum" starts reproducing at such a fantastic rate that its progeny clogs arteries and choke off the oxygen supply to the brain. The patient can die within 48 hours after the onset of the first fever, long before a diagnosis is possible.

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like heavy spraying of the pesticide DDT, malaria cases had fallen to fewer than 100,000 in India. But sadly, with deterioration of public health system world over, infections alone in India zoomed to 15 million cases or more in 1996 according to WHO (World Health Organization) with as many as 20,000 fatalities. More than 25,000 cases of malaria were reported from Calcutta alone.

The rise of the P. falciparum, which has always existed in India but accounted for a small minority of cases has been something of great concern even to people here in Bangladesh. As it appears, the P. falciparum strains now outstrip the more common P. falciparum vivax and in some parts, "P. falciparum" has developed resistance to the most widely used antimalarial drug, chloroquine, and reproduces with devastating speed. Certain stronger drugs, such as "Mefloquin", that can still cure the disease are not allowed in this region, as far as it is known, to keep parasites from acquiring resistance to them.

So for most patients the only chance of surviving comes from early diagnosis and rapid treatment. To be sure, unlike the disease itself, remedies for malaria are decidedly scarce. There is no fool-proof vaccine and the microbes as well as the mosquitoes as stated earlier have evolved resistance to once powerful anti-malarial compounds.

But not so any more. Researchers at Johns Hopkins University at Baltimore, Maryland in the US seem now to have discovered that rarity of modern medicine, a cheap and easy fix. Happily, Anuraj Shankar and his colleagues have found that feeding zinc or vitamin A to children seems to raise their immunity to malaria. Vitamin A's general immunity-boosting properties

have been known for a long time. As a result, it has, in the guise of cod liver oil, been used for children for decades. Zinc is also found in many foods and is needed only in trace amounts to keep the body and particularly the immune system in good order.

But detailed knowledge of its effects is only just emerging. And zinc deficiency, it is learnt, is common among children, even in such wealthy countries as Denmark. Denmark also does not have to worry about malaria. Papua New Guinea does. There the disease is a leading cause of death in children. In a 13 month trial that he conducted in New Guinea, which involved feeding the children extra vitamin A every three months, Dr. Shankar found that he could reduce the incidence of the disease by 30 per cent. Zinc did even better. In a ten-month study of over 270 children, Dr. Shankar found that those receiving ten milligrams (mg) of zinc a day had 40 per cent fewer attacks of severe malaria than those on normal, low-zinc diets. This was probably because the children taking extra zinc produced more biologically active T cells that affect the immune system, such as interferon-gamma. Such molecules tweak the immune system's "killer" T cells into action, and may also raise the level of antibodies to Plasmodium.

Sadly, neither zinc nor vitamin A is as good at preventing disease as are anti-malarial drugs such as "mefloquine". On the other hand, they are not so expensive. A year's worth of each of the two supplements costs roughly a dollar or 50 taka per child. A year's supply of mefloquine costs 50-100 times that. And it may, in any case, be possible to get results that are closer to those of drugs by combining the two food supplements. To find out whether the effects of zinc and vitamin A are, indeed, complementary, Dr. Shankar is planning to start a further trial in Ghana. And to see if food supplements can boost the effects of drugs, an international study (organised by USAID and Harvard University) was looking at the combined action of zinc and anti-malarial drugs in 1,200 children in Ghana.

Uganda, Tanzania, Ecuador and Zambia in October last year.

Zinc is not only useful in the prevention of malaria. In the July '98 issue of "Pediatrics", Robert Black and Sunit Sazawal, also at Johns Hopkins, reported that children in New Delhi who had taken extra zinc suffered 45 per cent fewer cases of bacterial pneumonia than their untreated counterparts. Moreover, an analysis by Dr. Black and Dr. Sazawal of 15 field trials around the world has found that zinc supplements reduce the number of diarrhoea attacks by 18 per cent and the length of the average bout by 15 per cent.

The benefits of zinc can even start before birth. In 1996 and 1997 Dr. Shankar and his colleagues, Laura Caulfield and Nelly Zavaleta fed 15 mg of zinc a day to a group of 700 pregnant women in Lima, Peru. For around a year after birth, the children of these women were 20 per cent less likely to suffer fever than were those whose mothers were low in zinc. They also had higher levels of antibodies in their blood — a sign of a hearty immune system. Since zinc deficiency in pregnancy is a worldwide problem, zinc supplements may soon join iron and folic acid as a routine recommendation for pregnant women.

However, getting zinc to the world's malnourished remains tricky. Zinc fortification — adding the mineral to common foods — is often difficult because some additives are poorly absorbed by the body and others taste nasty. One solution may lie in the creation of new, zinc-rich crops. At the International Food Policy Research Institute in Washington, DC, Marie Ruel and Howarth Bouis are trying to identify rice, wheat, maize and cassava plants that have naturally high levels of the mineral.

The researchers have already shown that such crops keep their high zinc content in a variety of growing conditions, and that their zinc is readily absorbed — in rats, at least. The researchers emphasise that the results of human studies are due by the end of the year. Their next step is to identify genetic markers linked to zinc levels, so that they can selectively breed high-zinc plants. If they succeed, the result could galvanise tropical medicine.

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Controversy Dogs Renaming of West Bengal

Krittivas Mukherjee writes from Calcutta

Noted writer Annada Shankar Ray wondered about the need to change the name, saying the word 'west' should have been there with the state's name, because it denoted part of an earlier whole. Eminent movie-maker Mrinal Sen averred "the sky would not have fallen on our culture had we continued with our earlier names."

THE name "Calcutta" might soon make an official disappearance, paving the way for "Kolkata", but controversy continues to dog the renaming of West Bengal as 'Bangla'.

Both Trinamool Congress chief Mamata Banerjee and her Congress party colleague in the last Parliament, Priya Ranjan Das Munshi, have decided to oppose the resolution on the name 'Bangla' when it is taken up for ratification in the new Lok Sabha, or lower house of Parliament, to which elections are scheduled for September-October. This, despite the fact that the resolution seeking to change the name West Bengal to 'Bangla' was adopted by the state Assembly unanimously and the Congress was a party to it.

Das Munshi said geographically, the new name should be 'Paschim Banga', as 'Bangla' ran the risk of being confused with Bangladesh.

Banerjee, whose party had also supported the move in the Assembly, later spoke in the same vein. The Socialist Unity Centre of India (SUCI), a fringe Left party, also issued a statement saying their representatives in the house had signed in favour of the resolution "by mistake" and they were not in favour of 'Bangla'.

The name agreed upon originally for the state was 'Paschim Banga' but it was presented as 'Bangla' in the resolution. State SUCI secretary Prakash Ghosh described the move as a "pre-poll gimmick" and regretted that the ruling Communist Party of India-Marxists (CPI-M) had followed

states that indulged in "rabid provincialism and went on a name-changing spree."

Banerjee alleged that although the three members from metropolitan Calcutta in the last Lok Sabha had been from her party, they were not consulted before rechristening it as 'Kolkata'. "Nor were our 25 councillors in the Calcutta Municipal Corporation (CMC) informed." She also stressed the need to ascertain public opinion in the matter.

After the new Lok Sabha is elected, the resolution will go before it for ratification and then to the President for his assent. The switch to 'Kolkata' will come into effect as soon as the state government issues a notification to that effect in the gazette on the city's 309th birthday on August 24.

Meanwhile, people continue to have sharp differences on the name-changing issue. Noted writer Sunil Gangopadhyay, president of the Bhasa Sahid Smarak Samiti which has been spearheading the movement in favour of the Bengali language, expressed satisfaction at the unanimous passage of the resolution and said now Bengali should get precedence in the writing on hoardings and signboards and should be made a compulsory subject in schools up to grade eight.

Reacting to state Culture Minister Buddhadev Bhattacharya's assertion that the new name signified freedom from colonial legacy, former Police Commissioner Tushar Talukdar said that "legacy is not something that you can get rid of by simply changing a name." He called it a non-issue

and said there were other pressing problems to attend to.

While supporting the resolution, Congress and Revolutionary Socialist Party (RSP) legislators and Trinamool member Shobhandeb Chattopadhyay had underscored the need to assess public opinion.

Noted writer Annada Shankar Ray wondered about the need to change the name, saying the word 'west' should have been there with the state's name, because it denoted part of an earlier whole. Eminent movie-maker Mrinal Sen averred "the sky would not have fallen on our culture had we continued with our earlier names." He also feared that 'Bangla' may get mixed up with Bangladesh. Noted painter Paritosh Sen said he wasn't sure to what extent the Bengali identity would actually be preserved through the new names, "but there are more important issues on our priority list." Industrialist Harsh Neotia said "when the world knew Calcutta by its old name, where was the need to change it."

The Statesman newspaper, in an editorial, apprehended that name-changing will damage the cosmopolitan character of the city. Bengal Club president-designate P. K. Dutta said it would still be called the Bengal Club. "If we were a politically-affiliated club, we would have hidden the wind," Sushila Mitra, a Calcutta resident of Tamil origin who is married to a Bengali, said, "I hate to call it (Madras) Chennai. Why bother with names when more important issues like development are pending?"

— India Abroad News Service

Garfield

