Alternatives

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Health and Hospitals: *An Unholy Alliance*

From the *Alternatives* Desk

FEW take the trouble of looking at the birth and growth of a thing, that is, how a thing has come about, how it had developed and matured and above all how it has shaped and influenced our lives and livings. Hospitals are a good case in this context. Almost in the footsteps of Foucauldian discourse, Theodore Zeldin in his most talked-about book, *An Intimate History of Humanity* (1994), provides a quick account of the birth and growth of hospitals and I cannot resist the temptation of quoting him at length: "Hospitals for the sick have not always existed. In 1800, the USA had only two, in 1873 only 178. That country began erecting its temples of health in significant numbers only a century ago – by 1923 it had 4,978. ***The reason was that nursing the sick was originally the responsibility of families***.... Hospitals in ancient times were for the poor and the orphaned, ***excluding the sick, the insane, epileptics, the incurable and those with 'humiliating' or sexual diseases***."

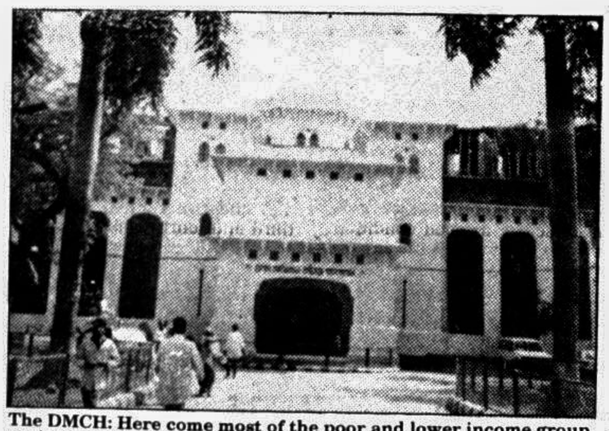
The case I believe is no different in this part of the world. There is some record of the eccentric Muhammad Tughluq and the Grand Trunk fame Sher Shar Suri of building 'rest houses for travelers' and 'hospitals for the animals' but nothing like a ***hospital spectacle*** that we now see crowding all over the sub-continent, particularly Dhaka! The spectacular growth of private hospitals in Bangladesh and that again mostly in Dhaka (from 36 in 1979 to 288 in 1996) is indeed a clear case of rapid and somewhat unchecked hospitalization of the country. Incidentally, during the same period the number of post-graduate medical institute jumped from 3 to 5, indicating that the same post-graduate doctor is visiting several hospitals at the same time, yet the sick person is ready to settle for hospitals with 'overworked doctors' than recovering at (what has now become) uncared, ill-doctored home. Indeed, given the consequences of hospitalization, particularly the decline of compassion and the estrangement of the 'families' from health matters, not to mention increased medicalization of life and living, it is no wonder that Florence Nightingale once commented: "I look forward to the abolition of all hospitals."

I guess the time has come to ***reinvent*** the relationship between health and hospitals, where hospitals will cease to dictate the health of a person.

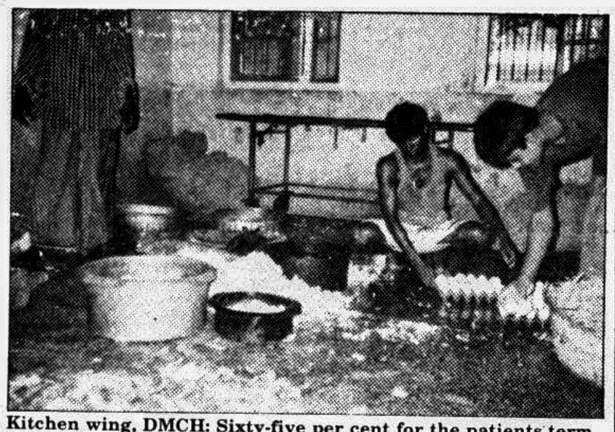
An Exploration in Search of Policy, Guidelines and Rules

by Tabassum Dana

Some of our activities are so blatantly dangerous that we can easily be compared to the proverbial ostrich who buries its peak in sallow sand with closed eyes, pretending that there is no danger lurking around the corner. Some of these activities need no knowledge of an expert, sagacity of a saint or theory of a wise to be able to fathom the dangers inherent in such actions or their perilous consequences.



The DMCH: Here come most of the poor and lower income group patients with a hope! But how much of the expected treatment they get?



Kitchen wing, DMCH: Sixty-five per cent for the patients term the food supplied as below standard. Only 10 per cent remain somehow satisfied.

A well recognised but baffling model of our modern development activities is that we are reaching for prosperity at the cost of potential perils. Environmental degradation seems to have become an inevitable part of our 'development activities'. Quite often we are attempting to develop ourselves at the cost of damaging if not annihilating our environment; as if there is no tomorrow and no next generation that will also need resources to survive. More alarmingly, some of our activities are so blatantly dangerous that we can easily be compared to the proverbial ostrich who buries its peak in sallow sand with closed eyes, pretending that there is no danger lurking around the corner. Some of these activities need no knowledge of an expert, sagacity of a saint or theory of a wise to be able to fathom the dangers inherent in such actions or their perilous consequences.

We focused on the hospital waste that could be easily identifiable both in terms of the actors involved and the parameters of damage, and for which a few implementable measures can have a substantial redressing impact. The hospital waste disposal is the last thing that cross our mind. We only term the hospital for treatment purposes not even how these hospitals are creating potential danger to society. Regarding the hospitals we think how to facilitate and upgrade hospitals with equipment's not even thinking how the waste are being disposed. The hospital waste is one percent of solid waste, which contaminate the total solid waste that could be recycled for different purpose. It is well known fact that many patient, particularly those undergoing operations in our hospitals, subsequently 'develop' infections, often leading to fatalities. The rate, of prevalence, types and other indicators of such disease through endogenous and exogenous infections are not documented by any hospital, as far as we could gather. Nevertheless it may be appropriate to assume that many of our diseases may well be linked to the disposal 'system' of hospital waste.

The picture of waste handling is very scary and dangerous and waste management condition of the city hospitals is rather simple. There are several departments such as surgical department, pathological department, gynaecological department and wards emergency etc from where the waste is being generated. The waste of each department is collected in a bucket and then disposed in the DCC dustbins or in the river near by. It has been found that in all three hospitals waste is being collected in the same procedure and disposed in the same manner. Our findings from the hospital visits do not seem to have any arrangement, policy and regulations on the following aspects of waste disposal and management procedures.

‡ there is no incinerator or any alternative method for safe disposal of waste

‡ there is no written waste management guideline or procedure

‡ there is no rule or regulation on waste management

‡ there is no method for quantifying the amount of waste generated

‡ there is no system for separating or segregating the waste before disposal

‡ there is no designated or special site for waste disposal

‡ there is no method or mechanism for handling unexpected hazardous waste situation

‡ there does not seem to be any specific awareness among cleaners, as well as doctors, nurses and visitors to the hospitals

‡ there is no protection or protective mechanism for cleaners or others handling waste which are often infectious and potentially dangerous

‡ there is no specific training program for the nurses and cleaners regarding waste handling, disposal or management

Moreover, some hospitals are not maintaining any sharp box and even selling some of the waste such as used saline bags. The above sorry state of affairs stems from the fact that there is:

• No National Plan for Sound Hospital Waste Disposal and Management

• No Authority, national or local, for looking into Hospital Waste Disposal and Management

• No National Law for Hospital Waste Disposal or Management.

Hence, immediate attention to hospital waste disposal system need to include the above matters and issues. Some suggestion could be made form our point of view regarding hospital waste management:

At National Level

The concerned Ministry (health and family planning), along with the Department of Environment should formulate

‡ A National Waste Management Policy;

‡ A National Waste Disposal and Management Guideline;

‡ An omnibus law for dealing and disposing of waste

At Hospitals

Total Waste Management Plan:

Hospitals should make effort, first, to quantify and qualify the types of waste generated by them. At initial stage these should be separated and a plan of action initiated for the disposal of different types of waste differently, depending on their potential and actual hazard.

Simple and introductory steps

hospitals should provide for different coloured bins/baskets for separation and disposal of different types of waste at the source

different coloured plastic or other appropriate bags should be maintained for collecting the separated waste:

‡ yellow bags for infectious

‡ red for highly infectious

‡ brown for chemical and pharmaceutical wastes

‡ black for non-infectious, and

‡ 'sharp box'

infectious, pathological, and sharp waste should also be

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DMCH: A Patient beyond Cure?

A Survey Report

A group of students of the Department of International Relations, University of Dhaka conducted a survey on the patient satisfaction and service provided at the Dhaka Medical College Hospital (DMCH), as a part of their academic assignment between March-May 1999. Some important findings of the survey are presented below to highlight the sorry state of affairs at the institution.

• Most of the patients who come to DMCH are people from lower (69%) or middle (30%) income group. Only a negligible portion of the patients are from upper income group (1%).

• Most of the patients expressed their dissatisfaction over the availability of free medicine from DMCH authority. 30% of the interviewed said that they have to buy medicine from outside. 30% opined that they are provided with low quality medicine. 20% stated that they receive some medicine and the rest 20% said that they receive a few of the medicine.

• A majority of the patients expressed their satisfaction over the treatment they receive from the doctors of DMCH. 70% of the interviewed patients said that their service is good, 15% commented fair while the rest 15% expressed their dissatisfaction.

• 84% of the patients complained about the filthy and dirty environment of DMCH premises. 9% commented it to be fairly clean and only 7% were satisfied with it. Almost similar opinion was received about the internal environment of DMCH.

• Only 10% of the patients were found satisfied with the food that is provided by the hospital. Majority (65%) of the patients termed it as below standard and a smaller portion (25%) found it somewhat acceptable. Besides, most of them were dissatisfied over the cleanliness of the provided food.

Recommendations:

1. DMCH lacks in modern equipment. Emphasis should be given on procurement of modern equipment and at the same time steps should be taken for the proper maintenance of the existing ones.

2. There should be close contact between the administration and the service providers of DMCH. Steps should be taken to control visitors and to improve discipline in service.

3. Special care should be taken to improve both internal and external environment of the hospital.

4. Supply of medicine has to be increased according to the demand of the growing number of patients.

5. Third and fourth class employees have to be more sincere and co-operative in their service.

6. Number of doctors has to be increased to take the extra load of patients. Besides, they should be more careful about their attendance.

7. A phase by phase privatisation of DMCH will increase the accountability of all the personnel concerned and eventually the overall service of DMCH.

Survey was conducted by "CACTUS" - a group of students of 3rd Year, BSS (Hons.), Department of International Relations, University of Dhaka.

It is Nothing but a Miracle!

by Nirupoma Chowdhury

Sir Salimullah Medical College Hospital is one of the important hospitals in the capital. One can have an overall idea about these state hospitals after evaluating the conditions existing here. It is hard to believe that the equipment/apparatus used here are not always sterilised before its every use.

RAHIMA, at her mid 20s, is going to be a mother for the first time. For the last nine months, she accepted all the pains and the hardships without any complain only to have the heavenly taste of motherhood. But now she has lost her patience – it is not because of her physical sufferings; it is the unhealthy condition of the hospitals. She is afraid whether she would be able to give birth to a healthy child in a filthy environment like this.

Another woman Jobeda, who just had her first child the previous day, expressed her utter dismay while talking about the "hospitality" of the hospitals. In her very own words, "If I had any idea about this 'hell', I would never ever have come here. I would rather choose not to be a mother than to come here".

Right to have proper health service is one of the basic rights that are ensured by our constitution. As about a half of our population are females, the need for the treatment of gynaecological problems is acute in all the hospitals. But surprisingly it has been observed that most of the hospitals do not have proper arrangements for the treatment of gynaecological problems. The above mentioned two incidents can give us a general picture of the scenario. Privately run hospitals or clinics may have a different picture; but they are very expensive at the same time. Only a few can afford to have that facility. In a country with GDP per capita of $260.00, we have to think about the government hospitals, which are comparatively less expensive and easy to reach out. But the frightening picture of the gynaecology & obstetrics department in all these hospitals is simply beyond anyone's imagination. There is not even a single patient who is satisfied with the service they receive in the gynaecology & obstetrics ward. The doctors serving here are not also satisfied with the treatment they provide towards their patients. They simply feel helpless when they have to work with all their limitations.

Female Ward

In a hospital the Female ward consists of two departments - Department of Obstetrics and Department of Gynaecology. Obstetrics department deals with pregnancy, post pregnancy, child delivery etc. Normal delivery and caesarean delivery both are the concerns of this department. Generally obstetrics department has a Labour Room for normal delivery and there is an Operation Theatre (OT) for caesarean delivery.

Department of Gynaecology treats all the female diseases and problems other than pregnancy. This department generally uses the Operation Theatre (OT) of the Surgery Department and the overall environment is comparatively better than that of the Department of Obstetrics.

Service Providers

There are doctors, nurses and the 'ayas' for providing treatment towards the patients in the female ward. In case of medical college hospitals, the internee doctors are also a part of the service providers. Here the internee doctors do the normal deliveries. Neither a specialist nor a senior expert physician remains present at the labour room. For any type of complications, it is the young internee doctors who are to be depended on. Senior gynaecologists sometimes attend the delivery in case of patients who are personally known to them.

Relatively senior doctors (studying FCPS or FRCS) normally attend caesarean deliveries. Unless the case is too critical or the patient is personally related to any of the service providers, senior gynaecologists do not attend the delivery.

An internee doctor of Dhaka Medical College Hospital informed that the number of doctors is adequate in the department. But at night as all the doctors, except the House Surgeon, are out of hospital, they face difficulties to attend emergency patients, where a minutes delay can cost the life of the child or the mother. sometimes patients have to wait for hours to get proper treatment by senior gynaecologists.

In the Department of Obstetrics 'ayas' are supposed to play an important role by helping the patient in every step. But both the patients and the doctors complained that they are very "ill-behaved" and "insincere". According to a patient admitted in the Obstetrics Department of Sir Salimullah Medical College Hospital, 'ayas' are the most powerful persons in the department. They demand payments from the patients for the service they are already paid of by the hospitals. If one fails to satisfy these 'ayas' with "baksheesh", they would do nothing for that patient. The way they demand "baksheesh" can easily be compared with toll collection or blackmailing. Without the assurance of handsome "baksheesh" or a new sari, they will not hand over the child to her mother. Besides, there is an allegation that some of these 'ayas' are involved in stealing and changing of newborn babies. Recently a gang involved in such activities was arrested and it was published in all the national dailies. Even the senior doctors have to pamper them to make them work. It seems that they are beyond the control of the hospital administration and the source of such strength is the union of the fourth class employees. They are very much aware about the importance of their service and they use this to compel the hospital administration to accept all they do.

The scenario in some established private medical college hospitals is better than that of state medical college hospitals mentioned above. The number of doctors and nurses are adequate and they are sincere in service. Senior doctors attend the labour room. Senior gynaecologist visits the patients generally thrice a day while in state hospitals it is once a day. It cannot be said that 'ayas' do not want "baksheesh" here, but they are not that merciless and the absence of unions have made them at least accountable to the hospital administration.

Cleanliness

Cleanliness is the prior condition for proper treatment. It is a must especially in the case of pregnancy. Filth and dirt carry germs, which can endanger the lives of the newborn child and the mother. But it seems that nobody is at all concerned about this in state hospitals. At the entrance of the gynaecology department of Dhaka Medical College Hospital, I was struck with a gush of bad smell. Blood strained cotton pads are left openly. Verandas are flooded with blood and dirty water. It is hard to believe that the walls and floors in wards were ever washed or cleaned. Bed sheets and pillow covers, which are supposed to be sterilised, are just normally washed and dried on the nearby hospitals or open fields. Where wards are so untidy, none can expect a clean and tidy bathroom or toilet. Seeing the condition of the toilets, I felt sick. It is nothing but a punishment even for a healthy person if she has to use those bathrooms and toilets.

Sir Salimullah Medical College Hospital is one of the important hospitals in the capital. One can have an overall idea about these state hospitals after evaluating the conditions existing here. It is hard to believe that the equipment/apparatus used here are not always sterilised before its every use. Even items meant for one-time use, sometimes are used for several times. In the Labour Room, the only scissors that is used to make the birth canal wider is very blunt. Doctors have to use it by giving extra hard pressure on it. A final year student said that even seeing this; she could not tolerate the inhuman pain, which is given by that blunt scissors. Think about the woman who is having the extreme labour pain, has to tolerate this also! Gloves are also not sufficient in numbers. There are only two pairs of gloves, which are supposed to be for one-time use. But these are repeatedly used just after washing and drying on the window ceiling. The plastic aprons, which doctors are supposed to wear during normal delivery, are few in numbers. Sometimes they have to fold their "kameez" instead of putting an apron over them. Both the Labour Room and the Operation Theatre here do not have any generator. In case of power failure doctors have to work in candlelight. The patients are asked to bring candles along with the prescribed medicines before the delivery. The air conditioner fitted in the labour room has been out of order for several years. These informations were gathered from the internee doctors and the final year students. If a woman can give birth to her child in such an unimaginable condition, we have to say it is nothing but a miracle!

Accommodation, Food and Medicine

Both in state and private medical college hospitals, number of seats are not sufficient in the female wards. As the private ones are a bit expensive and they do not admit even a single patient more than the capacity, the state hospitals have to take all the extra pressure. These extra patients are accommodated on the floor and sometimes even in the veranda. One has to depend upon one's luck to have a bed in the gynaecology and obstetrics ward. It was alleged by a relative of a patient that even in these conditions some fourth class employees demand bribe for providing a bed early.

It has been found that the food that is supplied in the obstetrics ward is acceptable, but not the quality of cooking. State hospitals are supposed to supply all the medicines free of cost. But as the doctors have to attend more than the capacity patients with the same quantity of supply, very often patients have to buy medicines on their own. Besides, it is known to all that the patients do not receive all the medicines they are allotted with because of some dishonest employees who steal and sell those medicines in open market. Here doctors provide the free medicine to the patients depending on their financial capacity. On the other hand, in private hospitals no medicine is supplied from the hospital. They have a medicine shop within the premises and patients are asked (but not forced) to buy medicine from there.

Where will they go!

It is true that the private medical college hospitals maintain an overall environment better than that of state ones, but we have to consider the financial ability of the mass. Seat rents are higher, medicines have to be bought, check-ups are expensive there. Private clinics are blamed for 'dacoiting' patients in terms of its expenses. People living in the upper limit of the income group have the ability to afford those. But about 90% of our population, who are below or just over the poverty line, have to depend on the state medical college hospitals with a hope of better treatment than that of Thana or District hospitals. But they are shocked and sometimes even horrified seeing all the irregularities and unhygienic condition of these hospitals. But they have nothing to do but depend upon the mercy of the Almighty for the lives of the child and the mother.

One of the internee doctors confessed that she was an atheist. But after working in the female ward she has started believing in God. She feels that there must be someone up in heaven Who can make miracles. It is nothing but miracle that live children take birth in these hospitals and mothers can return with new-born babies in their laps.

Only a mother can understand and feel the pain and sufferings that a woman has to go through during her pregnancy and in giving birth to a child. It is beyond the imagination of a person who has not experienced it. This is probably the reason why our male dominated administration is not that much concerned about the problems in these female wards. Besides, as the policy makers are from the privileged group of the society who can afford the expenses in private clinics or even abroad, they do not bother to take effective measures to improve health services in state hospitals.

The combined effort and a positive desire of the service providers and the administration are required to reduce the pains and sufferings of our mothers, wives and sisters. We have shortage of funds, but it does not mean that we can not give priority to these female wards in allocating this small fund. Besides, the administration should be careful that these funds are properly utilised in providing proper treatment and environment for the patients. Seats should be increased in female wards. Hospital authority should ensure the availability of generators, air conditioners and other life saving equipment in serviceable condition. Here private organisations or rich individuals can help the authority by making voluntary donations to procure these expensive services. Both the patients and the authority should be careful in keeping the hospital clean. At the same time the service providers (especially doctors, nurses, 'ayas') have to be honest and sincere in their profession. Then we will not have to depend upon miracles always. We should remember that miracles do not occur always!

The author is a Faculty Member of School of English, Queens University, Dhaka.

Nurses accompany doctors while attending patients, but it is found that student nurses often receive very little respect.