

PEOPLE WITH DISABILITIES

Hurdles to access healthcare

DR MD RAJIB HOSSAIN

Like other basic demands, getting access to healthcare is an ongoing battle for most of the people living with disabilities. Too often, they are unable to access healthcare services and face major hurdles from family, community and health service provider level. This is not about just the physical access to buildings, but also access to services, information, care and support.

According to WHO, an estimated 10 percent of the world's population — approximately 650 million people, of which 200 million are children — experience some form of disability. Although there is no national survey on the number of people with disabilities in Bangladesh, an estimated 10 percent means more than 15 million people are living with various types of disabilities. Basic healthcare for many of them remains a dream and everyone's right to access healthcare is largely ignored.

A survey in rural Bangladesh done in decades ago on healthcare utilisation by disabled persons revealed that social and cultural barriers prevent certain groups, notably women and demographically dependent age groups, from accessing

healthcare. Those who are economically viable, usually utilise healthcare services. Disabled persons whose families perceived they were disabled were 14 times more likely than that of others to seek treatment.

At family level, there is lack of awareness and false beliefs. Family members often think that disabilities are the fate and there are very little options for treatment. They usually hide this people and do not allow to interact at community level where they might come in contact with conscious people who can help improve the quality of their lives. In many cases, family members are ignorant of simple and inexpensive tools that can remove or mitigate their disabilities and enhance the quality of living.

For instant, a simple spectacle or a hearing aid can mitigate the person's disability of refractive error and mild to moderate deafness. Again, there are medical and surgical interventions like drugs for epilepsy, cataract surgery to remove blindness, cochlear implant for severe deafness can completely remove their disabilities.

"The current activities of NGOs working for people with disabilities only cover about 20-25 percent area of Bangladesh. The remaining



huge portion is still under-reported. Most of these people think healthcare as the kindness to them rather their right. There is urgent need of creating awareness regarding the rights of people to access healthcare properly", said Khandokar Jahurul, Executive Director, National Forum of Organizations Working with Disability (NFOWD).

Barriers also exist at the health service provider level. Doctors and other healthcare professionals are not properly oriented to deal with people with disabilities. Although these people need

special attention, many healthcare professionals are even reluctant to see them.

"Physicians are only focused on the particular physical problems that cause disabilities. The primary healthcare, support to mental health and counselling are largely overlooked beyond the attention to their disability. Many of them do not have very good attitudes", expressed Fahmida Khatun, a woman who is blind and working as visual trainer cum braille expert in Rainbow Bridge Foundation.

Health infrastructure, lack of skilled manpower, allocation of budget are also considered as important factors that need proper and timely attention. Ministry of Social Welfare is particularly concerned for these people and allocates the budget for people with disability. Others ministries are turning a blind eye and reluctant to allocate budget for them. As a result, access to healthcare facilities like other rights is hampered due to the obstacles from all corners of the society.

Lack of healthcare professional trained to work for

disability is a strong barrier for access to healthcare. For example, it is hard to find a physiotherapist or people trained to deal with disability in rural areas that is extremely needed for many of these people. "That is why we need the Community Based Rehabilitation (CBR), where community people will be trained and people with disabilities will have access to rehabilitation in their own communities using predominantly local resources," said Dr Muhit, International eye health and disability expert and chairman of Child Sight Network. "A long-term programme which includes disability training for healthcare workers and existing local government infrastructure for intensive Community Based Rehabilitation (CBR) will improve quality of life for disabled persons and needs urgent implementation," he added.

A significant proportion of people with disabilities are experiencing difficulty accessing adequate and appropriate primary healthcare services. Proper attention to them is an urgent need to promote and protect the health of people with disabilities.

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Eat meat sensibly during holidays

A sensible diet is one that contains a wide variety of foods which includes protein, carbohydrates, vitamins, minerals and fats. Plan your meals properly during Eid holidays. Delicious meat dishes (especially made of beef and mutton) are one of the essential food items during this time. But it is wise to control your intake of this food for the betterment of our health.

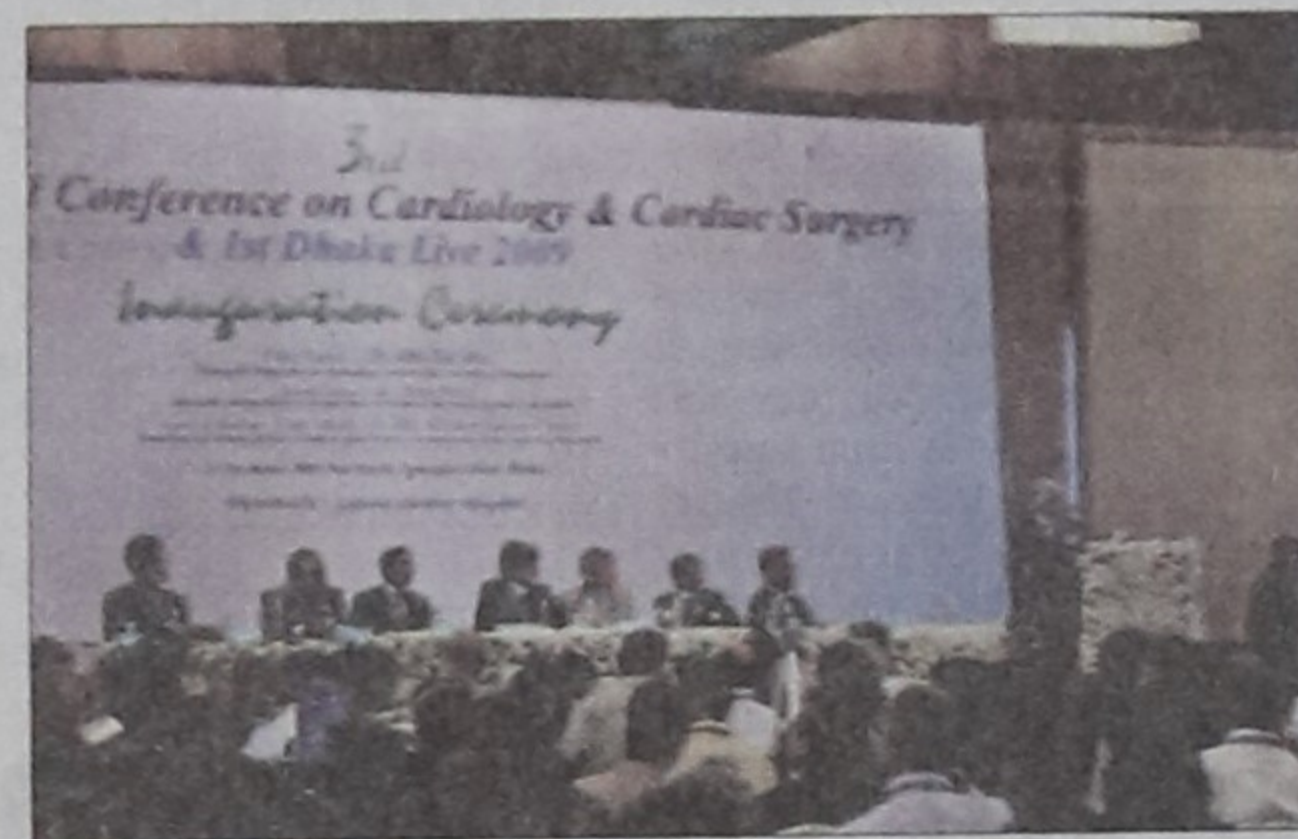
Of course, this minimum daily intake also depends on body size, rate of growth and the presence of any diseases. The body's necessities for protein increase during infancy, pregnancy and breastfeeding and during recovery from weight loss or in the healing of injuries.

Generally, some people in our sub-continent consume noticeably more meat than they actually need. Amongst them, those who are cautious about their weight—choose portions of meat that are lower in fat. After the Eid, try to avoid red meat for couple of days and choose meats such as chicken instead of high-fat meats like mutton and beef. Always choose the lean cut of meat available and trim off any excess fat you can see. But remember — after all there is more or less some hidden fat in meat; so eat less meat and more fruits and vegetables. Try to avoid fried foods for you and your children. Also try to control too many sweets with high sugar content.

All meats come under protein banner and it is usually divided in 1st class and 2nd classes. First-class proteins are animal meat, fish, eggs and dairy products. On the other hand, second class proteins include vegetable proteins that do not contain all of the essential amino acids.

Special situations in which meat restriction is very important:

- People with severe liver diseases as well liver failure
- Some kidney problems and kidney failure
- In some severe and difficult heart disease
- Obese people both adult and children
- Individuals with rare amino acid metabolism disorder



Dr Ashok Seth is presenting paper on the advanced technique of heart valve replacement on the 3rd International Conference on Cardiology and Cardiac Surgery.

Int'l conference on cardiology and cardiac surgery

STAR HEALTH REPORT

Labaid Cardiac Hospital has organised the 3rd International Conference on Cardiology and Cardiac Surgery and 1st Dhaka Live 2009. The two-day conference including live surgery has been inaugurated yesterday in a local hotel in the city.

Renowned cardiologists from home and abroad, doctors and other healthcare professionals congregated at the conference to exchange knowledge and shared updated information on heart health.

Eminent cardiologist of India, Dr Ashok Seth spoke on new technique of heart

valve replacement. Innovative procedure called percutaneous heart valve replacement is an advancing field in interventional cardiology.

It is a minimally invasive and convenient procedure to repair and replace defective heart valves removing the need of open heart surgery. A synthetic valve is transported to the heart through a small hole usually made in the groin (femoral artery). This procedure can be compared to that of placing a stent or performing balloon angioplasty.

Dr Seth stressed on adopting the technique for the greater benefit of the patients.

Care for children with diabetes

DR ABU SAYEED SHIMUL

When it comes to childhood diabetes, there are many things to consider including how you care for your child, costs of caring as well as the potential psychological or social problems your child may experience due to diabetes. But with little precaution and education on diabetes these children can deal easily and lead a happy life.

Diabetes is a disorder of the metabolism described as high levels of blood glucose caused by a imperfection in creating insulin, failure to respond to insulin's effects (insulin resistance), or both. Statistics say that childhood diabetes is also rising. Experts identified obesity, lack of physical activity behind the rising trend of diabetes in children. Family history and maternal infection during pregnancy are also considerable factor of developing diabetes.

Frequent urination and extreme thirst are usually the first apparent signs of diabetes. Other symptoms of diabetes that you may observe in your child include: sudden weight loss; fatigue; complains of abdominal pain; headache; blurred vision; itchy skin; slow healing of cuts and bruises; frequent infections of skin, gums, vagina, bladder; behavioural problems.

Children with diabetes need their parents' help to keep their blood sugar levels

in a safe range and to exercise safely. It is important for children to learn the symptoms of both high and low blood sugar so they can tell others when they need help. Some children who have type 2 diabetes can control their blood sugar with diet and exercise alone, but many also need oral medication.

The fundamentals of diabetes management are nutrition supervision, physical activity, blood glucose



testing and the avoidance of abnormally low blood sugar usually resulting from excessive insulin or a poor diet at highest risk for this form of diabetes.

Changing sedentary lifestyles is essential to weight loss and control of type 2 diabetes in children. Exercise is helpful to reduce weight and also to increases insulin sensitivity at the cellular level.

A typical diet requires a reduced consumption of fats (especially animal fats) and sugars, and an increased intake fiber, vegetables and fruits. That means you will not always have to cook separate meals for your diabetic child since the whole family could benefit from the diet. Also, you should just ensure your child has his/her meals at regular intervals everyday, including snack times. Especially, if your child is taking injection, skipping meals or not taking meals with a high insulin dosage may have dangerous effects. During exercise, you should also note that sugar levels should not dip too low, so make sure your child has some sugar on hand if this happens. It is best to speak with your doctor about the diet and exercise regime that best suits your child's special

needs. The best thing to do is understand all the different aspects of diabetes so that you are well prepared and can also teach the child to cope with the disease independently.

The things to do as parents are:

- 1) know as much as you can about diabetes, its symptoms, complications
- 2) learn how to give injections and teach your child
- 3) monitor your child's glucose levels routinely
- 4) know the symptoms of diabetes complications such as hypoglycemia, hyperglycemia and the fastest remedies for them
- 5) make sure you always have sugar at your disposal
- 6) meet with your doctor on a regular basis as your child's symptoms and treatment options may change over time
- 7) maintain a schedule of meal and snacks and also promote healthy eating in the family
- 8) Parents should inform child's school, friends, relatives, etc. about child's diabetes and what to do during an emergency

There is no cure for diabetes but it can be controlled. Family support, daily care and treatment help control diabetes so that a child can lead a healthy, active, and fun-filled life.

The writer is Assistant Registrar, Paediatrics, Dhaka Medical College Hospital.



Lifelong poverty increases heart disease risks

The longer a person remains in poverty, the more likely he or she is to develop heart disease, a new study suggests.

Studies in developed countries have consistently shown that people with low incomes and less education generally have higher rates of heart disease than their more-educated, higher-income counterparts.

In this latest study, published in the American Journal of Epidemiology, researchers found that lifelong disadvantage may translate into an "accumulation of risk" for heart disease.

The study included 1,835 men and women who were followed between 1971 and 2003. During that time, 144 developed heart-artery blockages, suffered a heart attack or died from heart disease.

The researchers gave each participant a "score" for

lifelong socioeconomic status — using fathers' education as an indicator of childhood status, and participants' own education and job as a measure of adulthood status. Overall, the researchers found, men and women with the greatest lifelong exposure to poverty faced the greatest heart risks.

The findings underscore the potential importance of heart-disease prevention and treatment in people who have faced lifelong disadvantage.

That could take two types of approaches. Improving educational and economic opportunities for Americans, he said, could eventually improve their heart health — not only for adults today, but for future generations if parents' education does in fact influence their children's long-term heart risks.

Source: American Journal of Epidemiology

Electronic health records — a need of time

DR ASHOK ROY

When did you consult a doctor last time? Can you remember the date, medications and investigation reports? Is it handy to find out? Think about another situation: you are in a doctor's chamber and discovered that you do not have previous prescriptions and investigation reports in your file. Would that visit be worthwhile? You might end up your doctor's visit incomplete or need to reschedule your visit wasting valuable time and money.

Health information is no longer a portable stuff. These valuable documents and information can be stored in a secured place electronically. Only your authorised persons can see it from the electronic storage site. Patients' electronic records are sensitive and need extra care to store. This system is called Electronic Health Record (EHR) and when it is done for a single institution which does not need any data sharing it is called Electronic Medical Record (EMR).

The Electronic Health Record (EHR) includes

patient demographics, progress notes, problems, medications, vital signs, past medical history, immunisations, laboratory data and radiology reports. The EHR automates and streamlines the clinician's workflow. The EHR has the ability to generate a complete record of a clinical patient encounter — as well as supporting other care-related activities directly or indirectly via interface — including evidence-based decision support, quality management, and outcomes reporting.

EHR has lots of tangible benefits and can overcome

existing problems of health care systems. Apart from treatment benefits, it has the huge potentials to add new features in health research and system improvement. The efficiency of the system can be improved by many folds with existing number of workforces.

There are three parties involved in health care service delivery — health professionals, patients and facility provider (policymakers) e.g. hospitals, clinics or medical practitioners. With the implementation of EHR, doctors would not have to carry or

hold papers in a big record room along with the staff to manage it. There is other risks associated with holding papers like fire, worms etc. The records would be able in just a finger click on computer screen. There would be lots of patient's medical information in chronological orders. Some results can be tabulated in graphical format.

Doctor can decide treatment plan on the basis of the report. Of course, the need of additional tests cannot be ignored which would also be available on the computer screen if it done and

entered. Quick availability of medical reports and information would give doctor more room to think treatment plan. The administrative hassles would be reduced to a level where physicians would have time to concentrate on actual clinical works.

Patients would have the chance to see the all the clinical information from his or her computer at work or home. The system can also set a reminder for follow up doctor visit, investigation appointment etc. Patients actually get all information about his/her medical con-

dition in just a finger click. This is the best health tool for any person suffering from mild to moderate to severe form of chronic diseases e.g. diabetes, hypertension, heart ailments etc. This is also the best tool for those who really want to be healthy and want to keep picture on the computer screen.

On the other hand, physicians would be registered free of cost too. They would be able to patients records free of cost as well. To make it interactive with clinical data e.g. e-prescription, investigation etc. would be on fee basis. The cost would be

reasonable.

Cost of EHR development and maintenance is only a fraction of entire health system cost. But the benefit is multifarious. It will not add any extra cost on patients unless extraordinary services are required. It will not be very expensive for the doctors either. The patients' pool in the system would generate revenue as it happened in Google or Facebook.

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