



HAVE A NICE DAY

Dynamics of health care promotion

At present, an annoying situation is prevailing in the healthcare management between providers and clients — doctors and patients, both public and private sector especially in majority of the South Asian countries.



Dr Rubaiul Murshed

Common people are very frustrated. It is now an open secret that the healthcare system is inadequate to provide services to all. There is growing dissatisfaction among the people regarding hospitals in the cities. Even according to many doctors — neither side of the coin is satisfied. Here are some propositions to improve the healthcare delivery system:

A. Change is inevitable, Change is essential — it presents opportunity. Healthcare is heading towards Biomedical Century. At the outset, we need to recognise and develop Hospital Management System.

B. Role of medical technology has become so indispensable that the earlier means of treatment have been significantly altered in many cases. Today, health industry is focused on providing new medical technology, more safely and more cost-effectively — the promise of the Biomedical Century.

C. Good health is an indivisible part of good development using the available resources in a socially productive and efficient way. Mainly two hands created by last century will cultivate this new millennium; they are 'Democracy — which is the child of reformation and 'Technology' — which step by step within our healthcare sector will bring a new era.

Dying in the dark: Critical care in a bad shape

DR MUHAMMAD RAJIB HOSSAIN

Critical care or intensive care medicine can be the difference between life and death for patients with critical illnesses. Critical care services, usually provided in the Intensive Care Unit (ICU) are scarce, expensive, unequally distributed in Bangladesh. In many instances, it is substandard and runs as a profitable business. Urgent action is needed to reform critical care services in order to save people who are dying in the dark.

Most patients present in hospitals with critical illnesses in Bangladesh lack access to safe post-operative care, intensive care beds, trained staff and evidence-based tools in local context to treat common syndromes. A study published in 2010 in the Ibrahim Medical College Journal showed that 90 percent of all ICUs in Bangladesh were located in the city of Dhaka. Only three ICUs are located in government hospitals and three in government supported autonomous institutions. Rest of the ICUs are in private hospitals and clinics. There is no common standard protocol to run these ICUs and management strategies vary greatly.

Due to the disproportionate distribution in urban and rural locations, many people in dire need of ICU care face significant hurdle accessing critical care services.



A patient seen in the photo is getting treated in an ICU at a private clinic in Dhaka city. Critical care support provided in ICUs are scarce, expensive, unequally distributed in Bangladesh.

Inadequate and very small-scale government services can fill the need of only a small fraction of the large Bangladeshi population, who cannot afford such costly treatment in a private setup.

Since the establishment of first ICU in the National Institute of Cardiovascular Diseases (NICVD) in 1980s, 40 ICUs were established in Dhaka city till December 2007. As it is a profitable healthcare business, the number now has been increasing dramatically in Dhaka city, especially in private setup. However, authority concerned is turning a blind eye to the standards of such units.

There are many cases of unnecessary admission that imposes a huge financial

burden to the patients and their families. The aforementioned study reveals a significant number of deficiencies including ICU doctors and nurses who do not have basic life support or cardio pulmonary resuscitation (CPR) training.

Again, many pharmaceuticals take ICU as business ground and increasing sell of drugs by alluring doctors in the ICU to use costly latest generation antibiotics indiscriminately for treatment. The practice along with improper infection control facilities leading to the spread of antibiotic resistance, surge of infection rates, increase mortality in ICUs and of course — higher bill.

Prof Dr Mohammad Omar Faruq,

Head of the Department of Critical Care Medicine, BIRDEM and also the President of the Bangladesh Society of Critical Care Medicine recommended that an ICU should be set up in every government medical college on priority basis. Simultaneously, training facilities and number of teaching medical professionals should be expanded.

The high cost of critical care can be lessened by implementing a co-payment system where the government and the patient will jointly contribute to the cost. Prof. Faruq also suggested formulating a standard practice guideline and appointing an active monitoring body. "Unlike most of the running ICUs, the ideal ICU should be run in a close system where the In-charge of the ICU will be the prime decision maker and will coordinate everything rather than an ICU being run on multiple decisions by different physicians" he opined.

Where there is dire need of ICU admission, many people do not have a choice. Rather they have to watch their dearest one dying in the dark. Pricy treatment, long queues in limited government services and undue stay of some patients in ICUs make the critical services more critical.

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HEALTH bulletin

Poor sleep tied to incontinence, impotence!

Sleep problems are associated with erectile dysfunction and urologic conditions such as incontinence, according to the results of two new studies. The result may help physician better assess how helping patients modify their sleep patterns may help improve their health and overall quality of life.

Source: American Urological Association

With calcium, more may not be better

Getting enough calcium for bone health is essential, but getting more than that does not appear to confer any additional benefit, Swedish researchers have found. Dietary intake of less than 700 milligrams (mg) of calcium a day was associated with a higher risk of both fractures and osteoporosis, while higher intakes did not further reduce the risk.

Source: British Medical Journal (BMJ)

Reduce your risk of developing diabetes

DR SHAHJADA SELIM

The number of people living with diabetes is growing very fast. In Bangladesh, more 8 percent people are diabetic and a significant number has been suffering from catastrophic complications of diabetes like visual impairment, amputation, kidney failure, heart attack, stroke etc. Preventing or delaying the development of diabetes can be the best strategy reducing the burden of the disease — both physically and economically. Changing our lifestyle could be a big step toward diabetes prevention.

Prevention of diabetes generally means preventing type 2 diabetes — the most common type that develop in adulthood. In the majority of cases, type 2 diabetes is brought on by lifestyle factors including overweight, high blood pressure, high cholesterol, physical inactivity which can often be prevented.

By changing our diet, increasing our level of physical activity, maintaining a healthy weight are the most important positive steps that are in the mainstay for healthier life and reduce our risk of diabetes.



Diet

Diet is a key lifestyle change. One of the key messages is that saturated (animal) fat, simple carbohydrates (such as white bread, white flour, pastries), sugars and salt — all help to contribute to diabetes if taken in excess. On the other hand, eating whole grain, vegetables containing fibre and omega 3 and omega 6 fatty acid (fat found in fish) can help reduce risk of developing diabetes.

Exercise

Exercise can help to prevent diabetes in a number of ways. The energy needed for exercise can help people losing weight which helps to take some of the risk related to central obesity.

Exercise is known to increase insulin sensitivity which is essentially helps to tackle the root cause

of type 2 diabetes. Also, regular exercise can also help to reduce cholesterol levels and help people to reduce high blood pressure.

Even a little extra activity each day can help. Some basic steps can really help to make a difference if they become a regular habit, such as walking to the shops rather using the car or getting off the bus a stop early.

Medication

Some medication, such as Metformin, has been shown to lower the risk of type 2 diabetes amongst particularly high-risk cases where lifestyles interventions alone may not be enough.

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EVERY ONE campaign for trained birth attendants, health workers

STAR HEALTH REPORT

EVERY ONE campaign is a call by Save the Children for global action to save the lives of millions of children who die each year from preventable or treatable causes. As part of the campaign, it is campaigning for trained birth attendants and health workers for every mother and newborn in Bangladesh, says a press release.

Skilled birth attendants and health workers can make a big difference in reducing preventable deaths in children. Of the children under the age of 5 who die each year, almost 2/3 could be saved with the simple low-cost interventions delivered by health workers in clinics and in their communities. With attention from developing country governments and donor nations, we can help them bring life saving care to more hard to reach communities and make the survival of children a reality worldwide.

Every child — no matter where they are born — has an equal right and deserves an equal chance to survive. The campaign's aim is to place a health worker in reach of every child in need and then many lives will be saved.



Knowing for better living

In Bangladesh . . .

8.4% adults suffer from anxiety!

Practice mindfulness

Laugh out loud

Sleep adequately

Just say no to stressful activities

Maintain a list of tasks to do

Cut-out caffeinated drinks & foods

Consult your Doctor



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