

# Cardiac care facilities fall far short of country's needs

MOUDUD AHMED SUJAN

At around 10:30am on September 22, a noisy crowd of people were seen standing in queues in front of the ticket counter of the National Institute of Cardiovascular Disease (NICVD), eagerly awaiting an appointment with one of 12 physicians at its outdoor department.

The crowd only got bigger as time went by, making it difficult for the three staffers manning the booth to handle such an onrush.

They were issuing an average of three tickets per minute with the price of each ticket set at Tk 10, as witnessed by this correspondent.

Within just half-an-hour, the number of treatment seekers had risen to 88.

"Most of these people came here complaining about chest pain and the number of people with heart problems is increasing day by day," one of the staffers said.

The situation was similar at the nearby emergency ward, where critical patients with heart diseases are referred by different hospitals across the country.

Officials of the NICVD said an average of 800 patients come to the outdoor department every day, which is comparatively higher than the daily turnout during pre-pandemic times.

At the indoor wards, an average 1,200 patients are treated every day against its capacity to treat 400 patients only.

Physicians said such a huge number of referred patients indicates that the number of people with cardiac diseases is rising across the country.

Cardiovascular disease is an increasing cause of concern for Bangladesh as those suffering from such ailments top the list of people with non-communicable diseases.

"The number of patients has hit an all-time high in the past couple of months," said Prof Dr Mir Jamal Uddin, director of the NICVD.

"Our observation is that the number of heart patients has increased notably in the country, but we have no quantitative data in this regard," he told The Daily Star.

According to cardiologists, most cardiac patients suffer from ischemic heart disease or coronary heart disease, which are mainly caused by an unhealthy lifestyle and food



habits.

Of all heart related issues, ischemic heart disease was the second leading cause of deaths each year between 2009 and 2019 in Bangladesh, as per a systematic analysis for the Global Burden of Disease Study, published in The Lancet journal on October 17 last year.

According to the non-communicable disease risk factor survey 2018, some 15.5 per cent of Bangladeshis aged between 40 and 69 years are at risk of cardiovascular diseases.

TREATMENT FACILITY DHAKA-CENTRIC

Specialized treatment facilities for cardiovascular diseases are mostly located inside Dhaka and other metropolitan areas. As a result, people with heart ailments crowd the city hospitals.

Mia Md Alamin is one of them.

The 42-year-old experienced cardiac arrest on September 19 and after receiving initial treatment at the Narsingdi Sadar Hospital, he was referred to the NICVD.

"We had to bring my husband here as we did not get proper treatment in our district," Soma Nasrin, Alamin's wife, told this correspondent.

"Thankfully though, he is slowly improving," she said while sitting by her husband who was laid on the corridor along with five other patients in front of the NICVD cardiology ward.

The first cardiac surgery in Bangladesh was conducted in 1981. However, the number of well-equipped facilities that provide such treatments has not increased in proportion to the country's population size

since then.

According to the Cardiac Surgeons Society of Bangladesh (CSSB), the country has 42 cardiac care units in both public and private facilities, of which 28 hospitals are equipped to conduct cardiovascular surgery.

The number of hospitals in Dhaka that provide such services currently stands at 20 while there are four in Chattogram, two in Khulna, and one each in Sylhet and Sirajganj.

In Dhaka, 16 of these facilities are privately owned and four are public while the number stands at three and one respectively in Chattogram.

One of these hospitals, the Zia Heart Foundation in Dinajpur, has not been functional since 2016 due to a shortage of surgeons and funding.

There are around 175 cardiac surgeons in Bangladesh, of which only 45 are capable of conducting surgeries independently, CSSB data shows.

Of these independent surgeons, 32 work in Dhaka.

Around 12,000 cardiac surgeries are done in those 28 hospitals round the year.

In government facilities, the fees for cardiac surgery begin at Tk 1.10 lakh while the lowest fee that private hospitals take is around Tk 3.5 lakh.

Aside from surgery facilities, there are six public medical colleges in Rangpur, Rajshahi, Khulna, Sylhet, Mymensingh and Barisal which have coronary care units.

However, only angiograms and other related diagnostic facilities are available at these colleges. Besides, these services often remain unavailable due to a shortage of doctors, various sources said.

This newspaper spoke with a number of cardiac doctors and surgeons working in different government facilities who said that although there are primary care facilities for heart disease at the district level, they are not up to the mark.

So, referred patients rush to the capital city for treatment, they added.

Dr Monzur Hossain, an assistant registrar of the cardiac surgery unit-5 at NICVD, started his career as a junior consultant at Bhangura Upazila Health Complex in Pabna in 2012.

"The cause behind this scenario lies in weak planning. The infrastructures and equipment supply in public hospitals are poor. Additionally, there is a huge shortage of necessary manpower to run the available devices," he said.

To run a three-bed intensive care unit (ICU) for bypass or equivalent surgeries requires at least 35 staffers, including three to four surgeons.

"It is a matter of teamwork. In the absence of any one of these human resources, you cannot serve a heart surgery patient," Hossain added.

Last year, the government approved the development of eight full-fledged cancer hospitals complete with well-equipped cardiac units in as many divisional cities.

"This is a good development but without ensuring skilled human resources, you cannot serve the people," Hossain said.

## Harnessing the power of digital health to improve heart care

FROM PAGE J1  
(BDHS) 2017-18 published in January last year showed that hypertension among people aged 35 and above had risen to 40 per cent in 2017 from 26 per cent in 2011.

As per the survey, some three crore people aged 18 and above were hypertensive (with blood pressure above 90 and 140) while 1.1 crore of the same age group suffer from high blood sugar.

Experts say patients with underlying heart diseases need immediate medical attention and early detection and management, particularly for high-risk individuals, monitoring and treatment with real-time response to acute situations could save many lives.

This is where the role of telemedicine comes in as it reaches out all over to cater to the underserved, it said.

Patients with CVDs are at high risk of severe Covid-19 infections as their immune systems are compromised.

"So, during the pandemic, we discouraged them to come to hospitals and chambers for consultation," Dr Abdul Momen, associate professor at NICVD, told The Daily Star.

Besides, most cardiovascular patients require follow up treatments, which were very challenging to carry out amid the ongoing pandemic.

"But telemedicine played a major role here," he said.

This resulted in a significant increase in demand for this form of healthcare, leading to the birth of numerous telemedicine service platforms.

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Besides, a number of private healthcare facilities also provide telemedicine services. "During the pre-pandemic era, an average of three cardiac patients would receive consultation every day but the number shot up to seven or eight amid the pandemic,"

said Mir Hasib Mahmud, chief executive officer of Best Aid, a telemedicine platform.

"Our services are not usually free but considering the pandemic situation, many doctors provided free consultations and the response was amazing," he said.

And even though the coronavirus crisis is improving, the response to telemedicine service is still good compared to pre-pandemic levels.

Best Aid currently receives around 500 queries each day while 150-200 patients receive consultation, Mahmud added.

There is a large gap between rural and urban areas in terms of the healthcare services available as the former lacks specialist care. However, telemedicine has great potential to help overcome the geographical barriers that prevent equal access to healthcare.

Various experts have noted that the widespread adoption of telemedicine amid the Covid-19 crisis has apparently set the stage for remote visits to become a bigger part of future cardiovascular care.

"The internet-based telemedicine systems would enable a large pool of doctors and hospitals to collectively provide healthcare services to patients in remote areas," said Prof Afzalur Rahman, former director of the NICVD.

However, there are some limitations of telehealth in regards to cardiac care.

Understandably, a telehealth visit may not be enough for someone with severe heart disease as the patient would need to be admitted to a hospital for effective treatment, he said.

Besides, some people find it difficult to use such technology while the lack of access to a stable internet connection also prevents many from utilising the service, Rahman added.