

REDUCE UNNECESSARY RUSH

Teaching hospitals are always under spotlight of both public and the government. As top talent of consultants and teachers are available in these institutions, they are visited by all and sundry and expectations are very high. Even natural causes of death and illness are sometimes considered as a result of professional negligence, spiralling into law and order situation. The prime reason for the extra rush at these institutions is because.

- i. These hospitals are glorified basic health units for the local populations around these hospitals. The patients come to see a senior consultant at just Rupee Ten and directly land at the door of consultant office without observing proper official protocol. This is injustice to populations at far away districts who cannot find even a medical officer at a BHU for minor ailments. This compels them to take expensive and tiring travel to these hospitals, resulting in excessive rush at these institutions.
- ii. To manage excessive rush we need extra infrastructure, essential supplies and staffing, none of these have been upgraded especially at KTH for the last two decades, creating stress at all basic elements of the institution.
- iii. Excessive rush of patients, puts the whole staff under tremendous work load, occasionally leading to minor errors of judgment. These hospitals are teaching institutions also, both for postgraduate and undergraduate students and senior staff whose primary duty is to teach and train, hence their designations, are over worked and over stretched. In spite of this, these government run hospitals are maintaining excellent academic

results and clinical output. But these can suffer if situation continues like this. The government needs to improve health care at BHU, THQ and DHQ so that patients must visit a well-equipped and staffed BHU first, where ever they are living. If the care is difficult there should be referral on proper paper to the next level of health care facility. The referral should not be just passing forward of patient and his referral paper must contain the details of initial management. A serious emergency can be quickly sent to higher centers mentioning that required facilities, expertise is not available, but that should not be the norm and all referrals should be strictly audited. This requires hard work on part of health department to make things work nicely and regularly. The teaching hospital should not have routine OPD like glorified BHU, rather their OPD should be for those referred complicated patients who require expert input and management. This will reduce the unnecessary work load and will improve the management of complicated cases. At last the Afghans take a lot of medical touring to Pakistan and they share the same facilities meant for the Pakistani tax payers, further over burdening the resources without contributing any taxes. This anomaly does not exist anywhere in the world. The government must make efficient policies to regulate and streamline the flow of Afghan to these institutions.

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