

Editorial

Balancing the Priorities

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Change is a constant phenomenon. The changes that I have seen in the last 65 years of my medical career, and as to how they have influenced my personality, are interesting to look back. My initial years of student life were mostly non-serious, dedicated only to passing examinations and becoming a doctor, with no clear objectives. But coming in contact with seniors and elders during the house job and seeing suffering patients-and-families, changed the direction of my life. Initially, I was in the junior orthopedic job - not by choice but by what was available - followed by travels for earnings and a desire to specialize. I ended up in England in 1965, where again a massive change of atmosphere influenced my direction, which has lingered on till today.

First and foremost was that during duty hours, the punctuality, discipline and sense of responsibility that I saw in doctors, nursing staff and the paramedical staff was beyond description. Secondly number of patients seen in outpatient department, was always by pre-arranged appointments. This was very different from our country, where patients by the hundreds turn up as outpatients. With such an orderly arrangement, detailed history-taking and in-depth clinical examinations were possible. This allowed us to reach the most plausible clinical diagnosis and directed us to request appropriate investigations rather than a snap decision of ordering ultrasonography, CT scan or MRI on the patient's first utterance of "abdominal pain". A known fact to everyone is that

overcrowding and having to see sometimes more than 300 hundred patients in an out-patient department of a public hospital is no mean a task. It is certainly counterproductive to our health services.

Let me briefly move on to Tripoli, Libya where there was monitory affluence; but a lack of punctuality matching that of our continent. In other words, I am alluding to three aspects which are essential for the progress of our health service system, namely discipline, punctuality and financial availability.

For an equitable provision of health service to the entire nation, especially to the poor and the illiterate, a system should be evolved where we should be able to serve all with long-established surgical procedures, keeping in mind the peculiar issues such as our financial means, overcrowding of hospitals and most importantly, the availability of medical and paramedical staff. We should refrain from selling our skills of giving small or no scar in places where availability of equipment is non-existent or procurement of spare parts and maintenance is a difficult task. Till such time of parallel progress in manufacturing our own medical equipment and its repairs, we must seriously design our own strategy of delivering health services.

Let me submit that private set-ups may continue to provide the state-of-the-art minimal access

procedures to the affluent and the insured people; but as long as understaffed, overcrowded, ill-equipped public hospitals exist, the standard expedient procedures serving the majority of the population should remain in place. Medical education in our medical schools and the surgical skills of young doctors, even if it is at the cost of a scar, should remain in line with our prevailing circumstances and it should be our major goal. In our materialistic environment, one should be cautious of salesmen and manufacturer's inducements which they come up with to sell expensive equipment like robotics. In such circumstances, we should wisely consider the institutional interests and the needs of patients.

Finally, I would like to submit that a skillful surgeon is recognized not only from his dexterity but also from humane approach and kindness towards patients.

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