

# Higher Medical Education & Specialised Medicare

By Prof. M. Muzaherul Huq.

**D**OCTORS serving in the Government Health Service are the main component of existing health manpower in Bangladesh. At present there are about 23000 doctors in Bangladesh of whom about 8500 are serving in the Government sectors. The existing doctor/population ratio is 1:4500, in Bangladesh context it is not so bad a ratio which will soon be better than many western countries with fresh graduates from existing 10 medical institutes, producing 1200 graduates each year. The doctors have lost opportunities for Government jobs which are limited if further posts are not created (the scope of which is also very limited).

There is no proper planning for health manpower development in Bangladesh as yet. There is a very disproportionate imbalance between need of the country and the needs of different categories of health manpowers e.g. auxiliary like technical staffs & nurses. We could not develop a system by which we can plan for our future needs and can try to implement that.

If we take the standard ratio of 3 nurses per doctor as in Thailand, we have 1 nurse for 2 doctors i.e. the reverse. We need 69000 nurses with our present number of doctors. With the existing production rate of trained nurses we cannot reach that goal even after 100 years.

The position regarding technical auxiliaries like Radiographers, Autopsy technician, Radiotherapy, Physiotherapy, Pathology technicians etc. is worse than the nursing position.

Do we know our requirements? No. It is the same for our doctors. Do we need any more medical graduates? If we need, how many and with what number each year. In Britain they have restricted the numbers of admission of British students in Medical institutes and allowing admission to more number of foreign students for the last few years.

The main objective of producing health manpower is to provide modern scientific medicare service to our community. With the existing number of specialists and specialisation facilities, can we serve the purpose?

The fact is, we cannot. Affluent people from our country go to neighbouring countries like India, Sri Lanka, Thailand, Singapore for better treatment facilities. Can we not provide them with that? If not, why not? We should get into that.

The existing postgraduate facilities to make career of future specialist is so meagre in comparison with other countries that they cannot even feed the teaching posts of Medical institutes. In certain Department e.g. in Neuromedicine, Neurosurgery, Forensic Medicine there is no regular course as yet in Bangladesh. We need at least 600 specialised, Medical doctors qualified in Forensic Medicine to provide Medical legal service upto the Upazila level. India and Sri Lanka are having post graduate Ph D, MD and Diploma courses in Forensic Medicine for last 20 years. We need specialists in Surgery Medicine, Gynaec and Midwifery, Pathology, Forensic Medicine, Radiology, Anaesthesia in upazila Health Complexes. Can we feed them in near future with present rate of production? Medical Science is advancing every day the diseased man suffers the same whether he is a westerner or a Bangladeshi.

Management and treatment to alleviate suffering should be of near standard if not of same standard. But can we achieve that? If not why? If the Indians, Thais can serve our ailing people why we cannot?

The reasons could be many main reasons are lack of a) Proper Medicare system or a national health policy b) proper planning c) Lack of accountability.

The present system of Medicare service as well as medical education is very age old. Only for the first time there was an attempt to modernise the Medicare system with a national health policy which was rejected by the doctors community as a whole.

There were many good things in that which if accepted could bring radical change to the Medicare service system. The present democratic Government can take an initiative to formulate a health policy bringing the doctors community in confidence.

The objective of producing basic doctors has been achieved to certain extent. But we are to produce specialists and encourage basic doctors to specialise we are to create opportunities for them to build career as a specialist.

We should start with proper planning. We are to plan to start with our existing facilities and resources. We are to evaluate our existing situation and calculate a future, say about 50 (fifty) years ahead in stages of 10, 20 & 50th year. We can term this as short term, mid term and long term. How many specialist doctors and specialities we need to have in future and how to achieve that objective. The slogan of Health for all by 2000 cannot be achieved without outlining a programme, even in the year 3000 in Bangladesh.

Again the question of accountability comes. We now have a democratic

Government and a sovereign parliament. We can make Doctor, the people, Government employees, and the Government accountable and questionable for all their failures in achieving that goal. Without an accountability in the existing system,

which also needs improvements in modern context any Government commitment will have the chance of failure. Newer laws should be made against medical negligence, compensation and punishments.

Can we not have a system to regularly evaluate the existing condition and requirement of health manpower in our country, who will also recommend the present need and immediate future needs in health sectors to the Government? Let us establish a permanent National body or commission for our health manpower development; which can be a mile stone, for our health care delivery system and can guide our need for higher medical education, as well as specialised health manpower.

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