

JOURNAL OF THE NEPAL MEDICAL ASSOCIATION

EDITORIAL ARTICLES

REFRESHER COURSES*

Medical practice can be compared to a piece of metal; if tended and cared for it keeps its shine and gloss for a long period, otherwise it gets rusted and deteriorates. The science of medicine is a rapidly advancing one, and to keep the standard upto a reasonable level every member of the profession must be frequently in contact with all the recent advances. While new hospitals and health centres are cropping up like delicious mushrooms all over the country, including some of the most inaccessible areas, and according to the contract with the Government newly qualified young doctors have to face the hardships of practising in such place, one begins to wonder whether in view of the lack of good working facilities including a laboratory, a library, and contact with other colleagues the doctor is not bound to get frustrated and therefore lazy in his work. While the authorities are justifiably providing medical services to the remote people by deputing qualified medicos to remote health centres, a question arises in the mind of every rationally thinking person as to what steps the authorities are adopting to refresh the knowledge and experience of these remotely posted doctors in order not to let the overall standard of the health services fall down in the country.

Well organized and co-ordinated refresher courses held at the more privileged institutions in the capital may be of some help in this direction. Doctors posted outside the valley for period of two years at a stretch should be automatically chosen by rotation for such refresher courses. A minimum of one month should be devoted to each batch, during which clinical meetings, symposia, and general discussions and deliberations should be held. Expenses for such courses (including the T.A. and D.A.) should be entirely borne by the employing authority. For doctors with post-graduate degrees and diplomas from abroad scholarships should be provided for orientation and observation in their specialities in foreign countries after being in the national service for three years continuously.

A minimum of reading materials, like standard reference books of Medicine and one or two leading journals of general medicine should be provided for every centre where a medical graduate is posted.

A small laboratory equipped with a microscope for the simple tests of blood, urine, stool, etc. must be provided at each health centre. The supply of drugs should be maintained all the year round.

*In this direction, it has come to our notice that H. M. G. has obtained a few scholarships this year for refresher courses in the United Kingdom.

Preferably not less than two medical officers should be posted at one centre. This creates an "atmosphere" for the exchange of ideas, and also provides security in the matter of sickness, leave, and over-work.

If the authorities pay heed to these suggestions and practise them, we may appreciate that they do not want the doctors to get rusted like a piece of metal out of use for a long time.

J. R. P.

LABORATORY SERVICE

The quality of medical service depends on the quality of the laboratory service available; there cannot be two opinions on this. Although a laboratory service was available for Bir Hospital in Kathmandu for a number of years it is only a year or so that the HMG's Department of Health services started a full fledged laboratory in Kathmandu to provide the basic services in all branches of Pathology. All the moment, the Central Health Laboratory in Kathmandu is the only well equipped laboratory capable of providing services in Microbiology, Haematology, Histopathology and Biochemistry. The present Bacteriology department of the Central Health Laboratory is doing microbiological tests on clinical materials from various hospitals in the valley, besides the investigations of cholera, plague, dysentery and other organism of epidemiological interest. Bacteriological testing of drinking water, milk and other food stuffs are also undertaken. The laboratory is also rendering valuable services in Haematology and Biochemistry. Even the capacity of the laboratory has not been fully utilised due to the dearth of technicians. The present phase of laboratory development is only the beginning and should not be considered adequate.

In a country like Nepal where medical services are still in infancy and finance still a great problem, we cannot improve the medical standards overnight. Besides a meticulous planning for improvement of medical service in the existing hospitals, health centres and clinics, provision of laboratory facilities in the more important hospitals outside Kathmandu valley is the need of the day.

The establishment of a laboratory is a costly affair in terms of money involved and does not show dramatic returns. But the long term advantages are rewarding as a laboratory cuts down the number of days of hospitalisation of the patient and also an unnecessary trial and error treatment is avoided in most of the cases; which inevitably cuts down the cost of medicines per patient.

It is appreciated that for improvement of the quality of medical services a decision in the right direction has been taken by the Department of Health Services in opening a Central Laboratory in Kathmandu and embarking upon a technicians training programme with the help of W.H.O. and UNICEF.

Centres like Biratnagar, Birgunj and Nepalgunj are already overdue for a basic laboratory but due to the shortage of technicians it may not be possible to open such laboratories immediately. When the new batch of trained technicians comes out in 2027 B.S. the problem of technicians will be partially solved. But planning for the establishment of laboratories has to be done well in advance so that these technicians could be deployed to the best advantage of the hospitals concerned.

B.R.P.