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DEVELOPMENT OF ANAESTHETIC SERVICE IN EASTERN PART OF NEPAL

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INTRODUCTION:-

There is a shortage of trained anaesthetists all over the world. To improve this situation different measures have been taken. Our country also has this problem.

The Eastern part of Nepal comprises of Koshi, Mechi, Sagarmatha, Janakpur and Narayani Zone. Each Zone has got one Zonal Hospital where there is provision for an anaesthetist, but only Koshi Zonal Hospital is lucky to get one posted. Due to this surgical services of other hospitals could not be developed to a satisfactory level.

The eastern ragion has motorable roads all over Terai and even to certain Hilly areas. There are facilities of air services as well to distant mountaneous region. Due to this increaced communication people seek medical attendance sooner in the nearest Zonal Hospital. Lack of surgical services in other zones lead most of them to come to Koshi Zonal Hospital. This is the main reason for overflow of all types of operative cases in this hospital in Biratnagar .

AIM:-

The aim of this article is to point out about the measures we can adopt to solve the problem of shortage of anaesthetist, atleast in the Eastern part of Nepal. Thus to provide atleast these services all over the zonal hospitals.

(1) Emergency Ansesthesia for - Laparotomy, Caessarian Section, Road traffic accident cases and Gynaecological emergency.

(2) Anaesthetic services for routine operation cases excluding Thoraice surgery, Neuro surgery and Neo-Natal surgery.

(3) Restricted Paediatric Anaesthetic services.

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This will definitely improve the surgical services of the zonal hospital.

ACHIEVEMENT OF MANPOWER:-

1. By training doctors.
2. By training nurses.
3. By training paramedical staffs.

Medical manpower as a whole in Nepal is not enough to cope with all the medical problems, at all the level. We have one doctor for 40,000 people. With the concept of zonal hospital we are trying to provide services for common medical problems and surgical emergencies for the people of that zone The zonal hospital should have a master plan and provision for all grades of staff to be accommodated as the number increases. Lack of this provision has caused so many doctors and nurses to take daily wages job. This problem has also been largely neglected in Long Term Health Plan.

Considering these problems, anaesthetic manpower can only be increased if we accept the concept of nurses and paramedical staff as anaesthetist after a proper training for them.

A trained anaesthetist can supervise their work and cover them in difficult cases. Our country cannot afford a luxury of 'Doctor Anaesthetist' at least for few decades to come. So our surgical colleague and government should accept the idea of 'Nurse or Paramedical' as anaesthetist.

TRAINING SCHEME:-

At present this, Koshi Zonal Hospital, Biratnagar, is the only one hospital out side Kathmandu, where anaesthetist is available with certain minimum equipments for Anaesthesia. A training programme can be organised in this hospital for doctors/nurses/ paramedical staff.

Doctor (M/O) is not posted in anaesthesia regularly. Even then during last four years I have trained three doctors who can work in any of our Zonal Hospital and competantly anaesthetise almost all the emergency and routine cases. Training of nurses in anaesthetice techniques has proceeded to a stage when they could work independently after a few more months of training.

With this experience I belive it is possible to organise a training programme. At present I feel six months theoretical and practical training for doctors and one year for nurses and paramedical staff will make them able to work independently in District and Zonal Hospital.

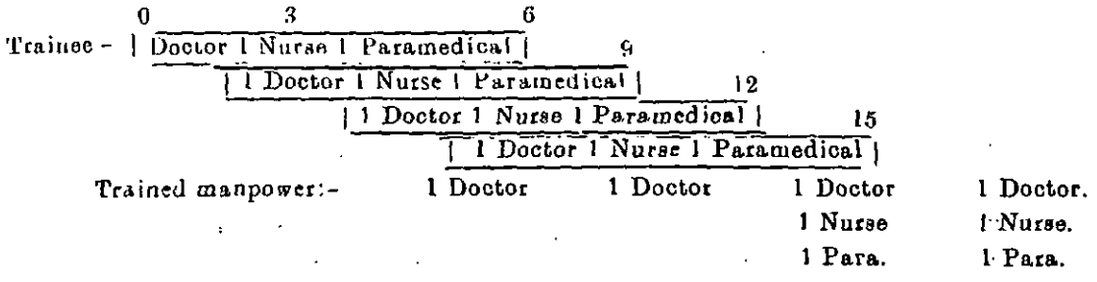
The provide more confidence and tackle the field problem the trainer should visit the place where the trainee finally works. The trainer should stay for a week or ten days to tackle any difficulties experienced by the trainee. At least four such visits within one year will help these trainee to get more confidence.

Regular short term course will also help these trainee for further enhancing their eficiency.

The training programme can be organised as given in the chart below.

Every three months a batch of one doctor, one nurse and one paramedical staff is taken for training. After one year we get three trained doctors, one nurse and one paramedical staff. After this every three months there will be one trained doctor, one nurse and one paramedical staff. (see chart)

In this hospital there is at one time only one operation theatre. So it will be difficult for practical training if we take more candidates.



These trained doctors should get priority for further training to obtain a diploma or fellowship either in India or United Kingdom.

EQIPMENT AND FINANCE:-

Money is involved in every development work and so also in the development of anaesthetic services. The trainee and the trainer has to be paid. The equipments and drugs necessary has to be purchased.

At present, simple equipments with cheaper running cost will do for our purpose. E. M. O. with its accessories, Schimul Bush Mask, Spinal and Epidural needles, Ether, Xylocaine 2% and 5%, Oxygen are all that are necessary. These equipments have never-failed. The maintaince cost is virtually nil.

CONCLUSION:-

This training programme is meant to tie over the present crisis of shortage of Anaesthetists.

Doctors working in anaesthesia come in least contact with the patients and their visitors. So their services are not appreciated by public. As they do not belong to the group of 'treating doctors', they are even ignored by the higher authorities. They are more pressed and busy than their colleagues. Most of their time is spent within the four walls of operation theatre with routine and emergency operation. This is due to the smaller number of doctors posted in anaesthesia compared to the surgical staff.

The basic staffing pattern of the Long Term Health Plan seems to be wrong. It should formulate a staffing pattern which will take into account the number of hours worked by the staffs working in different specialities. There should be a minimum and maximum hours at work for male category of staff working in a hospital.

At the present the duties done by aneasthetist are quite heavy and without any time for relaxation or reading. Under these circumstances it will be difficult to attract young doctors to the anaesthetic speciality. One cannot also expect good quality work from few overworked anaesthetists.

The situation in the anaesthetic speciality can only be improved if due consideration is given to the following facts—

1. Improvement of working condition for doctors.
2. Recognition of these trained doctors and preferance for obtaining diploma or degree.
3. Facility for short term training and observation tour abroad.
4. Renumeration and encouragement to take this speciality.
5. Doctors sent abroad for training in surgery are sent for D. A., which itself indicates our narrow outlook towards the anaesthetic colleagues. Why should an anaesthetist be deprived of the opertunity for M. S., M. D. or FFARCS in Anaesthesia ?

Simalarly we should not forget 'Nurses and Paramedical Staff'. They should also get the opertunity and encouragement as for Doctors meotioned above.

I hope the health department will consider these facts to solve the present and long term shortage of anaesthetists in this country.