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EDITORIAL ARTICLE

Mobile Teams and back to Village

The Health Services of H.M.G. has expressed its intention of sending out a number of mobile medical teams in various parts of the country every year. This is in keeping with the spirit of the "Back to Village" call which H.M. The King has bestowed on us. Accounts of previous medical mobile units will help us in drawing to attention, for future consideration, a number of points.

1). The mobile unit must consist of doctors of various specialities, trained nurses eg. for theatre work, a liason officer (administrative) and personnel such as peons etc. Having doctors of various specialities together rather than sending them out in individual groups would be far more economical. A trained nurse for theatre work would be far more useful to the surgeon. The reason for this is that any local nurse asked to help, may not be familiar with the method of working of team, the instrument to be used and may have to do this in addition to her daily regular duties. The presence of a liason officer is necessary to arrange for the team's accomodation and fooding. The peons would have to procure food and perhaps cook it ! It must be remembered that things being different in the districts, the doctors and nurses must be left free to do their work rather than be worried about minor day-to-day affairs.

2). Separate equipment must be provided by say the Community Development Section for such mobile teams. This equipment will accompany the different units as they set out from time to time. The equipment procured must be such as to be easily packed, packaged and transportable, of a light nature and hard-wearing. It should not be the practice to collect equipment from various hospitals in the Valley prior to departure on a mission.

3). Thinking of a combined team of specialists, a stay of 7 days is too short at any one place. It should be of fifteen days duration or at least a minimum of ten days. Only in this way will the surgeons be able to do, fairly, minor and if necessary major operations. In this context it may be mentioned that perhaps major operations should not be done by such teams unless it is absolutely essential. It will be seen to be a wise move in the light of the resources available to such mobile teams. It would be better to do minor operations, which do not require too much post-operative care eg. operations for hernias, hydrocoeles, haemorrhoids etc. Operations can be done by the scores then. The aim should be to offer the people facilities for surgical treatment which are not of a major nature and for which a trip to say Kathmandu is not necessary.

4. Drugs provided for such teams should be those manufactured by pharmaceutical firms of known repute. It should never be the practice to provide drugs manufactured by firms whose names one has not even heard. (It might be remembered in this context that a couple of years back, ampoules said to be of 'pyrogen free distilled water' had been filled with ordinary tap water. How much more chance there is of this occurring in the case of antibiotics where the margin of profit is much more.)

5. Lastly it seems that it is useless sending teams of specialists from the capital only, to areas in the districts. Now that hospitals such as those in Biratnagar, Birgunj and Nepalgunj also have various specialists, it is time that mobile medical teams from such centres are also sent out to Zillas in their respective Anchals.

Now the question comes as regards the "Back to Village" campaigns. It is fixed in the criteria that one should not take T. A. or D.A. on such visits and that contribution to this campaign should be from one's "holiday leave". This is all very well but the request from the doctors should be that they would be prepared to donate part of their holidays and bear their own living expenses at the site chosen, but travelling to the place and the transport of the equipment and drugs on such campaigns be provided by the Health Services. Doctors examining patients and simply writing prescriptions in the districts will not have any useful function. A surgeon on such a campaign, if he cannot do any surgery would not be giving the best that he can offer. Of course doctors and surgeons can build roads and irrigation canals or give lectures on Public Health. One must remember however that roads and canals built by them would not technically be correctly aligned and more likely be washed away by the following monsoons. Their lectures on public health will in all likelihood go in through one ear and come out of the other.

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