FOOD FOR HOSPITAL PATIENT

The article "*Food for Thought*" by Baidya raj in July-October 1969 issue of JNMA is quite impressive. I take this opportunity to express my views and experience on the subject as the Medical Officer-in-charge of the Trisuli Hydel Project Hospital, where the patients are not supplied food unless in very exceptional cases of those helpless or extreme poverty-stricken.

1. The Trisuli Project Hospital has been established during 1963, under the Indo-Nepal Co-operation programme for the use of workers on the Project in addition to extending similar assistance of treatment etc. to the local population as well. Now a days this Hospital mostly serves the local population only from far and near, as not much of the Project staff is left over with the tailing away of the Project work. These days the outdoor patients number between

200 to 250 approximately in addition to the 20 outdoor beds which is always full.

2. Right from the inception of the Hospital, no food to the Indoor patients were supplied as initially the patients were mostly from amongst the Project workers, who were residents of the Project Colony and they used to have their food from home only. Although the Indoor patients these days are mostly all local, the same practice of non-supply of food has been kept up, since some prefer to have their own food from a nearby locality. Otherwise they prefer to have it cooked through their relatives/ attendants, who usually accompany them on such hospital admission. For the cooking purpose, a small space has, however, been provided outside the Hospital compound. This facilitated the diversion of a substantial part of the fund for food towards the purchase of drugs

and medicines by retaining a very nominal sum for the fund to be supplied to those very poor needy as per the advise of the attending physician. Thus the question of food supply to the patients was never felt by me as Medical Officer-in-charge of the Hospital during the years over.

3. As one of the home attendants or close relations is always with the patient, supplying homely food as per the taste of the patient) which is served with tender care and affection) has got great psychological effect on the patient. Thus it hastens the speedy recovery of the patient from his ailments. This would not have been otherwise so if this was to be left in the care of the hospital staff with all their attention to the patient, the affection and cordiality may not be of the nature. However, this also provides the attendants to have some first-hand experience of nursing care of the patient under the guidance of the Hospital staff. The medicines are, however, all supplied free of cost from the Hospital and thus lowering the burden of expenditure for the medicines of the patient.

4. This apart, it also saves a good lot of time and botheration for the attending doctor, as this allows him more time to devote to the patients or to divert his mind to something meaningful and constructive work or the hospital.

In developing countries as that of ours, it is the time to think more about the improved supply of medicines etc. for various diseases that are more common amongst our people than those fully developed for countries of Europe or America where medicinal drugs are available in abundance. Thus the food supply in the Hospital, I feel is not that important as compared to the supply of medicines required for the treatment and cure of the patients and thus making the Doctor's job easier. I am in complete agreement with Baidyaraj that such an approach will also improve the conditions of the smaller hospitals in the interior parts of the country, where the supplies of essential medicines are not sufficient.

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