On the Present Crisis of Confidence between Health Professionals and the Public and on Some Largely-Preventable Unnatural Deaths in the Country

We health professionals are not a species apart from the society we are a part of Unfortunately, we too had to recently resort to the negative 'bandh' culture prevalent in the country by practically shutting down all the health facilities for three days, the result of what was indeed a crisis of confidence between health-care providers and the public. We genuinely regret the inconvenience caused. The only solution to this sad state of affairs is fully-transparent attempts to enhance the rule of law, by both the health professionals and the public at large.

The article dealing with organophosphorus poisoning in this issue has prompted us to request all our readers to muse about the largely-preventable unnatural deaths around us. And about how the health professionals can help raise the public awareness of these deaths so that their numbers can be significantly decreased.

The reception register of the Kathmandu Autopsy Center/Department of Forensic Medicine of the Institute of Medicine, Tribhuvan University, groups the first 300 deaths of the first almost-three months of the Nepali year into the following categories:

1.	Found dead	- 57
2.	Road-traffic incident	- 47
3.	Hanging	- 47
4.	Poisoning	- 41
5.	Burns	- 19
6.	Drowning	- 19
7.	Sudden death	- 19
8.	Fall from height	- 14
9.	Death during treatment	- 14
10.	Physical assault	- 14
11.	Skeletal remains	- 06
12.	Electrocution	- 02
13.	Landslide death	- 01

The cause of death remains undetermined in about 15% of the medicolegal autopsies at the above center, whereas the rate is around 5% in most of the medicolegal centers of the developed countries. Practically all the 'undetermined' cases of the above 300 autopsies are from the 'Found dead', 'Sudden death' and 'Skeletal remains' groups.

The majority of the road-traffic-incident deaths are obviously the result of contemptuous disregard for the traffic rules and laws that all vehicular road users must follow to the word for the prevention of such deaths. Health professionals need to actively engage in helping raise the public awareness of these issues, confidence in them by the public the necessary pre-requisite, of course.

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Among suicidal deaths, hangings and poisonings are by far the two most common methods used. Are these deaths preventable? Timely referral to psychiatric evaluation and possible treatment of suicide-prone patients could indeed prevent at least some of these deaths. Such advice of the health professionals will not be heeded by the public if the crisis of confidence between the two is not diffused.

The number of deaths from burns, drowning, falls from heights and electrocution can also be prevented to a large extent by a more educated and a more health-conscious and danger-wary society. It is the privilege of health professionals that they can be involved in perpetual health education of the public. Here again, there will be no achievement whatsoever without the mutual confidence required between the two stake-holders.

Health care is both a profession and an essential service. How will the health care system of Nepal be re-organized in the federal states the country is moving towards? And how can this development be brought about together with a substantial improvement in the organization of the health service of the country? The constituent assembly members, the health professionals and the public as a whole must start musing about these issues, so that there will be no further crisis of confidence between the health professional and the public as a whole must start musing about these issues, so that there will be no further crisis of confidence between the health professionals and the public.

Allow us to go back to the organophosphorus article of this issue for a thought, and for a final musing. Would the creation of a Poisoning Managing Unit in the larger hospitals ultimately help in significantly reducing the 14% mortality of such poisonings?