Letter to the Editor

Need to prioritize capital investment in health care

Madame, Pakistan like some other developing countries has 'double' rather 'triple' burden of disease and is going through an epidemiological trap. This has been made worse by the 10/90 gap that has rendered developing countries as mere consumers of final health products including research findings. Preventive medicine and public health have been advocated to be the best tools for health care problems of developing countries. This has also been emphasized in Almata declaration in 1977 and then in the form of community oriented medical education in Edinburgh declaration. But unfortunately public health and preventive medicine with significant community participation has largely been an unattained feat in Pakistan and it has been said that there is "catastrophic failure of public health" in Pakistan. Taj et al have raised valid points in a recent article regarding the evaluation of potential stroke patients through serum markers of inflammation. They have mentioned the incidence of stroke has gone down in developed countries but unfortunately may rise in developing countries in future. Pakistan, being a developing country, has very limited resources that gives a call for dire need to prioritize the available capital in the right direction that could get us maximum output. We should emphasize more on preventive and community based medicine as emphasized by the evidence quoted above. With this back ground the authors feel that though there is need to look for expensive and fancy studies of serum biomarkers of inflammation, prevention of known risk factors of stroke like HTN, Diabetes, dyslipidemias, obesity, smoking, unhealthy diet and lack of exercise through community medicine and public health should get priority for investment of capital.

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References

Comments

Medical education in developing countries: The way forward
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"Education is that which remains when one has forgotten everything learned in school" Albert Einstein (1879 - 1955).

"Before thinking about how to educate, one would do well to clarify what results one wishes to obtain" Bertrand Russell (1872-1970).

Health care has certainly developed throughout history with the evolution of humanity. The practice of medicine, however, has undergone drastic changes during the past three or four decades with a plethora of new inventions and ideas that have resulted in a very dynamic and interactive discipline. On the contrary, medical education, which had followed the evolution of medicine in the early stages, has changed very little compared to the enormous changes in medical practice and patient care.

In today's continually changing health care environment, there is thus a serious concern that medical students are not being adequately prepared to provide optimal health care in the system where they will eventually practice, particularly in developing countries. Some of the shortfalls and reasons identified in the existing medical curricula of many medical schools in developing countries include the following:
1. Lack of communication between health authorities and the medical schools.
2. No feedback given to medical schools regarding skills, knowledge, attitudes and competencies of graduate students.
3. No balance between curative and preventive medicine.