

Burn Care, One of the Most Neglected Health Care Issues in Pakistan

Pages with reference to book, From 86 To 86

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Burns is one of the most neglected areas of health care in Pakistan. In order to improve the existing state of affairs, it is important for all the concern to study this distressing problem. This is likely to be an effective way to improve the quality of care available to our patients.

Burns is one of the worst forms of trauma that one can encounter. It evokes strong emotional response in most lay people and health professionals who are confronted by its complications. These include deformities; potential death associated with severe pain and repeated episodes of sepsis. In most cases of severe burns, usual outcome is either death or a survival with residual disfigurement and disability. With the advancement in health care delivery systems and technology in the Western world, these dire consequences have been reduced significantly.

It seems relevant to briefly review the reasons why West. has achieved so much success in this particular area. In recent times, improvement in mortality figures is a direct result of the revolution in the science of burn care. Scientifically, sound analysis of patient's data have led to the development of formulas for fluid resuscitation and nutritional support¹. Scientific research with clinical care has become much easier because of the aggregation of burned patients into single purpose built units, staffed by dedicated health care personnel. Dedicated burn units were first established in Great Britain in order to facilitate nursing care. The first US burn center was established at the Medical College of Virginia in 1947.

Clinical research has demonstrated the usefulness of topical antimicrobials in delaying onset of sepsis, thereby contributing to decreased mortality of burn patients². A prospective randomized clinical trial has determined efficacy of early surgical therapy in improving survival for burned patients by decreasing blood loss and by diminishing occurrence of sepsis³.

The other major advancement worth mentioning is the development of the concept of burn care team. Various experts functioning as a burn care team have contributed to decreased mortality in burn units. The International Society of Burn Injuries and its journal, Burns and the American Burn Association with its publication, Journal of Burn Care and Rehabilitation, in their publications repeatedly promote this idea. Successful multidisciplinary work by burn care teams has now become well recognised. Collaboration between clinical care provider and basic scientist ensures the achievement of optimum outcome⁴.

Pulmonologists have also contributed in decreasing burns related deaths by describing pathophysiology related to inhalation injury and suggesting treatment methods which have decreased the incidence of pulmonary edema and pneumonia⁵.

It is an extremely sad state of affairs that here in Pakistan, we have remained unable to utilize and benefit our patients from these advances in burn care. We have no single dedicated burn care unit organized around the concept of a burn care team which includes clinical researchers and clinical care givers, all asking questions to each other, sharing observations and information and together seeking solutions to improve the welfare of their patients.

In order to improve the existing state of affairs, it is important for the scientific researcher and the clinical care provider to pay due attention to this neglected health care issue in Pakistan. The first step in this direction would be to develop a national level epidemiological database in order to determine the magnitude of burn problem in our country.

Burns is a distressing problem for which total cure is non-existent. The only answer to this problem is

prevention. In order to establish the strategies for burn prevention, first of all it is necessary to collect the basic epidemiological data. It is necessary that all concern should strive for a National level Standard Data Collection Protocol for Burns. This will provide the raw material for any future National or International Epidemiological survey. We desperately need to find out the answers for the very basic questions such as that how big is our burn problem? And how are our people getting burned? This data will guide us as to how can we prevent burns and this will greatly help us establish and then evaluate the success of our preventive programs.

References

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