Madam, a major challenge in a developing society is the access to relevant, reliable and implementable rules for healthcare waste management (HCWM) where healthcare personnel and now even the common man is at the mercy of perilous infectious diseases. The resulting uncertainty about the causes of poor HCWM has always been a major concern of international health and funding agencies as a crucial limitation to providing healthcare. According to WHO there were about 22 countries which had 64% hospitals with improper waste disposal methods resulting in direct reuse of contaminated equipment and occupational hazards.¹

A recent issue by the media revealed that this waste from the biggest tertiary care hospitals of Karachi (Pakistan) is transported to the industrial sector rather than being incinerated and is used to manufacture water hoses, toys and even kitchen utensils.² Despite the presence of incinerators, healthcare waste is handled by a criminal organization who sell the urine bags, drip sets, blood bags and syringes to companies who break the plastic down, melt it at unregulated temperatures and assemble it into household items. Senior administrator of Karachi Civil Hospital, said that the hospital produces 200kg medical waste per day so they hired private contractors to collect the medical waste from the hospital but unfortunately, most of the medical waste, including syringes and drip’s rubber pipes, are being sold openly with the help of hospital’s employees and administration.³ Despite awareness of spread of infectious diseases, the staff at these hospitals forms the major part of this crime syndicate trading with hospital waste and placing innocent lives at the mercy of these death-defying diseases. Healthcare waste management (HCWM) is still a major challenge for health facilities in developing countries where the health care staff and surrounding population is exposed to risks due to poor handling of waste.⁴ The hospital staff and waste management team fail to control this trafficking; this crisis is either sidelined since these criminals are too strong and the lives of the management teams are at risk or attempts at control remain fruitless. Who will fight these scavengers remains the most fundamental and unreciprocated question. Should the hospital management be held responsible? Are the government officials aware of the situation? Will the world healthcare teams be of any help in ensuring that citizens in developing countries do not have the flagrant deprivation of the right to live a healthy life?

According to the Sindh budget for the year 2012-2013, Rs1 billion has been allocated for hepatitis prevention and control programme, Rs245 million for the ongoing HIV/AIDS control programme and Rs20 million for safe blood transfusion reforms.⁵ This money needs to be channeled in the correct direction; along with awareness, breaking this criminal league controlling the hospital waste seems to be a flicker of hope and the greatest challenge for the HCWM team, governments of developing countries and the world healthcare teams in fulfilling their duties in providing unsurpassed healthcare. There is a growing need for rigorous exploration into this dilemma that has suddenly risen concern and uncertainties in the minds of innocent citizens.

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LETTER TO THE EDITOR

Hospital waste: A major constituent of our kitchen utensils — how and why?
Mohammad Faisal Ibrahim,¹ Ayesha Sundus,² Nida Faisal Ibrahim,³ Osama Siddique⁴

¹Medical Unit-3, ²Gyne Unit-2, Civil Hospital Karachi, ³,⁴Final Year Students, Dow Medical College, Karachi, Pakistan.
Correspondence: Ayesha Sundus. Email: ayesha_sundus@hotmail.com