

Some empirical observations on the correlates of quackery propensity in Sindh's populace

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Abstract

The current research provides an insight into what are the factors that influence people in Sindh to seek medical treatment from a quack. For this purpose an observational qualitative study was carried out between December 1, 2020 and June 30, 2022. The study used a purposive sampling technique, and the sample size was measured using data from anti-quackery campaigns run in 29 Sindh districts. To identify and collect data on quacks, a quackery-regulatory-intervention-induced questionnaire was used. The public's propensity for quacks is due to a number of factors, including: (1) simple and compounding ignorance among those seeking medical care; (2) quacks are more persuasive than doctors, (3) low doctor-to-patient ratios result in less interaction between the two, which dissatisfies the patients; (4) in urban areas, the general public is complacent and frequently consults the proximity facility without first verifying the qualifications of the healthcare provider; and (5) patients in rural areas consult a quack to avoid travelling long distances to access a functioning medical facility, the scarcity of doctors in those areas, and the high overall cost of doctor visits. However, people end up paying more for healthcare services from quacks for whatever reason because they receive incorrect treatment for non-existent health conditions.

Keywords: Quack consultation, risk factor, malpractices.

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Introduction

According to the 2021 Universal Health Coverage-Monitoring Report Pakistan, there were 83,943 registered doctors, including specialists, available to treat Sindh's 52.2 million (52,200,000) population. According to data from Pakistan Medical and Dental Council (PMDC) and Pakistan Nursing Council (PNC), the ratio of doctors per 1,000 people in Sindh is 1.61/1,000, and the ratio of nurses, midwives, and LHV's is 0.57/1,000 people. Sindh has 29 registered medical schools with a potential to produce

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3,950 medical graduates annually.¹ Pakistan is one of the few nations in the world with an increase in HIV and AIDS cases. Moreover, Sindh has a high prevalence rate of HIV (6.67 per 100,000 people);¹ the main contributing factor is the use of reusable syringes,² which are usually used by quacks but not in government hospitals. According to the literature, there are more than 0.6 million quacks operating illegally in Pakistan³ but it is unknown how many people die as a result of seeking treatment from quacks rather than licensed medical professionals. Treatment by quacks is a growing threat to the integrity of the medical profession and also a malicious game played with the lives of the gullible people. It keeps on mushrooming by the year. Such miscreants deceive vulnerable patients not only in their own operated areas but also at prestigious hospitals, hiding behind the facade of alluring advertisements and bogus qualification claims. However, because they lack the necessary qualification, Government of Sindh has outlawed these unregistered health care practitioners. Now that these professionals are under scrutiny, the Sindh Healthcare Commission is imposing fines on those who are found guilty of "quackery". Despite this, they carry on with their illegal business and prosper in urban and rural areas of Sindh where the local populace has complete faith in them. The main reason that these quacks continue to be the first option for many people, especially in rural areas, is that it is frequently challenging to access skilled medical professionals, hospitals, and other types of health facilities. As a follow-up to our earlier study⁴ in which we highlighted five key elements that influence the public's propensity for quacks, here, we would like to discuss a few extra components that, in our opinion, were either overlooked by the authors or they were unable to go forward with it. This study aims to increase public awareness of the factors, such as whether people in rural Sindh seek treatment from a quack on purpose, out of desperation, ignorance, or susceptibility, or out of poverty.

Methods and Results

This observational, qualitative study was carried out at the head office of the Sindh Healthcare Commission, Karachi, using a non-probability sampling technique. Observations on the public's propensity for seeking treatment from quacks were gradually developed in order to critically explain the problem through anti-quackery campaigns

carried out between December 1, 2020, and June 30, 2022, across Sindh, which have resulted in visits to 3,000 healthcare facilities. A quackery-regulatory-intervention induced questionnaire (predesigned templates of sealing memorandum and warning notice)⁵ was used to spot a quack (unqualified health care practitioner) and collect data/information regarding the certification of practitioners regardless of age, gender, caste, or religion. The findings were analysed by deriving themes from the data using an inductive research approach. The authors came to the conclusions and established hypotheses about the public's health seeking behaviour in rural areas and urban slums after physically visiting medical facilities and discussing with other anti-quackery personnel and medical experts who were available during the time of the study and had been employed by the commission for at least two years, operating around the province. Based on anti-quackery campaigns conducted by anti-quackery teams in 29 districts of Sindh, a sample size of 3,000 healthcare facilities was considered. Two criteria were required to be included in the study: (1) non-qualified medical professionals (quacks) working in healthcare settings like dental clinics, maternity homes, general OPD clinics, gynae OPD clinics, ENT clinics, eye hospitals and clinics, and other consultant clinics, and (2) homoeopaths (DHMS) practicing and prescribing allopathic medications in allopathic settings. The inclusion criteria were not met by 223 of the 3,000 healthcare facilities (HCFs) since they were Tibb clinics, homoeopathic clinics, and diagnostic centres/labs; the observations concerning patients' tendency to seek out quacks were taken into consideration for the remaining 2,777 HCFs. Government hospitals/dispensaries/vaccination centres, physiotherapy clinics, blood banks, psychiatric hospitals, and tertiary care government and private medical facilities were not included in the study. In compliance with section 38 of the SHCC Regulations-2017,⁶ the data/information gathered during regulatory actions and observations is being made available to the public. Grey literature was included but research articles without a research methodology were not included in the study. In the last five years, i.e. between 2018 and 2022, 1,470 research studies were retrieved when the term "medical quackery in Pakistan" was searched on Google Scholars.⁷ For the same period, a search for "medical quackery in Sindh" yielded 177 results.⁸ The following elements may have provided some insight into the public's propensity for quacks.

Complacency among the general public: Complacency among the general public jeopardises progress in the fight against quackery. In major cities, like Karachi in Sindh, where licensed physicians are roughly half a kilometre away from quackery outlets, the public prefers to consult

the nearest clinic without first checking the authenticity of the physicians. Decrying the fact that a certain area lacks any alternative clinics or hospitals and the fact that despite years of medical treatment, nothing adverse has yet occurred, the public continue to seek cure from him. Even quacks' clients have been known to argue and occasionally act indecently around anti-quackery teams in an effort to avoid legal action against the practitioner. Anti-quackery teams are frequently denied cooperation from clients when their assistance as witnesses is sought to expose malpractitioners.

Compounding public's ignorance: The public in Sindh seems adamant in continuing to get prescriptions from quacks even when anti-quackery teams reveal that the doctor they are consulting with is not a legitimate doctor. This is likely because they are satisfied with them, have been receiving treatments from them for a number of years. Quacks receive free pharmaceutical samples from medical sales representatives, which they offer to their clients, making them virtuous and generous in the eyes of their clientele. The anti-quackery teams have also noticed that quacks employ qualified doctors for on-call visits, who comply with them despite being aware that the quack is hiring them for a certain time only to show that a doctor comes, though quacks practice the rest of the time. Medical representatives have been seen waiting for a long time to see a clinician in order to persuade them to prescribe their company's drugs even though the doctor is unqualified and is, therefore, aiding in the promotion of quackery at various healthcare facilities.

Simple Public's Ignorance: People with middle-class or lower incomes are driven to seek treatment from a reasonably priced medical care unit due to the country's soaring inflation and recommend the same doctor to friends and family members who require medical care. Ignorance about health care makes it more acceptable for the public to support malpractice since the people in general avoid lab tests and investigations. Most of the people are not even aware of the anti-quackery laws that are now in place or which doctors are qualified to give the services offered at any medical establishment. Many doctors in Sindh are not even vaguely aware of whose responsibility it is to oversee the healthcare system in the province. They continued their practice despite the fact that their medical/practice license had expired more than 20 years ago until anti-quackery personnel warned them to have it renewed. Even though it constitutes a kind of quackery under Sindh Healthcare Commission (SHCC) regulation 35, anti-quackery teams gave them leverage to have their medical/practice license renewed due to shortage of physicians in Sindh.

Doctor's behaviour in the professional environment:

Clinical ethics are the rules of conduct for dealing with patients, co-workers, and society when providing clinical treatment. In Pakistan, doctors are either not trained in bioethics or believe it is unnecessary for clinical practice.⁹ Quacks communicate with the patients more persuasively than doctors with medical degrees do. They satisfy the patients' expectations and have more awareness of public psychology. They do not actually care about ethics, laws, or regulations and do not even adhere to timing in every instance. It was observed during inspections that one doctor claims to be the proprietor of multiple clinics in one district, but is not physically present at any of these HCEs; this way they are promoting quackery and eschewing professional ethics. And when quackery practices by their ostensibly trained/hired staff are noticed at any of their clinics without a doctor being present, they provide the anti-quackery teams with the most frequently heard justification: they are on their way to the clinic and will arrive there shortly to join the clinic, or they are off today as someone in their family passed away. Doctors argue that anti-quackery teams should not visit their clinic to check for quackery conduct, alleging that there are thousands of quacks in the city and that anti-quackery teams are only coming to harass the doctors. This behaviour by doctors is inappropriate for their profession, because it is the job of the anti-quackery teams to conduct unbiased inspections of all healthcare facilities, and because anti-quackery teams have literally noticed hundreds of quackery outlets in Sindh whose proprietor is a qualified doctor. In accordance with sections 35 (i) and (iii) of the SHCC Regulations 2017, anti-quackery teams are mandated and given authority to check whether or not MBBS doctors are validly registered with the PMDC and to ascertain whether or not they are practicing outside the boundaries of their practice license or registration.

Doctor-to-patient ratio in rural settings: The majority of Sindh's postgraduate training and medical schools are situated in urban and suburban locations. Therefore, the majority of doctors opt to practice in urban areas, leaving rural areas and small towns at the mercy of quacks, creating a lucrative market for both quacks and practitioners of traditional medicine. As a result, rural Sindh has a substantial shortage of primary/specialist care physicians. Therefore, people in rural Sindh have no alternative but to contact a quack due to poverty, unemployment, and escalating inflation in the country, especially in the late evening and night when qualified doctors are hard to come by. Rural residents also tend to consult a quack instead of travelling a long distance with a patient who is in critical condition, which raises the mortality risk because the required treatment is delayed and erroneous prescription

is given. Due to the severe lack of primary care doctors, who should be the first point of contact for non-urgent medical issues, the public in rural areas due to simple or compounding ignorance consults a quack, who is unable to describe the patient's medical history or refer them to the appropriate specialist. As a result, when a patient is admitted to the hospital with an unknown medical history, the doctor is unable to accurately and quickly comprehend the patient's medical history and prepare for future needs. In such cases, the necessary therapy may be delayed, hospital emergency rooms may become overcrowded, and other patients may suffer due to a lack of hospital beds.

Conclusion

The study provides no information regarding public receptivity to quacks in other Pakistani provinces. The focus of the research is to raise public awareness of how and what influences the public's tendency towards quacks, who can endanger people's lives by causing dangerously deteriorating health conditions, and how these quacks deceive people, by posing as doctors, who are credulous and gullible, especially those from middle-class or lower socioeconomic backgrounds who depend on affordable medical care. The nation's skyrocketing inflation, unemployment, poverty, ease of access and belief in the power of faith rather than science could be the simplest explanations for why people still consult a quack instead of a doctor. The study suggests a better comprehension of the requirements of the populace, particularly in the rural districts of Sindh. People in Sindh are seeking affordable healthcare regardless of the legitimacy of the healthcare provider because of their poor socioeconomic status and high inflation rate. Lack of specialised healthcare facilities, a low doctor-to-patient ratio, ignorance, a low level of healthcare literacy, and the absence of qualified doctors in the late evening and at night,⁴ particularly in rural Sindh, may have been factors that led people to seek out consultations with quacks.

Recommendations: The author proposes the following recommendations:

- 1- It appears that quacks are cognizant of how to circumvent the anti-quackery teams' conventional scrutiny checks and balances for quackery conduct, hence the anti-quackery legislations need to be updated. Activities involving unconventional quackery are increasing daily.
- 2- It might also be beneficial to subsidise medical education for those who want to provide primary care in rural areas. The government should also establish rural residency programmes so that doctors can receive their training in rural health care settings. This is one

way to increase the doctor-to-patient ratio in rural areas.

Disclaimer: The author alone is accountable for the opinions, experiences, and findings described here as an independent researcher; the views do not really correspond with the official stance or perspective of the Sindh Healthcare Commission.

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