
GUEST EDITORIAL

Surgical associations should stimulate community participation in upgrading hospital facilities

Surgical facilities in many district headquarter (D.H.Q.) hospitals are appallingly inadequate. I am confident in saying this, having personally visited fourteen D.H.Q. hospitals in all four provinces of Pakistan during 1984.

In general, the operating theatres themselves were adequate in size, structure, and location. However, surgical instruments were old, often obsolete, in bad repair or worn out, and far too few in number and variety for the types of surgery being performed. The operating lights were nearly all deplorable. Several were ancient designs hanging from a lofty ceiling by four wires and wandering about in the air currents; some of the newer model (from Hungary, China, and Poland) were out of order and either could not be switched on or had no bulbs available; and some functioned but gave such dim illumination as to be almost useless. It is no wonder that not all available surgical posts in district hospitals are filled! It is amazing that, despite these handicaps, surgeons and experienced general practitioners are performing up to 1000 operations per year in these hospitals.

In most of the communities I visited there are wealthy families with posh homes & expensive cars. I enquired whether members of the community raised funds for upgrading the hospital facilities. In three hospitals some equipment had been donated. This really represented only a drop in the bucket of actual need.

It is wishful thinking to expect the government to equip and restore all of the surgical units to a satisfactory state in the near future. Moreover, it is difficult for the local surgeon to appeal to his local community for equipment funds.

Therefore I propose that the Society of Surgeons of Pakistan, or any similar association, should mount a well-publicized campaign to heighten awareness of the need for community involvement in upgrading their hospital facilities. Local townspeople should be encouraged to form a benevolent committee. The Society of Surgeons could assess the local hospital and outline priorities and give advice regarding the best types of needed equipment. This would require visits by members of the Society to the various district hospitals to discuss the needs and desires of the surgeon. The real initiative should come from the local surgeons, with the society serving as a catalyst and encourager.

The funds should all be managed by a community committee using careful accounting procedures. The local surgeon should sit on the committee in order to guide their activities into the most productive channels. The Society can serve in a continuing role as encourager and adviser.

The upgrading of surgical facilities in district hospitals will improve the care of patients and ease the task of the surgeons. This is a worthy cause for an association such as the Society of Surgeons of Pakistan.

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