

## Editorial

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The rapid developments in almost every aspect of healthcare has made it imperative for allied professionals not only to keep abreast of all developments, but also to make their patients fully aware of the benefits and also the risks (however remote) of the treatments. An increasing tendency is strife to level any bad outcome of treatment as “Medical Negligence”, sparking off a chain of claims and threats culminating in demands for compensation or to waive off accrued hospital bills. There are numerous incidences of violent consequences that resulted in damage to hospital properties even in our Nepali experience.

What is leading to the erosion of the once sacrosanct doctor patient relationship? Why is it turning to be more and more adversarial? Why does the hardworking conscientious doctor feel vulnerable in his work environment? Although this scenario is much worse in some other countries, it is on the rise in our country too. Both parties involved, doctors and patients, are responsible for this changed, unpleasant scenario.

The responsibilities in the delivery of healthcare fall heavily upon the doctor, from informed consent to the competent delivery of treatment. The patient asserts most of the rights, but we often fail to acquire their full

trust and confidence before we embark on treatment. Many of our patients trust us blindly because of their lack of education and start questing the treatment when an unexpected outcome occurs! A complete, informed consent, no matter how cumbersome this may be (especially in uneducated patients) is the only way out. The protocol of informed consent has several parts. The first is to explain to the patient and family in as clear and simple terms about the proposed treatment and it’s expected and occasional unexpected outcomes. The second step is to have the consent in writing signed by patient and witness. The whole idea is to further strengthen the doctor- patient relationship. This may not have the desired result if some junior house-staff is delegated to this critical task.

As technologies advance further in the health care arena, more and more challenging conditions will be addressed by the doctors to alleviate pain and suffering. The cost of these new developments will no doubt rise to newer heights and the challenges to deal with unexpected and unpleasant outcomes of newer expensive treatments will be very challenging for healthcare givers to deal with. The Government can play a positive role by addressing the prevalent issues without bias

in the role of a facilitator, and both the doctors and patients must condemn the

middlemen who emerge in the midst of these crises to make their fast buck!

## B & B Mouthpiece

Our comprehensive cardiology services including all non-interventional diagnostic and therapeutic treatments are finally operational on the first floor directly above the current emergency room. In our continuing effort to bring services ‘under one roof’, this up-gradation with an ultra-modern Siemen’s Cath lab finally come to function on 30<sup>th</sup> March, 2018, when the revamped, reorganized services commenced, adding another milestone in the history of B & B Hospital.

Our goals are to couple treatments with renewed awareness drives in the communities of cardio-logical problems so that early detection and treatment can be coupled with preventive efforts! Our cardiology team members are hard at work chalking out plans to take these services to further heights for the benefit of our people. Kudos to all who have contributed to making this project a reality.

### **HRDC (Hospital and Rehabilitation Center for Disabled Children) – it’s unseen face**

Nearly 30-40% of the problems that are

treated at HRDC are preventable. These include complications of untreated or inadequately treated trauma, infection, home accidents resulting from unsafe environments etc. These become more difficult to treat and the final outcome of lengthy, complex and sometimes multiple interventions, may still be less than satisfactory. For these reasons, our treatment process at HRDC includes patient and family education about all these preventive aspects of the hospital based treatment and later, the community based follow up care, efforts are relentlessly pursued to make sure that targeted goals are achieved. The intensive efforts pay off with family and community members realizing the importance of prevention and early interventions whenever these are feasible. The challenges faced by HRDC are daunting, but our experience reveals that we are making a difference in our far-flung communities!

HRDC Currently sees more patients in the “field” than in our Hospital OPD. The Community Based Rehabilitation (CBR) efforts accounts for more than one hundred and fifty additional days in the year!

## Hospital Management