

## Editorial

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World Heart Day was observed with great enthusiasm with a large contingent of our B & B hospital family making a long detour of surrounding Patan neighborhood to further highlight to our neighboring communities, the availability of advanced cardiac care facilities at their doorstep. Time is a critical factor in determining outcomes of illness and this is all the more so with acute cardiac ailments. Although hospital care can be improved with the addition of various equipment's and trained /dedicated staff available round the clock, pre-hospital care, transport to the treatment facility in our settings have room for much more improvements. The ever-worsening condition of our roads (highways and city roads) are a serious cause for alarm. Tragic stories of patient demise en-route to hospital due to colossal traffic jams are heart-wrenching. Policy makers and authorities at various levels have much work chalked up before them to deal with these challenging issues.

As all technological aspects of medical care are seeing skyrocketing costs all the time, the challenges for health care personnel (policy makers and care providers) are daunting to say the least. Sloganeering and selling pipe dreams are easy. The difficult part is to deliver consistently at affordable costs.

Affordability of health care is a very large concept indeed. Even the developed nations of the world are facing challenges in fully satisfying the needs of all categories of patients. Emphasis on preventive health care with lifestyle modification is an universally applicable prescription that even developing and underdeveloped countries can adopt readily. Some of these concepts are very much in place even in our country with ever-changing outcomes in reduced infant mortalities and improved maternal health care. Where technological application in health care come into play, despite extensive adaptation worldwide, the costs continue to escalate. Since countries like ours which imports all the technologies, the government authorities have an important role to play in streamlining availability of items and these expensive technologies. How can the most appropriate items be imported at the most cost-effective rates? For the case of healthy competition in an open market system some marginal room can be considered for competition.

The government of India took a bold step in this regard to address the ever-increasing costs of knee arthroplasty, a treatment sought by large populations across the economic divide. Implant costing control immediately had its effect in lowering costs

and making this valuable treatment more readily available. A knee replacement in thus at the present more expensive in our country (less affordable) than in India. The concerned authorities need to look into various options to reduce costs of not only

orthopaedic implants but also other expensive imported consumables used in the fields of medicine and surgery, including cardiology. Concurrently robust health insurance schemes that work should be pursued and tested for implementation.

## **B & B Mouthpiece**

As our knowledge of the basic science continues to expand, it is no wonder that dramatic new innovations and treatments continue to evolve for a wide variety of ailments. Over the past several decades Nepal has also witnessed numerous modern advances brought into clinical applications in almost every branch of medicine and surgery.

Keeping abreast of all these developments and translating them into clinical applications is no easy task. The spiraling economics of all these modern innovations are a challenge to deal with! Despite all the hurdles, we at B & B Hospital have been successful to make available many modern therapies to our patients. We are continuing this effort with the opening in the very near future of our unit of “regenerative medicine” under the division of sport medicine unit of the department of orthopedic surgery. Therapies here will include injection of Platelet Rich Plasma (PRP) into chronic debilitating common conditions and attrition injuries like refractory lateral epicondylitis, plantar fasciitis, rotator cuff tendonitis etc. In addition to being a new and noble approach to such conditions, injection of PRP will also be used to enhance the results of established methods of treatment like binding of newly reconstructed anterior cruciate ligament and early healing. For conditions like osteoarthritis in younger “high demand” patients, injection of PRPs

will buy time to avoid a premature arthroplasty, which is often fraught with problems, including the need for future revision surgeries.

### **HRDC Mouthpiece**

Fundamental rights enshrined in the constitution include free health care for all citizens of the country. Sloganeering to appease for gains is easy compared to delivering compassionate, quality health care services. The Hospital and Rehabilitation Centre for Disabled Children (HRDC) has for over three decades pursued these goals relentlessly in the face of multiple recurrent challenges. Over 90,000 indigent children from the remotest corners of the country have been rehabilitated, opening hitherto blocked avenues for their educational and socio-economic growth. The financial burden of this social responsibility has been borne so far entirely by the private sponsors of the multiple facets of the HRDC program that comprises the comprehensive treatment. Without subsidy, there is “no free lunch”! At HRDC the increasing demand for services and the accruing financial costs of maintaining excellence in the delivery of high quality / world class care, is no longer an easy task! The core funds have been depleted and it is nothing short of a “hat trick” to keep the hospital operational. We are thus at a crossroad where the possibility of further growth and continued excellence with

support from all quarters, including the government, exists in stark contrast to stagnation and curtailment of services! We are hopeful that some slogans will translate into reality in our continued, repeated efforts to engage the authorities at multiple levels to assist in the noble goals that HRDC has been relentlessly pursuing for so many decades.

**HRDC – A story tells it all!**

Dukhi Mandal hobbled on the outer borders of his feet, frowned upon, laughed at and often bullied by others because of his untreated severe clubfeet.



At the age of seven life transforming surgeries at HRDC permitted the beginning of a more normal life for Dukhi. Not only was he able to walk plantigrade (with flat feet) for the first time in his life, but through the assistance of our HRDC- community integration / rehabilitation program, he was able to open a bicycle repair shop for livelihood. His sister Lalita, who was also born with clubfeet, completed treatment



alongside her brother. HRDC bought her three goats that she was rearing for a livelihood before her marriage. The “terrible triad” of poverty, disability and female gender bias would have relegated her to a hopeless future had HRDC’s brilliant community-based workers not identified her and brought her for treatment.





Dukhi and Lalita's story illustrates HRDC's holistic approach that circles around "Identification - Treatment – Rehabilitation & Social Reintegration". Recently, Dukhi Mandal was hired by HRDC to work as a shoe technician in one of our clubfoot clinics. A boy who once suffered from clubfeet himself now makes orthotic shoes for patients with clubfeet!! What an end to one of the thousands of HRDC stories.

## Hospital Management

