

Medical Practice Public or Private

Dear sirs,

I should be grateful for your help
and advice in the management of this
condition.

- Name: Sudanese Doctor
- Age: 55 years
- Address: PPPU
- Presenting Complaint:
 - Chronic fatigability
 - Lack of sleep due to working long hours
 - inability to concentrate or spend time with patients
 - inability to perform social duties (q)
 - Public hospital intolerance (q)
 - No time for study or research
 - Disproportionate financial return (q)
 - Increased demand by public
 - Lack of self esteem

History of Present Illness

- The doctor was well when $Q + 2 = 2$
- There were few doctors:
 - Who were known by name
 - Well trained and taught
 - Well respected by the public
 - Cleanly dressed
 - Guaranteed to stay in hospitals in daytime
 - Only appeared in private clinics in evenings
 - Trusted by everybody
 - When making mistakes the public found excuses for them

The Symptoms appeared when:

Doctors pay fell behind their counterparts:

1. National

- Judges
- Bankers
- Officers
- Private companies

2. International

- Preferred by gulf states
- Opportunities for work in Europe
- (equip) program

Symptoms

- Symptoms started with doctor appearing late in hospital - looking exhausted and disinterested.
- Appearance usually coincides with a group of very young men and women speaking broken English and modified Arabic (later known as medical students)
- He was noted to spend long hours on his mobile phone
- He was disoriented in time (once phoned to come to referred clinic and apologized because he thought it was Tuesday)
- He was disoriented in Place (While in his office teaching his students he replied to a phone call saying to the other side ... He then disappeared from the office asking the registrar to lead the discussion and delegating several tasks to juniors. He was also noted to mention some unusual phrases like ...)

- His condition deteriorated further as he became confused with the different healthcare providers (FMOH, SMOH, police, army etc)
- His employers and family noted all this and took him to a local doctor.
- They gave him herbal medicine which didn't work.
- They gave him some Analgesia called ... which worked only for a few minutes.
- He gradually became dependent on strong injections of cash from outside resources to meet his daily expenditure.

Family and Social History

- Lives with wife in four bedroom house - he thinks her name is Nahid but couldn't be sure. When shown a picture he seemed to recognize her without any problem.
- 2 children in private universities costing 25 million per year.
- Also looking after his widow sister and her four children aged 5-14 years at different levels of education.
- There are no other doctors in the family and nobody with similar symptoms.

- Allergies
 - There are no known allergies
- Current medication
 - Daily injection of cash from private clinic (dose is variable)
- Past Medical History
 - History of similar problem of sporadic nature in the states involving younger colleagues.

On Examination

- Status Quo is unsustainable
- Doctors are suffering
- Patients are not getting ideal services
- Employers are uneasy
- Public opinion is shifting and becoming less sympathetic with doctors
- Increased complaints (SMC)
- Negative press
- Anecdotal

Management Plans

Urgent pre referral measures:

1. Admit
2. Strong advocacy campaign to highlight discrepancies in pay
3. Urgent supplement to doctors income to make them less dependant on private practice to meet their basic needs, both for juniors and seniors.
4. This should be part of whole system reform addressing
 - infrastructure
 - job security
 - employment pathways.

5. Introduce regulations to allow doctors who want to practice exclusively in public or private sectors and protect their interests.
6. Introduce fixed term contracts with clear job description and daytime table for doctors with built in commitment to
 - Evidence based practice
 - Research and Audit
 - Training.
7. Flexibility in types of contracts to accommodate either full time or part time jobs.
8. Financial and non financial incentives to reward excellence.

Implementation

- Phased
- Pilot scheme with few jobs aimed at filling in gaps
- Opt in system
- Available for open competition to everybody on set criteria which are open and transparent
- Those who choose not to opt in should not be affected in a negative way
- All stake holders should be involved in assessing the outcome of the pilot scheme after a set period of time and make recommendation

Further Investigations:

- More research is needed
 - Doctors and health professionals
 - Clients
 - Stake holders
- to sound opinion and seek their active engagement to decide the way forward

Summary

- The present system of delivering health care is unsatisfactory.
- Reform is long overdue.
- The basic problem is financial and non financial incentive in the public sector, poor infra structure and lack of discipline.
- A pilot scheme is suggested to address the short term problem and work on strategy for the long term.

Referred for senior opinion.

Your input and feedback will be highly appreciated.

Yours sincerely.

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