

Editorial

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The launching of the B & B Medical Journal representing B & B Hospital, and Hospital & Rehabilitation Center for Disabled Children (HRDC), is indeed a moment of pride and reflection for all of us who are associated with these two institutions. From very humble beginnings the journey to the current pedestals has been noteworthy.

For the B & B Hospital, our ‘soul search’ literally began at the now defunct Shanta Bhawan hospital. Under very basic conditions, very humane medical and surgical treatments were carried out with remarkably good results. Compassion and safety was the hallmark that made an impression upon me. Having to “work out of a trunk” meant continuous innovations in very scarce and basic technologies to reduce or minimize cost of care. Through our long journey onwards to Kathmandu Nursing Home and then B & B Hospital, it has been our continuous effort to never lose sight of these two most cherished objectives in the delivery of services, namely safety and compassionate care. The past three decades have witnessed an explosion in technologies affecting almost every aspect of patient care. Whereas earlier no platforms existed in which newly trained doctors could launch their careers, the situation is very much different now with available facilities tempting all new graduate trainees to rapidly acquire superstar status. A definite shift can be noticed in the scarcity of doctors capable of

making comprehensive evaluations that take into consideration our prevalent common problems, let alone trying to find solutions.

As we steadily move towards becoming more and more a referral base, many concerns are cropping by and by. One of the glaring deficiencies is a complete absence of a uniform minimum standard of knowledge base amongst the medical graduates. It is a challenging scenario with no quick fix, alas! In this context, the increased frequency of interventional treatments now spreading to even peripheral hospitals manned by inexperienced or poorly supervised doctors, often working in less than optimal conditions, is an alarming development. The frequency of complications resulting from elective surgeries is testimony to this concern.

As we look ahead into the future, the core objectives and challenges don’t change! Safety and compassionate care takes paramount position. How to deal with the obscenely expensive gadgetry of modern medical / surgical care that becomes out of date in no time, is a continuing challenge. We must be particularly alert to technological developments that often lead us to change our priorities and become counter productive.

The Hospital and Rehabilitation Center for Disabled Children (HRDC) has addressed the needs of the poor and marginalized children of the nation very successfully for

over three decades through its hospital based and non-hospital based services spread out through the length and breadth of Nepal. The HRDC story is testimony to the fact that good work can be done even in adverse conditions if backed by indomitable will power. Our experience reveals glaring contrasts in our communities between the 'haves' and 'have nots', with the ignored poor and marginalized groups suffering the most. Inadequate or complete lack of access to medical care leads to complications which further become more difficult and expensive to treat. Nearly 30-40% of problems requiring hospital care are preventable in our marginalized communities. Developing practical strategies at prevention through concrete epidemiological research would be a solid step ahead. In the meantime however,

HRDC has fine-tuned a model of health-care for the musculoskeletally impaired that really works and has been internationally acclaimed in multiple forums. This model could be expended to reach out to more children given the availability of adequate resources and better collaboration at the national and regional levels.

We are far better aware of the challenges that lie ahead with HRDC experience. Innovative and practical solutions have also been successfully implemented at the grassroots level for certain common problems, such as the successful Ponseti clubfoot program run by paramedical staff at our regional centers. Identifying disease pattern, tailoring treatment regimens to best suit our scenario and training more personnel to expand the team to reach the grassroots level is our continued cherished goal.