

Surgery in a rural setup

Surgical services in a rural setup are an everyday need of the people living in rural Bangladesh and it is more so because nearly 80% of total population of this country live in rural areas. By the term 'surgery in a rural set up' we mean availability of accessible surgical services at the doorstep of rural people. There is a big difference between surgical infrastructure in rural areas and the district level. Although surgical services need some specific physical infrastructure, it does not mean that it can not be made available in places remote from urban townships. Required expertise or manpower may also be made on hand if timely and well motivated effort is made.

About 30 years back, surgical services were available only in public hospitals and it was almost absent in rural areas. People had to travel a long distance with extreme difficulty to get an access to relevant services. That was an exhausting effort in terms of time, money, physical and emotional difficulties of the patients and their relatives. Although the government health services are being continuously expanded up to Upazilla level, services are not enough to meet up the demands of the population. As far as the surgical services are concerned, the Upazilla hospitals are offering the minimum, although there would have been a tremendous prospect of doing so. Why that has happened? That is a different story altogether, which is beyond the scope of this write up.

Whatever changes and developments that have happened in recent days in rural surgical care are largely contributed by private sector initiatives. Some of those are true professional but profit making schemes and some are purely nonprofit social services. Whatever may be the situation, in many circumstances, people are getting surgical services at their door steps, especially those who are not able to avail services far away from their home.

There are problems and benefits of rural based services that need to be addressed before advocating for such services. Benefits of surgical service like immediate and cheaper surgical interventions, low infection rate, and such other factors must be weighed against the deficient physical facilities, possibility of maltreatment and unavailability of readily available expertise particularly in emergency situations. In many developed countries like in USA where only 25% of population live in rural areas the need for rural surgical services has been emphasized. In a symposium in Cooper's Town, New York in 2006 experts expressed concern about surgical services in a rural set up including those about workforce shortage, lack of physical facilities and financial resources, high poverty and low literacy rate as well as long distance between health care facilities and human habitations. They proposed to train surgeons to practice in local rural communities and to bring surgical care from more urban areas to rural communities. In USA, only about 10% of general surgeons practice in rural areas.

In our country, where nearly 80% people live in rural areas there is a huge need and scope to develop surgical services there. There may be limitations but we strongly believe that certain extent of general surgical care provisions can be organized and practiced in those areas. Currently, a new trend is noticed where many small, medium, and even large hospitals are being established in rural areas by professionals, social activists, and different philanthropic organizations to help people in those areas. Still the initiatives are very inadequate. Moreover, in many places the services are available only in selected days of months and weeks, although there is very little scope to question their motivation and effort. To have a sustainable service we need to develop trained work force with intention to work in rural areas so that surgical services can be made readily available for the people who really need it.

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