

Employment Opportunities for Doctors in Pakistan

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Pakistan has a geographical area of 310320 Square Miles extending from the Indian sea in the South West to Hamalayas in the North East with some highest mountains of the world, plains, deserts and mighty rivers. The population is nearly a 100 million, thick in the Punjab and sparse in Baluchistan. The society is basically agriculturist which is fast turning to cities. The socio-economic strata consists of poor, middle class & rich people. The low middle class forms the back bone. There are slum areas as well as posh modern urban areas but majority of the population (over 70%) is rural where the standard of living and hygiene is not satisfactory as yet.

The National Health Problems in Pakistan are of two categories—firstly those which have been in existence in the sub continent for centuries such as malaria, tuberculosis, malnutrition, gastro-intestinal infections, enteric group of fevers, worm infestation and leprosy. (These ailments have been by and large eradicated in the developed countries); Secondly, chronic illnesses and illnesses of the modern era such as hypertension, diabetes mellitus, Ischaemic heart disease, cancer, viral illnesses, psychological diseases, drug addiction, accidents, industrial hazards and at the top of them the main problem is uncontrolled population of Pakistan. The region of the subcontinent which constitutes Pakistan today had population less than 30 million at the time of independence which has increased to 100 million in the last 40 years. It has got one of the highest annual growth rate of 2.8 percent.

Pakistan had very few trained men and women who could run the health services in 1947. There was only one fully recognized medical college and it was a gigantic task to produce doctors and para medicals to meet requirements of the nation. During these years many medical colleges were commissioned, and at one stage, there was sudden increase in colleges and the number of the students was raised from 100 to 300 in each class. Pakistan has produced more than 30,000 doctors and now the number of doctors who graduate every year is between 3000 and 3500. During the last 5th and 6th Five year plans special

efforts were made to develop a national health policy and achieve health for all by the year 2000. Many health delivery schemes were brought in the past which were practised or discarded. The latest is through WHO initiative and based on the development of Basic Health Units for health coverage for rural and urban areas and linked with the rural health centers, tehsil/taluka hospitals, district hospitals and teaching hospitals. Separate special programmes for maternal child health, expanded programme of immunization (EPI) population control (Planned parenthood), malaria control programmes have been also introduced. The total expenditure on the public health system has been round about 2.5 % of the total govt. spending, which had recently increased to about 6% during the 6th five year plan.

In this background, we have to see that Pakistan, although producing a large number of doctors, has yet got one doctor for a population of about 3000 individuals, and is faced with a situation where large number of the doctors cannot find government jobs and plan career. In other words, the irony of the situation is that where as, we need more doctors for our people and we are producing them also but there are no obvious opportunities for their employment or organized utilization.

This situation has arisen as a result of many factors.

1. **Lack of pragmatic health policy since the birth of Pakistan.** We have been hearing right from the birth of Pakistan, that the state is responsible for the health of every individual and that the state will provide health care free of charge for all. These undertakings have been made by very responsible persons of the past and present. Only recently "5th and 6th five year plans" had advocated to encourage public to contribute themselves for their own health care. This was implemented at certain places but had to be withdrawn mostly. Even now the policy is not clear, doctors who are being produced in large numbers, and government jobs are being promised for all of them which is not possible in any country with similar socio-economic system as in Pakistan.

2. Pakistan has always spent low on the health care system in the past which has ranged around 2% of revenue budget & if we compare it with other low income developing countries, it may be 1 to 5 times lower.

3. Most of the population is uneducated and lives in the rural areas and believes that health is a gift of GOD and sickness is an act of fate. They do not understand the modern principles of hygiene, prevention of diseases and spend their own money at the cost of health. The population has multiplied but the programmes to increase resources of water nourishment shelter and education have not matched and that is why a large number of Pakistanis are vulnerable to various diseases.

4. Above all, Quacks who are not medically qualified practitioners have exploited the situation. They are available in countless number amongst the rural and urban societies. In view of the non availability of the doctors in the rural areas the statistical figures thus indirectly give the impression that the majority of the population is being looked after by quacks and the practitioners of other systems.

5. Instead of taking stern action against quackery various Governments in Pakistan have tried to deal with them politically. As a result of that, today, a very large number, running into lacs, are playing with the health, life and money of the people. In many developed countries of the world old systems of treatment also existed but with the lapse of time, got absorbed in the present modern system. Somehow, in Pakistan this has not happened. In fact, various official measures have protected old systems giving them the right to continue and strengthen their positions.

6. The modern system of practice in medicine has grown very expensive. This is due to many reasons including frequent and unnecessary use of the new inventions by bio-medical engineering which provide better and sophisticated measures to diagnose, exploitations by the pharmaceutical industry and also the attitude of commercialization in the medical profession. Due to high cost the low and middle class cannot easily afford to consult a specialist in surgery or medicine.

7. The training of the doctors in the MBBS programme is basically tuned to treat complicated illnesses rather than common diseases, to treat rather than prevent the diseases and to consider hospitals as workshop for the sick and not centers of health where treatment and prevention are basis of health management.

8. Pakistan has been unfortunate in many ways. Firstly, we did not have enough number of doctors at the time

of independence and those doctors who graduated MBBS during the first few years of life of the country and were either sent abroad for higher training by the government or went of their own, majority of them did not return to look after the health of their own people and fulfill their responsibilities.

Secondly; no body really took the initiative to guide the doctors' careers keeping in view the broader perspective of the future needs of the country and to advise them to take basic sciences and become medical scientists to produce capable doctors and researchers.

Thirdly; although there was shortage of doctors in the country, and only a limited number of qualified doctors, yet even out of them a large number left Pakistan as rich countries needed their services. The Government thus decided to produce doctors on a larger scale and within a short period increased the number of medical colleges from 6 to 16 and the admission rate of 100 per year to 300 or above, hoping that the doctors would one day become easily available and would be forced to go and look after the population in the villages. The production of ample number of doctors has no doubt been achieved but the facilities for their working in the rural areas has not been provided as yet. Recently, in order to deal with the un-employment amongst doctors, a large number has been employed for basic health units but most of them do not attend the units or rural health centres because of lack of facilities over there. There is thus accumulation of doctors in certain towns who are having various types of practice inspite of the fact that they had been promised more incentives for employment in the rural areas in the recent past.

When Pakistan started producing a large number of doctors; simultaneously many other countries, including Middle East developed their own medical colleges and thus avenues for job employment in the developed countries got reduced, as they had become self sufficient.

Another factor is that postgraduate training in U.K and U.S.A. has become very expensive, and it is no more easy to go abroad either for training or employment. Besides this, many doctors who had left Pakistan earlier are now returning to Pakistan because of family reasons or because they are growing old and want to settle back at home and alongwith them they bring the traditions and charging rates of rich countries and the cost of health delivery is growing fast.

The opportunities for the employment of doctors are linked with the National Health Care System & Health policy Whatever may be the policy, doctors are needed for Rural and urban areas, specialists for secondary and tertiary care hospitals and teachers for teaching hospitals

and institutes. It is essential that one forth of those who graduate every year should specialize, which means nearly 750 doctors should go for specialization in various branches. The modern standards of health care are high and there is nothing like half qualified specialists. They have to be properly qualified and no one can be retained as a specialist who is not fully qualified.

This takes us to the issue of what is happening with our education system. Let us see the picture of undergraduate system. The typical undergraduate medical institute has departments of basic sciences in the college and clinical facilities in the affiliated hospital. The students

qualify in anatomy and physiology in the first professional examination. The department may or may not have the modern facilities and usually a large number of students learn at one dead body and the Lab. facilities are limited. The syllabus and programme of teaching is out of date. In the developed countries they teach anatomy and physiology which is essential at various stages, whereas an MBBS student in Pakistan learns them as if he is going to become an Anatomist or Physiologist. He spends a lot of time and energy in memorizing various minute stages of development in human embryology, courses of nerves, lymphatics and blood vessels which are not essential for a physician or specialist in many other disciplines. There are disjointed

**STATEMENT SHOWING YEAR WISE
NUMBER OF GRADUATE DOCTORS PRODUCED
BY DIFFERENT UNIVERSITIES***

Year	Karachi	Baluchistan	B.Z. Univ	Sind	Quaid-e-Azam	Peshawar	Punjab	Total
1975	—	—	—	128	—	—	—	128
1976	—	30	—	295	—	171	—	496
1977	521	42	—	562	—	141	600	1866
1978	751	59	—	467	—	149	816	2242
1979	761	114	—	478	—	251	975	2579
1980	833	175	—	485	—	231	1402	3126
1981	751	118	169	515	59	303	1620	3535
1982	820	158	262	744	99	297	1243	3623
1983	—	122	217	584	110	387	1227	2647
1984	—	142	296	507	110	380	1008	2443
1985	843	41	247	—	81	367	1288	2867
1986	905	—	247	—	98	416	1077	2743
1987	680	—	—	—	112	—	—	792
1975 to 1986	6865	1001	1438	4765	669	3093	11256	29087

*These figures are a total of yearly figures which have been obtained from the authorities of various Universities on special request.

courses of Pharmacology, Pathology, Medicine, Surgery and Community Medicine. When students go for clinical training, as the number of students is large, it is a scene to watch how they are trained. The old concept of medical training as apprenticeship does not exist any where. Majority of the teachers find very little time for teaching as they are busy with their patients either during the government working hours or after the working hours. Those who are in the department of pathology have started their own Labs. and those who are in Radiology, have started their own diagnostic units with x-ray machine, ultrasonography etc. and consequently even the majority of indoor patients from general wards have to go to their private diagnostic Labs. Very often patients in the wards get their investigations & drugs from the market and even the food in spite of the allocation of budget. Under such circumstances one can imagine the standards of treatment, teaching and examination. Majority of the doctors who qualify and even do house jobs are not capable of diagnosing and treating the patients in the rural areas.

In spite of this many teachers in undergraduate institutes, are unexpectedly keen to take part in the postgraduate training along with undergraduates. The reason for this is best known to them because when they cannot improve the standard of graduates due to shortage of time for their training, how can they take postgraduate training? This picture which I have depicted is by and large true in most of the institutes but not in all. Generally, it shows defective planning and perhaps futile effort to provide free health care for all with our limited resources.

During these years the number of doctors have

increased to nearly 36,000 and the yearly surplus output is aggravating problem of unemployment. The under mentioned consolidated statements giving number of doctors who have qualified from various Pakistan Universities and of those who have been employed by the government and the numbers of doctors who are registered with PMDC in Pakistan show that there is going to be a cumulative surplus stock which may expand to nearly over 20,000 of doctors by the year 1990 unless and until some drastic measures are adopted now to deal with the situation.

NUMBER OF DOCTORS EMPLOYED BY VARIOUS SERVICES COMMISSIONS FROM 1971 TO 1986

Year	Public Service Commission.	Graduate	Postgraduate
1980-87	Federal	392	32
1978-80	Punjab	6,440	879
1978-87	Sind	5,364	Not supplied
	(Including 3,187 doctors appointed under Prime Minister Programme)		
1978-87	NWFP	1,422	196
1978-87	Baluchistan	Not supplied	
		13,864	1,107

*These figures are total of yearly figures which have been obtained from authorities of various Public Service Commissions.

STATEMENT SHOWING YEAR WISE REGISTRATION OF THE DOCTORS WITH PMDC

Year	Punjab	Sind	Baluchistan	NWFP	AJK	TOTAL
1979	403	362	53	88	8	914
1980	668	633	57	205	8	1571
1981	1228	1481	109	260	23	3101
1982	1203	1550	115	274	15	3157
1983	1279	1698	153	349	44	3523
1984	2280	1580	132	542	108	4642
1985	1943	1655	153	350	88	4189
1979 to 1985	9004	8959	772	2068	294	21097

*These are official figures obtained from PMDC on special request.

This issue is even now being mishandled and dealt to provide jobs to the doctors rather than improve the health delivery resources. In this context a large number of doctors have been employed under the Prime Minister's Programme in recent years. Nearly 3187 doctors were employed in the year 1987 in Sind under the Prime Minister programme. In the Punjab during 1986-87 nearly 4000 doctors were employed. Most of these doctors have been employed in the basic health units or rural health centres. The working and living facilities are hardly available and it is often seen that the doctors spend time in district headquarters or some other places and do not attend the health units regularly.

The situation will not change unless the Govt. adopts a pragmatic policy. The Government should prepare better infrastructure for the health coverage in the rural as well as urban areas and work out the manpower required to run these health units and recruit only those doctors who are willing to work over there and those unable to join the Government service should be encouraged to join private sector or to go for specialization. The "6th Five year's plan" in Pakistan had outlined that the Tehsil and District hospitals will have specialists in major disciplines. The "Anwar-ul-Islam Committee" report had recommended the posting of 2 doctors in the basic units and 3 doctors in the rural health centres. The basic and the rural health centres were established based on WHO organization which did not recommend a modern medical graduate in basic units. The Anwar-ul-Islam Committee recommended the employment of doctors in Basic Health Unit perhaps to solve the unemployment amongst the doctors. The 6th Five years plan had recommended the strengthening of basic health units, rural health centres and provision of laboratory, x-ray, medicines and beds but on account of limited recurring expenditure, lack of radiologists, technicians and other para-medical staff only a few centres are working satisfactorily.

This unsatisfactory situation can be set right if we produce a large number of para medicals and provide proper technicians and run an integrated health system at least in certain parts of Pakistan. The doctors are putting pressure on the Govt: to provide jobs and short term actions are taken which add to the problems. Certain Health System studies were carried out by Pakistan Medical Research Council which gave a gloomy picture of the working of basic health units, rural health centres and secondary and tertiary care hospitals.

The question comes to the mind, as to why doctors do not "sacrifice" their personal comforts and work in the

basic health units. We have made some studies and feel that besides other factors the doctors are not capable of working in the field because of their training. They are not really educated and trained to diagnose and treat the patients under the circumstances in which the basic health unit and rural health centres are placed. The fault thus lies in our training where doctors are trained for working in the tertiary care or teaching hospital and not as a medical officer who can work in the basic health unit or do private practice.

Thus our undergraduate education system needs urgent review and our approach should be to train the doctors so that they can go and serve in the rural areas even in the present circumstances. I am sure that if they are trained properly they will serve rural population, perhaps do certain amount of postgraduate training and research over there and many of them in due course of time, might like to work in the villages.

In order to meet the immediate situation it is necessary that newly qualified doctors should undergo special courses for this purpose. These courses should be well worked out and they should be provided incentives to work in the basic health units. The present policy of sending fresh graduates after house job to the basic health units will not serve the purpose. Present emphasis to develop Basic Health Unit and Rural Health Centre needs review too.

It needs money and time. Moreover certain international studies have shown that even rural people do not have faith in basic health units and they prefer to seek medical advice in secondary and tertiary care hospital. They often like to consult Tehsil Hospital.

The medical facilities and man power in Tehsil hospital are inadequate. If one sees the work load, the establishment and budget of a Tehsil hospital it becomes obvious that this is the place where we should absorb large number of young graduates.

The Government should not undertake to provide jobs to all doctors, rather encourage them to develop private clinics under health policy. The Government should allow clinics considering the desire of doctors and also requirements of the public to avoid congestion.

The facilities for the postgraduate medical education should be expanded in the country and those who have merits should be encouraged to take postgraduate training. In order to meet immediate requirements lower diplomas in various disciplines may be continued so that the Tehsil and District hospitals have specialists but after about 5

years service they should not be allowed to continue as specialists unless they qualify for higher degrees and diplomas. Our policy should be to produce highly qualified specialists in Pakistan.

Certain centres should be recognized in Pakistan where fresh specialists may have on job training after higher degrees and if there is shortage of such centres they should be sent abroad on job training under the bilateral arrangements of the Governments.

The strong basis of medical sciences lies in the strength of the departments of basic sciences. Unfortunately most of the doctors who qualify go into clinical sciences and only a few pursue basic sciences. In the past our basic science teachers could not inspire interest amongst the new graduates to take basic sciences as a career except recently in pathology, which is in one way a basic science, & has become lucrative as machines are now available for automatic analysis and tests. It is essential that we must review the situation in basic sciences and have better qualified persons so that we can move with the world. Those who are not fully qualified but still holding positions in the basic science should be asked to leave and join some other fields. Pakistan is being left behind because of rapid progress in basic sciences in the developed countries.

We should also develop special institutes of immunology, virology, genetic engineering, ecology, environmental. Pathology and create them systematically.

Recently the Government selected some medical graduates for doing Ph. D. in U.K and U.S.A. I had the opportunity to meet some of them. To my surprise, the selection has been made out of young who had qualified in the near past because of age limit. They did not send any one abroad who was already M.Phil or perhaps M.Sc. in addition to MBBS. In U.K they experienced great difficulties to find their place owing to local regulations for Ph.D due to lack of prior experience of 2-3 years in the respective subject. Even in our own universities no one joins M.Phil or Ph. D without practical experience. These selectees had to undergo basic courses before becoming students of Ph.D. However, in view of certain other factors including the heavy fees which they charge now in foreign universities some are doing Ph.D and others have turned to lower qualification or clinical sciences.

Pakistan has limited resources and cannot afford to send doctors abroad under such circumstances. Their selection should be linked with the proposed or existing institution and they should be well prepared before they go

abroad. This scheme is another attempt which has been made to develop scientific manpower in Pakistan and we hope that those who qualify will return and serve the nation. It is essential to plan placements for them in Pakistan otherwise they will return to the developed countries and all this will be a futile exercise.

The Government should develop its own centres of higher training by pooling all resources and may do it in collaboration with certain foreign Universities under a long term programme. You will be surprised to know that the University of the Punjab which is nearly 125 years old has got no Ph.D in medical sciences and for that purpose a programme for the introduction of Ph.D in medical sciences was submitted by Shaikh Zayed Postgraduate Medical Institute in January 1987 and although the institute has started classes, official recognition for Ph.D is still awaited.

There is no doubt that our teaching institutes need a lot of super specialists, our hospitals need more well qualified doctors even in big cities of Islamabad, Lahore and Karachi but more so in tehsil and district hospitals. The Government has already made some provision for their budget and now depends upon their availability.

The other subject which deserves to be examined and is primarily linked with the absorption of the doctors, is the subject of private practice. Pakistan is undergoing rapid social changes. The cost of living is rising fast. There are people who have a lot of money & are willing to buy commodities & facilities of all types including health at any cost. There are others who are merely destitutes, but at the same time there is a large number who are low and middle class and live from hand to mouth. The second two categories are the ones who are vulnerable and suffer from various health problems and need proper medical care. It is the first category of well-to-do people who buy time and skill of the experts and add to their income. Those who have qualification, positions in the Government hospital and name in the profession and are well known in the public are in great demand & run extensive private practice causing adverse effects on official duties. In spite of repeated reminders by the authorities an appreciable number of them are having unethical practice, they work and operate in private clinics and charge patients according to their own standards and even under the tables.

Many private clinics and Labs: have come up in big cities of Karachi and Lahore and there is no quality control either by any Association or by the Government. Many

members of teaching faculties, even half qualified have established diagnostic labs: and are providing questionable reports and earning a lot of money. There is hardly any check on them. All this is making the modern system of medicine expensive and unpopular and public is forced to go to practitioners of other systems and quacks.

It is necessary that our Government should go into these problems through an independent commission and regulate the practice of private clinics and labs: and Government servants. This has been done in our neighbouring country where many left teaching position and made room for others in the Government institutions and hospitals. We should have evening shifts in the government hospital and employ more doctors. This is another field where large numbers of doctors and para medicals of all categories can be absorbed.

The Government should ban the practice by the

quacks and all those who are unqualified in any system of medicine.

There should be a committee of experts who should study the development of one system of medical practice in Pakistan and those systems which enjoy independent status should be given same status as in other developed countries. We should not create new rules for them and should not infuse new life in them as essential knowledge of those systems has already been absorbed in the modern medical sciences.

Lastly, the most important point is that the Government should prepare the mind of public and announce that by the year 1990 no medical college will admit more than 100 students in any class and no increase in the existing number of colleges will be allowed.

A Semi Autonomous body of Postgraduate Medical Federation should be established with its branches in each province to assist postgraduate education and look after the career of all doctors.