

Editorial**Private Medicine and Government Health Service in Bahrain**

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The debate of regulating the private medicine practiced by the Government employed consultant physicians working in the ministry of health service has become an issue again. The Government regulations have become like a seesaw - one-day yes and one-day no. The new regulation to separate the two medical services was sparked by 12 years (1991-2003) of alleged abuse by some consultants in SMC and the suffering of patients who cannot afford private medicine. The reaction of those who allegedly abused the service was uncalculated and unwise. On other hand, the Minister proposal did not take into consideration the low income of the medical profession in this country. The alleged abusers have neglected the public, but the minister made the public his main concern and to some extent was alleged to have neglected the worries of the medical profession. The vision of the minister has never been considered seriously by the profession. Doctors and public need to be reassured about their future and the health service given. Why the alleged abusers did not use effective thinking before reflexively reacting to the minister suggestion of separating public and private medical sector?

The action of those who allegedly abused the medical services in Salmaniya Medical Center - though minority - was uncalculated, unwise and irrational. Instead of concentrating on the issue and discussing it from different aspects, they went to the media making their main concern is to attack the Minister personally and to compare him with the previous minister, as if their objective is to discredit the minister not the regulation. This is called 'ad hominem', which means attacking the person not the issue. Their argument was so weak, illogical and did not take the public into consideration. Therefore, they painted a very bad image of the medical profession. For example, one consultant trying to convince the public against the BD 10 consultation fee was saying that "we only take 10% of the salary, while in Egypt they take the whole salary for one consultation." Another Orthopedic consultant was saying that "we only take nearly half of what is taken in Saudi Arabia BD 2500 versus BD 7000 for knee replacement surgery. This is called faulty reasoning because before Bahrain individual's income is much less than the Saudi. Another ENT consultant was saying, "only few times, I charged people for operations in the hospital." He forgot that morning patients are not supposed to be charged at all. What would the medical profession gain by inferring that the minister is a liar?

After all, why publicizing the issue in the media? Instead of forming a committee, researching the subject, suggesting solutions, citing reasons why public and private medicine should not be separated and the fees should be more than BD 10 compared with the cost of living and compared with other countries. This information should be presented it to the ministry of Health not to the media.

The alleged abuse, which went on for over 12 years in Salmaniya, was divided into:

1. Charging fees for operations done in Salmaniya while the law prohibits that.
2. Jumping the queue, patients seen in the private clinic jump the waiting list of the operation. It is against the law.
3. Charging patients for investigations done in Salmaniya.
4. The use of hospital medications and equipment for their private patients.

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5. Neglect of hospital duties, The minister said, "I went on a visit to Health Ministry clinics and I found that many doctors weren't in their clinics at 10 AM. I urge everyone who works at the Health Ministry to show responsibility and do their duties." These words printed in GDN. This statement says a lot in term of neglect and reflects the suffering of many public patients.

6. Excessive consultation fee.

Comparison between one Minister and the other is quite wrong. Let us remember that the minister is an individual and each has his own way of administration and leadership and each has his own vision - in logic, this is called 'false analogy'. What applies to Winston Churchill cannot be applied to Tony Blair, though both of them are Prime Ministers. What applies to Tony Bin cannot be applied to Robin cook, though both of them are ministers. Let us remember life achievement is linked to individuals, not to a committee. Nobel Prize never was given to a committee. Usually it is given to one individual or two working in a separate way on the same subject. Therefore, treat the minister as individual with vision and compare him to no one except to the logic of science, his vision and the issue he is proposing.

The alleged abusers did not take into their consideration the public concern, their worries and their sufferings. They should have thought of the public, because their work is linked to the public. Without the public they would not have survived.

In 1980, I have suggested that we should apply the British system of working sessions, where the week is divided into 11 sessions. A full time physician means working for the government service 11 sessions per week. Those employed 7 sessions by the government are allowed to do private medicine 4 sessions per week. The session is 3½ - 4 hours. Therefore, the time is regulated and the doctor is given a chance to take rest and to do research. Not the way it is run in Bahrain where private clinic by a government employed consultants could be open 7 days a week and could work until 11 or 12 in the midnight. Why not copy from other countries that have passed through the same difficulties and experience? Only they know the answer.

The regulation governing the private practice by the government-employed doctors has become a seesaw. Before 1972, government employed doctors were not allowed private clinic. In 1972, Physician in a consultant position was allowed to have private clinic. In 1980, The minister of health (Dr. Ali Fakhroo) banned the government-employed doctors to have private clinic. But in 1991, the minister of health (Jawad Al Arrayed) gave the permission again to Physicians in consultant positions employed by the government to open private clinic. In 2003, we are witnessing the ban again or modification of the law permitting government employed consultants to have part time government employment and private clinic. I think, if we have adopted the sessions in 1980, we would not have gone to this seesaw of one-day yes and one-day no.

It is true that Doctors' earning had deteriorated since 1980. Their salaries have not incrementally increased comparable to the cost of living. Their incomes from private clinics have decreased by more than 50% due to sluggish economy. This is a very legitimate concern for doctors. But it is not an excuse for some to abuse the system. The worries of the medical profession need to be addressed. The medical profession needs to be reassured. They have legitimate concern. Their low salaries compared to the cost of living and compared to the region, the future of their children, and the dwindling government investment in the health sector over the last 20 years should have been taken into consideration. While the minister should be concerned with the public, he should take into consideration the medical profession as well. After all, doctors are the backbone of the health service to the community.

On the other hand, the alleged abusers never put a deep thought of the Minister's vision and solution he proposed to the medical profession in this country. On their part, they ignored and neglected to share the Minister' vision:

1. **Health Tourism**

He proposed that Bahrain should be converted to a center for health tourists. In that way, he is boasting Bahrain economy and increasing doctors income. There might be those who argue that Bahrain do not have all the requirements to be converted to such center. But Bahrain has at least 90% of the requirement. The rest can be provided. Beside that, the political leadership is supporting the project.

2. **Insurance Cover**

The minister proposed that health insurance cover should be adopted to all residents of the kingdom, first to be applied to expatriates and then to residents. I think this solution would be the magic formula. By increasing the income of the health ministry, the government would be able to increase the salaries of doctors and would be able to modify and improve the service given to the public. If the alleged abusers have thought of this, they would not have reacted irrational and in unwise manner.

3. **Medical Education Center**

The minister proposed to make Bahrain a medical education center. In this way, Bahrain would become a medical attraction for physicians in the region. In addition to that, the income of this country would increase from attracting undergraduate students and postgraduate students from the region. No only that, this would also lead to an increase in the medical education facilities in the Kingdom.

4. **School Health**

The minister proposed to concentrate on preventive medical education in schools in order to prevent many diseases and to increase the medical service to students, which is great investment in the future generation of this country.

5. **Abolish or Minimize The Overseas Treatment**

This suggestion makes sense. Instead of sending patients abroad and spending more than \$200,000, bring the expert physician to Bahrain - for short term or long term - to treat or operate on the patient. In this way, we save money, by not paying for the companion of the patient; we avoid the emotional detachment of the patient from his environment and his relatives. At the same time, with a masterstroke, provide the teaching and the experience to local physicians for rare medical conditions.

6. **Team Leadership**

He proposed to establish team leadership, rather than to depend on individual leadership. Of course, this is debatable point, where individual leadership is needed in some field and team leadership is needed in the other.

7. **Regulating the Profession**

This should not imply that medical practice is not regulated in this country.

It is, but the last regulation issued in this country was on 1989. There are many new practices have been introduced since then. Therefore, the regulations need to be updated. Furthermore, no medical ethics adopted by the profession in this country, though, I wrote a booklet on proposed ethics during my tenure as president of Bahrain Medical Society in 1980.

8. **Private Medicine**

The minister proposed that the existing practice of allowing consultants working in the ministry of health to open their own clinics in the afternoon is to be stopped. The system is to be replaced by part time and full time practicing

consultants. This would lower the income of some and boost the income of some, but it will prevent the abuse of the health services. Surely, it would increase the dedications, researches and farther the development of medicine in this country. Of course full timers need to be offered a better income than what it is now.

9. Bahrain General Medical Council (BGMC)

This is to be established on the same principles of the British General Medical Council. The latter is independent and made of mature or retired experts in each field, would BGMC be the same? That remains to be seen.

10. BD 10 Consultation Fee

The minister had a vision of making private clinics of those employed by the ministry of health accessible to middle class and low-income groups in the community. Therefore, he decided to apply the BD 10 as a consultation fee. The ministerial decision might be wrong; taking into consideration the cost of equipments and other facilities that is needed to establish private clinic. But how could you prove him wrong except by researching the subject, showing the figures and discussing the subject scientifically and wisely not to take it as a starting point to attack the minister (Ad Hominem). Attacking somebody is easy, but researching the subject and presenting your argument, scientifically and lawfully is difficult but doctors are trained in this. Doctors use creative and critical thinking in diagnosing every illness they are faced with daily. Doctor usually creates possible diagnoses that seems to fit a patient's symptoms and signs; then to decide which one is accurate, criticizes each one of them, then arrive at the final diagnosis through further examination or laboratory/X-ray/MRI/ultrasound examination. Doctors should not resort to street boys' tactics or politician of ripping each other personally. That way it benefits no one.

11. To Establish Units of Treatment, Rather Than Vague Department

This would provide a better care for patients. It is easier to administer and it would create a harmony among its members

12. Update The Ministry Service To Be Comparable To Any Health Service In The Developed World

Many need to be updated in the health service because the ministry is not only providing medical service, but also a venue for medical teaching and academic training.

To be fair, on the opposite side of the alleged abusers, there are many honest and dedicated consultants - some have their own private clinics and some work in the LPP - thought they should have been involved in the previous vision of the leader. They have suggested that there should be a working committee established to study and implement the vision of the minister. They thought that these suggested changes should have been gradually applied, formulate rules and regulation to prevent future abuse, compensate those who are willing to close their clinics. In that way, it would have avoided the initial shock. This group is in total agreement that the abuse should be stopped and the patients' right should be safeguarded. They abhorred the overuse of the media to solve a medical problem. They suggested that the ministry use private clinics to reduce the loads on the hospital by diverting some patients who need a consultant opinion - in that way, they would augment the consultant income.

Finally, I would advise my colleagues, if they are faced with similar problem to use their skills in diagnosing diseases and to use critical effective thinking rather than reflexive thinking. "At the heart of *critical thinking* is evaluation, test options, analyze assertions, reveal implicit assumptions, trace

logical relationships and apply standards of reasoning. It is critical thinking that helps you decide what to do or not to do, what is right or wrong, what works or does not work."