GMAFocus

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Editorial

We have a mandate to support the general Ghanaian public to be healthy and this point is strongly reiterated by the motto of the Ghana Health Service, "Your Health; Our Concern". Of course many people have expressed disapproval of this statement because it seems to take away the individual responsibility for one's health. Nonetheless as doctors we undeniably play a critical role in the health of the population as we constantly work with other partners in the sector to ensure the delivery of safe and reliable services.

It is very important however to make sure that we also keep healthy in the process. We need to examine the scope and environment within which we provide our services to ensure that it allows us optimization of our health potentials.

What do we eat especially at work? Do we have service canteens and where available, what goes into deciding what is served? Do we take food because it is what is available to us at a time or it is what is good for us? What do we serve in our meetings and conferences? Is it healthy food and snacks or is it what the hotels/ caterers offer us? How much fruits and vegetables do we take in? Enough to give us the boldness to encourage our patients to do same or do we live differently from what we preach? The costs of good and healthy food in our country may be high but the cost of disease is certainly neither cheaper nor desirable.

What about exercise? Do we take every opportunity we have to walk or do some form of exercise or do we excuse ourselves because we are "busy"? For example do we who live on the premises of the facilities we work at, consider it necessary to park our well-earned cars perhaps twice a week and walk to the wards? Do we run around the house with our kids playing football or other games or do we stay indoors with them, each of us sitting and occupied by one electronic device or the other?

What about rest? It's a known fact that doctors work for more than 40 hours a week. We work at night and over the weekend. Even the public health practitioners take work home and spend long hours at night doing reports etc. What do we do with our free time, especially where locums (internal and external) and consultancies abound? When was the last time you took a vacation alone or together with your family to see the beautiful country we are blessed with? All work and no play still make the doctor dull. Reach out and get some freshness and you will become more useful to your clients.

Routine check-ups and preventive measures for disease, which we know so much about, should be taken seriously as we continue to engage our employers for better conditions of services like health insurance, clear working hours, workman compensation in the case of accidents and a good remuneration amongst others.

As we do these let us remember that the GMA Focus, which we read to relax us, also needs to keep alive and healthy. You may have noticed that for some time publication of the magazine was not regular. The main reason for this is the lack of articles from hardworking doctors. The magazine is for us. Let us take time to send in articles that will inform, educate and entertain us all. It is unhealthy and boring to keep reading from the same authors for a long time. Let us read from you too. It is not about scientific work. Just share your everyday experiences living and working as a doctor and you have no idea what a long way it would go to enrich another's life.

God bless Ghanaian doctors, the GMA and the GMA Focus!

Mary Amoakoh-Coleman

GMA Focus Magazine
is published quarterly by the Ghana Medical Associattion.

ISSN 0855 - 9503

Are Doctors Our Own ENEMIES?

Our observation of events and developments within the noble profession over the years has led us to ask: are doctors our own enemies? As a professional body in which all members subscribe to the Physicians Oath which among other things calls on members to be each other's keeper as well as give utmost respect to our teachers (and by extension our seniors), these developments are at the least very interesting.

A look at the issues surrounding house job training and the matters arising thereof reveal that due to frequent abuse most training centres have stopped giving salary advances to house officers. This service was instituted by hospital managers (most of the doctors). Its withdrawal has been necessitated by the behavior of the beneficiaries (doctors) and now most junior doctors have nothing to fall on when their first salary delay by several months. It used to be the case that transition from house job to medical officer status was automatic and salary was just migrated without any break. Several doctors abuse this with impunity. Some travelled out of the country without informing their employers formally and then continued to enjoy their

salary. Others spent months doing locum as well as taking government salary without working for the government. Though most of these abuses occured in broad day light, other colleagues looked on silently. What is the situation now? Salaries are stopped automatically when the particular group is expected to be finishing house jobs. No regard is giving to individuals who may have peculiar challenges like repeat of rotation or maternity leave. Who caused this?..... Doctors. The work attitude of a lot of our junior colleagues leaves much to be desired. Lack of respect for senior colleagues and poor relationships with co-workers.

Professional allowance used to be on the pay slips of doctors in public service, but this has been removed with the support of senior colleagues. Several other benefits enjoyed in the past by doctors has been lost because some senior colleagues acting in management positions failed to protect and defend these benefits. When a colleague rises to a position of leadership or authority, not only does he neglect his colleagues from the position but sometimes he/she actually try to suppress doctors.

Our apathy towards things that concern our common good is unparalleled by any other professional grouping. Poor attendance to doctors meetings, divisional and Annual General Conferences exemplifies our apathy. Blatant disregard for leadership direction during industrial actions by both senior and junior colleagues is another example. All the above notwithstanding, we sit and complain in our homes and consulting rooms about our poor service conditions. Doctors don't care to go through the proper registration with the GMA nor complete the relevant forms concerning the GMA Fund.

In conclusion, the doctor has always been the cause of the woes of the other doctor particularly in Ghana. What then is the value of our Physicians' Oath as well as the Constitution of the Ghana Medical Association?

(Administrative)
Positions previously held by medical doctors have been given to other health groups with the connivance of some doctors in geo-political/administrative positions.

Our attitude towards work at times leads much to be desired. But we must be reminded that we were created onto earth to do good, so whatever good one does, it is the bad situation that are noticed.

Car tax exemption policy had been abused in the past.

We must be reminded again that we must plan our retirement the day we start work because NOBODY is going to do it for us

BY Dr. Kwabena Opoku-Adusei (GMA President) & Dr. Titus Beyuo

letter to Kwame Tikese

LETTER

My Dearest Tikese,

So sorry I haven't been in touch for such a longtime. It is all because of the impact the ecomini...sorry oo... economy... has had on yours truly.

My brother, the issues are so many that, my small head cannot contain them anymore. I need to pour some out in order to make room for better thoughts like how to become an Odikro and arrest all these trouble makers.

I guess you should be getting used to the hardship that greeted your arrival some six months ago. The infamous DUMSOR has grown from worse to worst, to the extent that lots of poor workers in Ogyakrom are being sent home on daily basis..

You can imagine my shock and anger when I came across the dreaded word DUMSOR in Wikipedia. How on earth could this happen? It then occurred to me how permanent this phenomenon had become. I believe you brought down a generator with you when you were returning. That means that the direct effect of the dumsor will not affect your good self. But the unchanging cost of fuel amidst a drastic reduction at the world market makes the constant use of these 'big toys' (apologies to a certain Tarzanic man) almost a preserve for the asikafo, or gator, as my friend from across the Volta Lake will put it.

Crude oil prices dropped all the way down to around $40 on the world market yet our Dead Goat of an Odikro, in a typical yentie obiaa manner, only reduced it by 10%! Wonder what that demon called Automatic Adjustment Formula is there for!!!

Kwame my friend, conditions are hard!! If the situation remains like this for the next six months, I think lots of people including yours truly may have to follow the wise (unwise?) counsel from the retired Abongo boy who advised people to leave if the country is too hot. As if our holy village was founded by his father. My heart is even having an abnormal rhythm at the thought of that illogical talk. I am on fire, my brother!!!

My friend Tikese, any village that encourages thievery is not worth dying for!! The create-loot-and-share phenomenon has become so entrenched in Ogyakrom to the extent that people do not care how one's riches are made. In fact, I am thinking of going to Abatugu's Sanhedrin to claim some cool 100 million cedis for myself. You are wondering how? Just a matter of settling the Odikro's chief advocate and his cronies and pronto!! I will be smiling to the bank. Do not worry. I just need to associate with any one of the two main party goers, and their loyal fanatic/brainwashed members will definitely come to my defense. What a village we live in!! I haven't mentioned any body's name oo, but I seriously think that

Odikro's advocate and her cronies should be sent to face Abatugu's Sanhedrin for their deliberate decision to present scanty evidence before that lower Sanhedrin that tried that man alleged to be a big financier of one of the party goers (a bird whispered to me that they are all alleged to be beneficiaries of that gargantuan amount).

Eiii Kwame, lest I forget. Have you seen the rate at which fuel stations are mushrooming all over the country? Today, you see Kangaroo oil, the next day you see Antelope oil and the rest. The craze with which these are being built is so high that, my friend Kwame Kokoti once joked that, before long, his 2x4 bedroom may be turned into a fuel station. What is of so much concern to people is the siting of these "necessary evils" in residential areas. This makes me wonder whether the Ogyakrom Environmental Office is really up and working.

Well, somebody alleged that powerful political twisters (the party-going people) are behind these companies so what do you expect? Hmmm, what a crazy world we live in!! These political twisters are the same people who are likely to plunge this land (of our death) into chaos. But what they forget is that we as the ordinary Ogyakromanians wield very powerful ammunitions which come alive every four years.

They should continue to chop left, right and centre, we will also uproot them like cassava. Oh! I doff off my hat to our brothers across Abibiman for the bold display and use of their God-given ammunition. They have charted a pathway for all to follow. Hehehee, I am sure Oga's bottom is so hot that it can cook rice. I hear the Alata Oga is his friend too oo. They say when you see your friends beard on fire, you dip yours in water!!! My brother, space will not permit my verbal diarrhoea to continue but my month is seriously itching to spill this out before I forget. Did I just hear that our beloved Ogyakrom lost a bid to host the Abibiman Biennial socks ball competition?

Oh my people!! Are we so dumb? Are we not the same people who have approached the International Shylock, evil-headed Money-tree Fund for bail out?? So where were we going to get the money from especially when we know very well how unprofitable hosting such a festival has become? Or is it another avenue to stash some hard Ogyakrom dollars for 2016? (Just asking).

Was it going to be another case in "Sikadie basa basa" (apologies to Fire-man Songo)? As for the Ogyakrom Socks Ball Federation the least said about them the better. In fact, they make my blood boil. The only preoccupation is "sikadie"; it's only a massive tsunami that can bring about the expected positive change (eeii what did I say? Don't brand me. It's just an English expression!!) I know it is only an act of goodwill from God that we are able to win some competitions. Nothing seems to be working in sports. No investment/sponsorship, dilapidated infrastructure and, the worst of all, killing out socks-ball league!! As a socks-ball fan myself, I weep for my kids.

Ing. Prof. Dr. Kwame Tikese, PhD, don't let me bore you with too much purposeless lamentations (yiee, my Dead Goat Oga will kill me). As for you, I know your titles are genuine but I will certainly address the craze for titles in our land in my next epistle to you.

Till then, keep praying that our brothers and sisters who are noted to have very high degree of amnesia, will be able to follow the path charted by our brothers across Abibiman in order to send the critical message that WE ARE NOT STUPID.

Good bye, my brother.

Freebody Tikitua

LET DOWN!!!!!!!

How terrible a feeling it would be to know your colleagues have let you down!!! One can excuse the family, —they may not know much much—and the society because the socio-cultural interpretation of this diagnosis is founded in ignorance, myths and taboos. Hmmm! But what excuse can we possibly find to explain the behaviour of those who actually make the diagnosis.....ignorance? Certainly not! Maybe stigmatization. eEven that I doubt! My best bet is neglect and minding one's own business, as our society has become.

My short stay at psychiatry, taught me a lesson that I keep thinking of till date: how do we care for our colleagues with mental illness? It is true that we do not even give ourselves the best of care with physical ailments but this is worse when it comes to mental health.

I came to this conclusion some years ago on the following two grounds: First. First, if one has a physical illness and is neglected by colleagues, at least the family will come to their aid, but with mental health the family is completely dependent on our learned colleagues and if they let you down, then.....

Second, in physical illness, at least the patients at least know they are sick and could

can give some direction (when conscious) if their colleagues colleagues are failing their duty. However but in mental health the lack of insight means the victim people suffering from mental illness cannot help him/herself themselves and therefore depends solely on their his colleagues.

To a large extent, our attitude towards mental health is not too different from the non-medical personnel. Right from medical school most of us knew people who obviously needed help, but instead, we minded our own businesses, gossiped and neglected them. Some had roommates who were on substances of abuse, had depression, mood disorder, obvious bipolar disorders and in some instances had frank mania, yet we ignored them, criticized them or at best resorted to praying for them. at various prayer meetings/ religious gatherings .

Some of these struggled with authority school authorities and with the courseprogramme, in the midst of obvious challenges; most lecturers only condemned with only few actually drawing close to help.

Let me attempt to prove to you (my reader) that you have probably encountered but did not help a medic medic who had mental health challenges in the course of your training and work. The evidence lies in our reaction when we here hear certain reports of about these poor colleagues. Our first response is always often is " I am not surprised, I knew something was not right with him" or " it was only a matter of time, I knew it will end up like this".

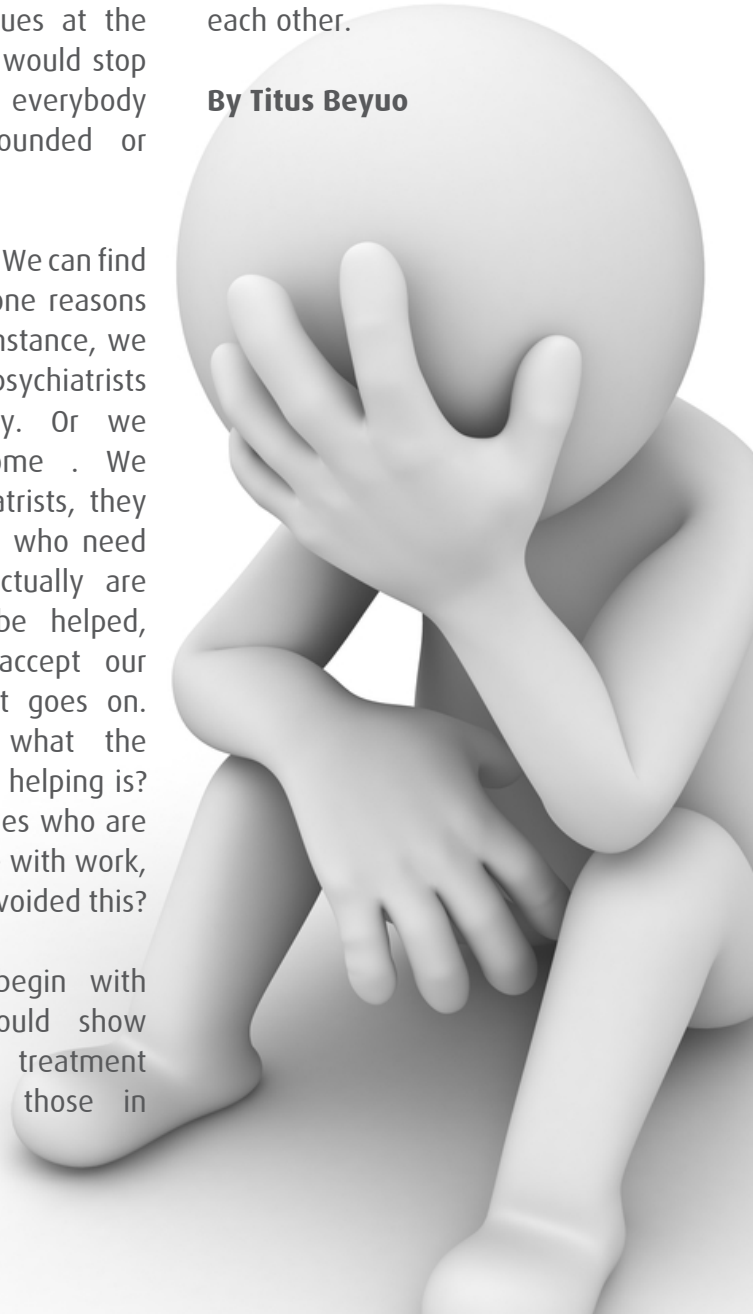
For an example of good neighbourliness, let us look at our friends in the army. Soldiers hardly leave wounded colleagues at the battle field. They would stop at nothing to get everybody home dead, wounded or alive!!!

How can we help? We can find a thousand and one reasons not to help. For instance, we say there are few psychiatrists available anyway. Or we assume that some . We have few psychiatrists, they of our colleagues who need assistance are actually are not willing to be helped, they may not accept our help and the list goes on. But I wonder what the alternative to not helping is? We have colleagues who are struggling to cope with work, ; could we have avoided this?

May be!! To begin with I think we should show empathy, offer treatment and rehabilitate those in need. We should desist from stigmatization and accept it when our genuine intention to help is rejected. We should not give up trying to help; it will pay off in the end.

In conclusion, I think we should rise up to the reality of this problem, and begin to treat our colleagues the same way we would expect to be treated if we were in their shoes. all think about our own mental health and that our colleagues. I must admit it is a difficult subject. Let us work together to help each other.

By Titus Beyuo



Medical Exams – When Is Your Next Appointment?

I have often heard members of the general public comment with awe at the knowledge that a health worker, especially a doctor, is ill. "Na doctor nso yare?" ("Does doctor too fall ill?"). Statements such as these are made by the ordinary Ghanaian not because they think doctors are superhuman, but against the impression that health workers, who constantly advise the public to take steps to prevent disease, have routine medical screenings and stay healthy. They therefore expect us to "walk the talk" and even do better so that we stay healthy.

We as doctors and for that matter health workers are strategically placed to take advantage of our knowledge, training and working environment to keep healthy or quickly identify diseases that we develop and deal with them adequately to prevent complications. But are we utilizing this unique advantage? When was the last time you and I had a check-up on our health status? How do we assess our well-being? Is it by the fact that we wake up every morning feeling energetic and bubbly or weak and tired? Is it determined by our ability or otherwise to walk up the stairs? When was the last time you had a medical exam or got screened for any health condition that is relevant for your gender, age, socio-economic status, family history or risk of your occupation? How often do we all as individuals undertake this all important exercise?

Medical exams or check-ups are intended for the good purpose of picking up diseases early so that they can be managed well or controlled to avoid complications. Many people who have had a check-up only because they were required to do so, discovered they were harbouring potentially life-threatening conditions.

Unfortunately some people, at their own peril, will pay for medical reports that declare them as medically fit without actually subjecting themselves to the process of screening. Some people because they do not want to go through the process even condemn a check-up as a waste of time or as

creating unnecessary panic and anxiety.

Students entering the university are required to undergo medical exams and this is a good opportunity for the students. What importance do the school authorities place on this exercise? Is it because they really find it useful or it's just business-as-usual? What do they do with the results? It certainly does not influence admission since these exams, in practice, are done after one is admitted. However does it influence any aspect of the students' stay in the university? For example we can recall colleague medical students who had challenges with their mental health that eventually hampered their successful graduation from medical school, or when they did graduate, their successful practice as medical practitioners.

Could the potential for this challenge be recognized before entry into the medical school? If not how have current medical exams for students been influenced by such events? If yes, what program has been put in place to support such students? Your guess is as good as mine.

Pre-employment medical exam is required by most institutions and organizations. It serves the purpose of promoting good occupational health. Here those who are not medically fit for the specific job are not engaged and those who have some acceptable level of health risk will have some rehabilitation program put in place for them when engaged. It also helps the organization to manage its health bill. So these organizations send their (potential) employees to us as health workers to examine them. Unfortunately this requirement is not implemented for the majority of workers in the health sector. This is a shame and situated within the overall challenge of the absence of a comprehensive conditions of service document for the health sector. Why doesn't the Ministry of Health, which is responsible for occupational health in Ghana, make it mandatory for its employees to have pre-employment medical screening? Is it because the Ministry does not want to be bothered by the associated health bill, or because we ourselves cannot be bothered to ask for it, or we just don't want to know what ill may be brewing inside us, or that we don't want our colleagues to know what is wrong with us? We cannot set the rules and break them ourselves.

Notwithstanding the above, I believe the responsibility for being healthy is a personal one. It may or may not be supported by others such as your employer. I am mindful of the fact that even the National Health Insurance Scheme does not cover routine medical examinations. Disease occurrence and course can be complex and unpredictable.

We should therefore take every opportunity we have to get a medical check-up. At the just ended 2014 Annual General Conference of our noble association, opportunity was given to members to have a medical screening. Sadly less than ten percent of the over three hundred participants took part in the exercise. Even when it is offered right at our doorstep we refuse to use the opportunity.

To detect early breast cancer women in the reproductive age are advised to have self-breast exams usually a week after their menses, and have an ultrasound scan when necessary and prescribed by a physician. Women who are forty or older should have a mammogram. We are advised to sit in the dental chair twice a year even if we have no dental problems. Men above the age of forty should check on their prostate at least once a year and women from age twenty-five should get a pap smear or HPV testing to screen for cervical cancer. Pregnant women should screen for syphilis, hepatitis B and HIV.

As for general medical conditions it is recommended amongst others that we have cholesterol and diabetes screening at least every two years as well as have regular blood pressure monitoring. A full blood count every now and then is very useful. The frequency can be increased as per one's risk profile for specific medical conditions. Once we do these for ourselves we will definitely be reminded to do so for our family members or encourage them to do so.

Let us take every opportunity—in our communications and at our gatherings—to remind ourselves of this important responsibility help each other stay healthy. We have seen many casualties amongst our own in recent times. Some of these could have been prevented, and we cannot take anything for granted. Disease is no respecter of persons.

Having said so much, I believe I can now ask my question: When is your next appointment for a medical exam? If you do not have, book one NOW before you put this magazine away.

Mary Amoakoh-Coleman
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Understand to **be Understood**

Managers devote an overwhelming proportion of their time communicating. The numerous workshops, meetings, trainings, con-su-tations and policy dissemination are all communication activities. In fact, most managers do not get the luxury of sitting alone at their desk, thinking and planning. Their time is rather spent on face to face or telephone communications with subordinates, superiors, peers, clients and suppliers. The communication process is therefore very relevant to the effective service delivery of the health system.

Communication is defined as the process by which people attempt to share meaning through the transmission of symbolic messages. The components of the transmission are the sender, message to be sent, encoding, channel, decoding, received message, receiver and feedback.

SENDER

The sender initiates the communication process. The sender is therefore critical to the meaning that will be assigned to the message. The integrity and perceived values of the sender is very important for the meaning ascribed to the message. Workers adhere better to managers they trust. This is why civil servants who are supposed to neutral but show obvious partisan politics activities, encounter difficulties when political parties in power change. Whenever their neutrality is in question, their instructions and contributions at meetings are discounted.

In health institutions, managers must strive to be perceived as having values that will enhance effective communication. Their personalities will affect policy implementation by

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generating the appropriate enthusiasm and effort by subordinates. A lazy manager cannot effectively communicate messages of hard work. Whenever policies are to be communicated to staff, appropriate managers should be selected for the communication. The character and attitude of the individual should be appropriate for the message. Sometimes, we see the person who is perceived to be the most corrupt leading an anticorruption campaign at the workplace. Leaders collecting illegal monies in health facilities are telling others to stop collecting! Workers will like to be instructed by people who are knowledgeable in the subject matter; otherwise they do not attach the relevant importance to the message that is delivered.

ENCODING

The sender encodes the information to be transmitted by translating it into series of symbols or gestures. This part of communication is very critical because one tries to establish some form of mutuality of meaning with the receiver by choosing the appropriate symbol or representation. Lack of mutuality is one of the most common cause of misunderstanding or lack of communication. Sometimes, clients complain that medical jargons used in explaining their disease conditions make it impossible for them to appreciate their conditions.

Some doctors complain they 'cannot come down to their level'. Like Albert Einstein is thought to have said, "if you can't explain it simply, you don't understand it well enough'. For us to effectively encode messages, we need to try as much as possible to understand the subject matter and the context within which the receiver is going to receive the message.

In verbal communication, additional words may be necessary to convey actual meaning in some instances, whiles some words should be avoided in others. In some parts of the world 'yes' is indicated by side-to-side shake of the head, while no is indicated with a nod. In most parts of Ghana the opposite prevails. Encoding messages with a nod can therefore transmit different messages in different parts of the world. Also, some gestures may signify insults to some older age groups and may not mean much to younger people.

How policies are encoded affects its uptake among frontline workers. Some of them are presented in volumes of documents which will never be read. For communication to get through to frontline workers, managers have to simplify documents and encode them in a way that would enhance mutuality among policy makers and workers. In my experience as a medical superintendent of a hospital, the management had to take parts of standard treatment guidelines containing the five prevalent diseases of specific wards to the staff.

This ensured that it was read by the staff because it became less voluminous in their opinion at the time. The mutuality of 'reading small' was reached. The management understood and took into consideration the contextual issue that the staffs were not ready to start reading 'big books'. Experience, knowledge and wisdom are very critical to encoding of messages during crisis. Any error in how messages are encoded may aggravate the situation. It can therefore not be overemphasised that we have to get the right personnel to encode messages during labour unrest. Difficulties have arisen with how to encode discipline in our facilities in the absence of resources. Sometimes it comes out as unreasonableness on the part of managers, because those workers believe that the circumstances are beyond their control. Lack of resources like vehicles sometimes militate against

punctuality to outreach services.

The context in which discipline is enforced should be critically analysed within our resource constraints, otherwise workers may misconstrue the intentions of managers. Erratic power supply to institutions operating without generators, presents enormous problems with encoding messages to workers to maintain the cold chain and hence the efficacy of drugs and vaccines.

Is silence on a subject matter sometimes a better way of encoding the message? Obviously, if the situation is not going to improve with silence, one needs to talk. Unfortunately silence itself is communication, so workers will respond appropriately. How do workers encode the demand for more resources without the risk of being politically misunderstood? How do we advocate for birth control and maintain our religious and cultural correctness? These questions demonstrate recognized difficulties in the packaging of ideas for understandable transmission.

Managers and medical personnel should therefore put a lot of effort and thought into translating internal thought patterns into a language or code that the intended receiver of

the message will probably understand. They must understand that the choice of symbol depends on several factors related to the nature of the message. Is it technical or nontechnical, emotional or factual? Can it be expressed better with numbers rather than with words? Just a shrug might be enough for an expression of scepticism.

Also, the purpose of the message is important for choice of symbol. A manager who wants to introduce a bold new program should not use a dry technical report because that would probably not have the needed persuasive impact. Instead, broad generalizations with a certain emotional appeal for motivational purpose would be more productive; the technical details could be dealt with later.

MESSAGE

The message is the physical form into which the sender encodes the information. The message may be experienced and understood by one or more senses of the receiver. Gestures may be seen or felt, written words may be read and speech may be heard. A touch may convey

a message of comfort. It is important to note that non-verbal communication are often more honest or meaningful than verbal or written messages. A health worker who frowns while saying 'Good morning' to a patient who strolls into the outpatient department at about 11:30 am may be communicating something more than a polite greeting.

CHANNEL

The channel is the mode of transmission of the message. For effective communication, the channel must be appropriate for the message. The receiver must be considered in choosing the channel. Some people respond better to the formality of written words whiles others prefer the informality of spoken words. Spoken words can convey messages containing emotions and motivation when working with frontline workers. Electronic channels have become very effective in reaching the youth.

DECODING

This is the process by which the receiver interprets the message and translates it into information that is meaningful to him or her. Decoding is affected by the receiver's past experience, personal interpretations of the symbols and gestures used. Also, expectations of receivers are so critical to the attainment of mutuality. If workers expect an increase in their salary, messages from employers concerning salaries are expected to improve salaries. Any other message will be decoded in ways that will even surprise the sender (people tend to hear what they want to hear).Clients visiting our health facilities have expectations, hence even referrals to tertiary institutions can be decoded as a sign of hopelessness of their condition. Explanations for referrals need to be encoded well for decoding to be effective. Posting of staff is sometimes decoded as punishment. I must admit that sometimes they are, but other times the decoding is wrong. The worker's circumstances and expectations may affect how the message of transfer is decoded.

FEEDBACK

This is an expression of the receiver's reaction to the sender's message. Feedback goes through the same communication process, except that in this case, the receiver is the sender. This process enables the

sender to ascertain the degree of mutuality that has been achieved in the communication process. It gives an idea of how effective the communication has been. Feedback may be in the form of direct feedback as in simple spoken acknowledgement that the message has been received. It can also be in the form of indirect feedback, expressed through actions or documentation. Even though some managers are not comfortable with feedback, they must appreciate that the greater the feedback the more effective the communication. The two way communication system in which managers receive questions and allow subordinates to make suggestions goes a long way to improve policy formulation and enhance the ownership of the policy by workers. In emergency situations, managers use one way communication and so they do not expect feedback (directives).

BARRIERS TO EFFECTIVE COMMUNICATION

There are many factors that get in the way of communication. Noise is any factor that disturbs, confuses or interferes with communication. It may arise at any stage of the communication. The sender may be inarticulate or the message may be distorted by other sounds or conditions in the environment. This is particularly critical in the health facilities during festivities. Interference may occur when serious calls are preceded by festive songs which may result in unclear instructions to subordinates. The receiver may be distracted or may not be paying attention. A radio signal may be distorted by bad weather. Most interference occurs at the encoding and decoding stages. Transmission of messages should be done in the right environment and at the right time to minimise noise.

Past experiences affect how people receive messages. When people hear messages that conflicts with what they know, they ignore the message. This is evidenced by why some supervisors ignore subordinates' claim of dissatisfaction when he or she knows their working condition is excellent and believe they should be satisfied (Health workers' perception of their low salary levels and Government's perception). Also, the way workers evaluate their superiors determine how they value and receive messages. When there is no trust, even the most positive communications are met with scepticism and workers spend most of their time searching for hidden meanings and traps. Some workers are not credible and may cause embarrassment to managers when they act on the information. We should be careful not to accept messages at its face value without evaluating the motives of the sender. It is important to be aware of words that convey different meaning to different people and the use of medical jargons in our communities. A word like 'kokoo' (an Akan word for haemorrhoids) may mean multiple diseases to different people.

Inconsistent nonverbal signals, tone of voice, facial expressions and bodily postures may hinder communication. Whatever emotions dominate the receiver's mood, may affect how messages are decoded. People may react defensively or aggressively to messages depending on how they feel at the time of communication.

In conclusion, managers must interpret feedback within the context of all these barriers to enhance effective communication. Individuals differ in their values, needs, attitudes and expectations; we must therefore be sensitive to the receivers' world. For us to be understood, we must understand communication process.

By Andrews Ayim

Jokes

Old Age

An old man went to the doctor complaining of a terrible pain in his leg. "I am afraid it's just old age", replied the doctor, "there is nothing we can do about it." "That can't be" fumed the old man, "you don't know what you are doing." "How can you possibly know I am wrong?" countered the doctor. "Well it's quite obvious," the old man replied, "my other leg is fine, and it's the exact same age!"

Good News And Bad News

Frank was involved in a terrible motorcycle accident and his legs weren't in great shape, to say the least. After a couple of weeks of therapy, it soon became clear to the Doctor that amputation of both lower limbs was inevitable. Due however, to Frank's frail condition, the Doctor was afraid to give him the bad news. Instead, he gave that job to Frank's wife of 40 years, hoping that she would know how to break the bad news to him ever so slowly and gently.

"Honey", said Frank's wife Eva the next morning, "I've got good news and bad news, which one would you like to hear first?"
Frank, always in a morbid state, responded in his usual grumpy voice, "What do I care? Just give me the bad news!"

"Well dear," said Eva cupping Frank's hand with her two hands, "I hate to have to tell you this, but it seems like your legs are going to have to be taken off."

Frank, barely able to hold his voice from cracking croaked out, "Eva, what's the good news?"

"The good news" said Eva happily, "is that that the gardener that was in here just before, said he may be interested in buying your slippers from you!"

Mistaken Identity

Jacob's stress level was at unsurpassed levels. His wife Maggie was in labor and Jacob was sure it was time to head to the hospital. Breathing heavily, he grabbed the phone and called the doctor. "MY WIFE, SHE'S READY, SHOULD WE COME?" The doctor tried to relax the poor fellow, "just try to relax, now tell me how much time elapses between the contractions?" "MAGGIE!" Jacob screamed on the top of his lungs, "HOW MUCH TIME IN BETWEEN THE CONTRACTIONS? TEN MINUTES? OK, TEN MINUTES IN BETWEEN!"

"And is this her first child?" Questioned the doctor.
"MY GOODNESS! THIS IS HER HUSBAND!" Jacob yelled.

Misunderstanding

A lady came in for a routine physical examination at the Doctor's office. "Here", said the nurse, handing her a urine specimen container. "The bathroom is over there on your right. The Doctor will be with you in a few minutes."

A few minutes later the lady came out of the bathroom with an empty container and a relieved look on her face.
"Thanks! But they had a toilet in there, so I didn't need this after all!"

Continue on page...28

CARDIOACT

LISINOVA HTZ

Lisinopril 10mg + Hydrochlorthiazide 12.5mg Tablets

LISINOVA™

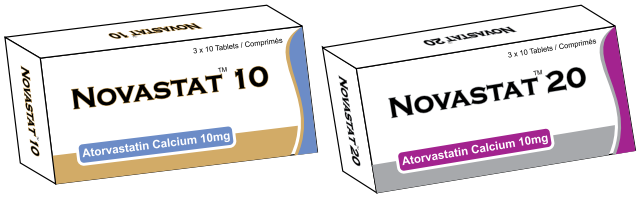
Lisinopril 5mg, 10mg & 20mg Tablets

LO

Losartan 50 mg

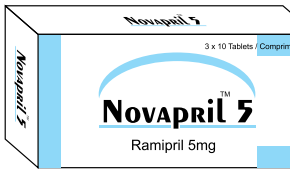
NOVASTAT™

Atorvastatin Calcium 10mg, 20mg Tablets



Nov

Ramipril 5m



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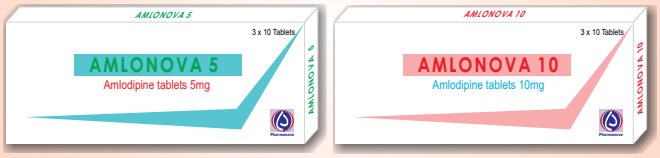
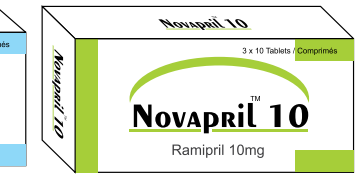
Amlodipine 5mg & 10mg Tablets



VAPRIL™

ng, 10mg Tablets



ATENOVA

Atenolol 50mg & 100mg

PERCEPTION

Doctors Must Not REMAIN POOR

The Hippocratic Oath sworn by the doctor demands that the wellbeing of the patient be paramount and any other thing, including financial rewards, be secondary. This principle has underpinned the behaviour of the doctor irrespective of his or her financial situation.

Traditionally, the doctor was rewarded by prestige and esteem. Modern society demands that the doctor earns more than just prestige.

In the past many doctors enjoyed 'free things' in lieu of financial rewards as motivation for extra work; but these keep on dwindling and in some instances no

longer exists. Many doctors now acquire their own accommodation and pay fully for it, maintain and fuel their own cars, pay their own utility bills, pay for everything relating to their health as well as that of their families just like any member of the society. This puts pressure on doctors to compete for locum slots where they exist or resort to other means, some unethical. The recent call on members by the GMA executive to desist from convincing and selling certain medications to patients in consulting rooms is still fresh in our minds.

It is an undeniable fact that the doctor competes in the market for food at the same prices with everybody else, pays school fees and meets all other financial obligations just like any other member of the society and yet people don't understand when doctors make demand from their employers for improved salary and conditions of service.

There is a conspiracy theory by the Ghanaian society that doctors are "rich" and yet always demand for better pay. This portrays doctors especially those in the public sector as being ungrateful, insensitive to the plight of the suffering people and working against the government of the day.

Doctors add to this perception by continuing to render a lot of services free of charge even if those services are not part of the main stream of patient care, for example writing medical reports to patients' employers to justify why a patient (employee of theirs) was absent from work at a particular period. Doctors even contribute money in the wards to pay for services for some patients who cannot afford to pay for such services.

The same patients who come to you for some of these free services will charge you even extra when you go to buy a car part at their shops, with the thinking that once you are doctor you are "rich". There are other patients who may be civil servants when you meet them for any service no matter how influential they may be on the case, they look at you to put some 'weight" on your document or grease their palms for their service.

The lamentation is endless but it is time for us to pause and take action to change our lives as noble professionals. The solution to this lies directly on us because the average doctor is not a 'stupid' man or woman. The best students in most schools commonly end up in the medical schools. How do we put our brilliant ideas into programmes that will be fit our status as the 'best brains' in society? How do we benefit from the services we render freely to people without compensation? How do we reduce our over reliance on salaries from government for everything we do? What mark do we leave behind for the benefit of our children and grand children when we are gone? How do we ensure a comfortable life after retirement? Those of us who are young and are still making babies what do you leave behind to continue to pay your children's school fees for just three years if you happen to return to your maker prematurely? These and many other mind boggling questions need answers but everybody has different answers to these questions depending on the kind of investments they are making.

The way forward

Our counterparts in the legal fraternity deal with their clients differently and charge realistically. It is time we look at our practice once again. I am not by any stretch of imagination comparing the two noble professions head to head, neither do I suggest that we charge clients who come for services in our places of employment. Those services that are not part of our main stream care should be charged for and paid by the patient. This may be an intramural practice where

a percentage of the benefit can be paid to the institution of work just as happens in some of the bigger hospitals in Ghana. We should not look down upon or under rate any amount of money paid for our service no matter how small it may be, because 'the journey of a thousand mile begins with a step'.

We should form consortiums of different specialties to set up private clinics and hospitals where we can work for ourselves instead of the usual locum. In this way we can make more money, create employment, and still work for our employers. The future of the private practice is brighter when we have proper legal framework of the shareholding structure of such a business. In this way even when one of the partners dies prematurely or is incapacitated, there will be a predetermined successor from his beneficiaries and his children can be taken care of. Numerous examples abound everywhere in this country where one man small practices collapse soon after the proprietor is either incapacitated or dies.

It is possible to have our private facilities that will collaborate with the bigger ones such that certain procedures and services that cannot be done in the private set up can be done in those institutions for mutual benefits. It is also feasible for such consortiums to take over running of certain established government or quasi government health institutions on public private partnership(PPP) basis .

Young colleagues who just finish their internship can be engaged in these private services when employment for doctors becomes competitive in the future. There are also a lot of private auxiliary health training institutions graduating a lot of products who will certainly not all be absorbed by the public sector. The best means for employing such people is to have private hospitals and clinics that will compete with the public sector.

Doctors cannot continue to be "poor" in the midst of this great potential we have. Alternative medical practitioners take advantage of this vacuum, call themselves doctors, dress and behaves as such, make a lot of money and sometimes cause a lot of complications to the patients and at the end we have to deal with the mess.

We should diversify our investment portfolio to areas beyond provision of medical services to increase our earnings. Others can invest in buying shares and bonds in other viable business entities.

The fight for salary increment should be directed towards conditions of service as decided at the last AGM in Takoradi. The implementation of conditions of service will free part of our salaries to enable us save and raise little capitals to engage in small businesses that can soon grow to become bigger ventures. The fight for conditions of service must therefore not stop after the deadline given to government.

Professional development is also key to financial emancipation to some extent. Those who pursue further training should do so because that can increase our salaries. Why can't an endoscopist for example be given a percentage of the money he is making for his institution if that will motivate him to continue and to help boast his income. Same goes for all doctors who have special skills including surgical for managing patients.

Finally we should cultivate the habit of saving and cut down on unnecessary over spending on things that are not too relevant. The discussion must continue in our offices and wards until we find solutions to our predicament

Dr Braimah Baba Abubakari
Tamale Teaching Hospital

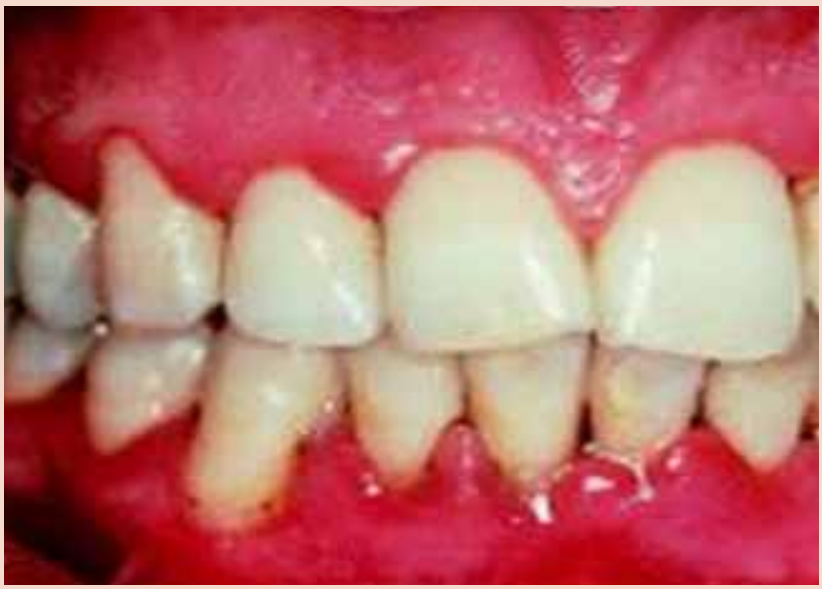
Bleeding Gums in Pregnancy

Many pregnant women complain of bleeding gums at various times during pregnancy. It is one of the common dental complaints and tends to cause fear and panic in many. In some cases, they get so worried that they even report to us dentists with blood stained handkerchiefs to let you know how serious it is so you can "do something ". However, although it may be scary, it is generally not so harmful a condition.

Pregnancy induced Gingivitis is usually due to hormonal changes that occur during pregnancy. These changes cause the gums to become more sensitive to the bacteria in plaque as well as minor damages to the gums. As such they tend to bleed easily with minimal force eg, chewing, brushing.

The other thing too is that because the gums become a bit more easily bruised, some pregnant women find it a bit difficult to brush and clean; hence plaque accumulates on the teeth which further causes inflammation of the gums.

23



Sometimes, the bleeding may also be from a small reddish swelling on the gum, a Pregnancy tumor, which tend to occur in areas where the gum is inflamed and bleed easily.

Not to worry though because, generally, gum bleeding and gum disease can be easily prevented or controlled by doing simple things.

What to do? Just simple;
Practice good oral hygiene:
Brush at least two times daily (morning and last thing before sleep) with a certified toothpaste and a soft/ medium bristled toothbrush. Take your time , be gentle and do brush your tongue.

Use a certified mouthwash to help kill some of the bacteria especially in between the teeth where the brush cannot reach

Floss at least once daily to remove food particles and plaque in between the teeth where the brush cannot reach.

Good dietary Habits: Eat healthy, especially fruits and veggies and reduce the intake of refined sugars and sticky foods eg. kelewele, sticky candies etc

Hydrate your mouth regularly to keep your mouth moist by liberal intake of water and rinsing

As first aid when the gum is inflamed and painful, warm salt solution does magic (half a teaspoon of salt dissolved in a drinking glass of warm water).You can hold mouthfuls of this solution for one minute at a time until the glass is finished and repeat it. It helps stop the bleeding, soothes the gum pain and reduces the swelling.

And then, very important, see your dentist, even if you have never seen one before. The dentist will usually examine your mouth and if necessary request some tests to rule out other possible causes. He may then do a professional cleaning of your teeth regularly to remove hidden plaque and calculus (tartar) that is firmly attached to the teeth and also treat any other condition that may be present.

For the pregnancy tumors, they are entirely harmless and usually disappear after the baby is born. However, in some cases, it may make brushing or chewing uncomfortable, or bleed excessively and so will have to be removed while you're pregnant. They may also be removed if they persist after delivery.

It is important to know that, if gum inflammation is not controlled, it can negatively affect your baby's health and in extreme cases, lead to premature birth so please practice good oral hygiene and please, please visit your dentist.

As always, keep smiling, it is good medicine, even in pregnancy! See you at the Baby Shower.

By Richard Selormey

FEATURE

Teach the child....

Lost in thought, Emmanuel stood in front of the scrubbing area in the theatre, staring into space. To anyone watching him, it would have seemed as if he was trying to decide whether to use the chlorhexidine or the provide one solution to scrub his hands. Anyone who knew Emmanuel very well, would have known something was wrong.

Emmanuel was definitely not his usual self. Emmanuel Akyer was a Medical Officer in a little hospital in a remote town in the Northern Region. He was one of the two Medical Officers in that hospital. The other one, Dr Kugblenu, doubled as the Medical Director of the hospital, and the District Director of Health Services. Together, these two doctors were the physicians, surgeons, obstetricians-everything-or all the inhabitants of the towns within the catchment area served by the hospital.

Emmanuel had been a Medical Officer for a year and a half. He was a proud graduate of the Kwame Nkrumah University of Science and Technology Medical School, and had completed his housemanship there as well.

He had been posted out to the Northern Region by the Ghana Health Service, to his great disappointment. He had heard from his seniors that there were no extra incentives for going to such places, and that getting a residency training post was also not guaranteed. In fact, he had heard that those who had gone there became trapped because they were not released by the region whenever they wanted to leave to commence post graduate training.

But that was all in the past. He had been there for a year and a half now, and for the

past few weeks, had been trying to make up his mind on what to do as a career. He had been dismayed when he realized that payment of fees for the residency training was becoming a reality, so he had decided to take some time out and think.

However, that was not what was on his mind now.

'Doc, we are ready o,' said a voice, breaking through his dark thoughts.

He turned.
It was Safia, his scrub nurse.
She gave him a warm, but questioning smile.

He deciphered immediately that she was asking if he was alright.

'Definitely Safia. I am.'
'Okay doc. Ready when you are.'

She was already gowned and gloved, and she returned to the patient's side, giving the anaesthetist a thumbs up.

Emmanuel quickly started scrubbing furiously, and with dexterity proceeded with the surgery, a lot of thoughts racing through his mind.

That final year exam in surgery. His viva had been a torturous one. Unfortunately, he had gotten the dreaded Professor Silas Kilamenor, who had been aptly nicknamed the 'Silent Killer' by many who had succumbed to his cunning questions.

Sitting in front of the 'Silent Killer', he had been surprised. He had expected to see a tall well built man with a scowling face. Instead, he saw a smallish, slim man, with a smile.

'Young man, how are you?'
Emmanuel had been taken aback. Was that a trick question? If he answered fine, would it seem as if he wasn't serious?

Professor Silas had laughed at the confused expression on Emmanuel's face.

'Relax young man,' he said. 'I don't bite, and I am definitely not a killer!'

Emmanuel didn't know whether to smile or frown. So the Professor knew his nickname?
Saying that, Professor Silas poured out a cup of orange juice from a jug which was standing on the desk. The second examiner sat down silent, watching the drama unfold.

Emmanuel had accepted it with trembling hands, wondering whether this was the softening up before the fatal strike.

'Thank you sir,' he croaked, his throat dry.

Professor Silas had watched him drink the juice with a smile on his face. When Emmanuel had finished the juice, Professor Silas smiled once again.

'Let us have a little discussion, young man. Feel free to take more juice if you want.'

What followed was the most comfortable discussion about the anatomy and surgery of the small and large bowel.

Emmanuel had emerged from the viva room with a surprised look on his face. The invigilator also had a surprised look on her face.

'Does Prof know you from somewhere?' she asked Emmanuel.

'Not at all o! I am even surprised myself.'

The invigilator gave him a look of disbelief.

Emmanuel couldn't care less. The 'Silent Killer' hadn't killed him, and that was enough reason to celebrate!

Emmanuel sat in the doctor's room, his heart still beating fast. The surgery had been a success, and he was now waiting for the patient to recover from the anaesthesia.

Safia came up to him, gave his shoulder a tight squeeze and put a tall glass of juice in front of him.

'Well done doc. I knew you could do it.'

'It's God o. I haven't done a sigmoid colectomy, or even a right hemicolectomy before.'

'I know,' she said. 'But you had our support all the way, however it would have turned out.'

The nurse anaesthetist came into the room. He had been hovering around the patient in the recovery room.

' Ei...what are you two doing behind closed doors?'

'Wo dierrrr..wo y3 interrupter paaa!'' joked Safia. 'Didn't you see the "no disturb" sign?

'Fakye wai,' he replied, laughing. 'Next time I'll wear my glasses, and probably knock!' Turning to Emmanuel, he continued.

'The patient is awake o. Vitals are fine. Good job!'

As Emmanuel approached the bed, the patient opened his eyes.

'Young man,' said the old man, his voice still hoarse and groggy from the effects of the endotracheal tube and the anaesthesia. 'How are you?'

Emmanuel smiled broadly for the first time in a few hours, and dragging out a chair, sat down beside the bed on which the 'Silent Killer' lay.

Dr. Michael Amalachukwu Okpala

Jokes

Hiccup Terminator

A lady went to a doctor's office where she was seen by a Doctor. A few minutes into the examination, the lady burst out of the room as if running for her life. After much effort a nurse finally managed to calm her down enough to tell her story. The nurse barged into the office of the Doctor and screamed, "how could you have said that?, Mrs. Smith is 82 years old, and you told her she's pregnant."

The Doctor continued writing calmly and barely looking up asked, "does she still have the hiccups?"

Great To Be A Child

My four year old daughter had a high feve. After waiting in the waiting room at the doctor's office for over an hour we were finally admitted to see the Doctor.

After the usual routine of listening to her breathing and checking her ears, the Doctor looked my daughter in the eye and said, "so what would you say is bothering you the most?"

Without skipping a beat my daughter promptly answered, "Kwadwo, he always breaks my toys!"

Purposeful Life

Sam goes to the doctor for his yearly check-up. "Everything is fine", said the doctor, "You're doing OK for your age." "For my age?" questioned Sam, "I'm only 75, do you think I'll make it to 80? "Well" said the doctor, "do you drink or smoke?" "No" Sam replied. "Do you eat fatty meat or sweets?" "No" said Sam "I am very careful about what I eat." "How about your activities? Do you engage in sex, jogging or partying? "No" said Sam taken aback, "I would never engage in dangerous activities." "Well," said the doctor, "then why in the world would you want to live to be 80?"

Marital Disease

A doctor remarked on his patient's unkempt hair. "I know" the patient said "It's high blood pressure, it's from my family. "Your mother's side or father's side?" questioned the doctor. Neither. It is from my wife's side. "What?" the doctor said "that can't be, how can you get it from your wife's family?" "Oh yeah," the patient responded, "you only have to stay together with her for one day, and you will understand"

Report In Advance

The poor man was such a habitual drinker that even he was finally convinced that he was an alcoholic . At his family's urging he went to see a psychiatrist. After a lengthy consultation, the doctor sternly ordered that hereafter, every time the patient got drunk he was to report his transgression the very next day.

A few days later the patient staggered into the psychiatrist's office.
"I wanna report that I wash drunk last night," he mumbled.
"For heaven's sake, man, you're drunk right now! "Cried the doctor.

"Yeah I know," said the patient, "but I'm gonna report this tomorrow.

NA GUINEA WORM NO WO HEN?

Dear Colleagues
I am pleased to inform you that Ghana has formally been CERTIFIED Guinea Worm free!
Thanks.
Asiedu-Bekoe

This is great news!
Congratulations to you, GHS/MOH
Frank Baiden

Congratulations to you and all who worked to make the certification a success.
Barima Djimatey

Way to go, Ghana! Oseeyie!!!
Kudos to all health personnel, government MDAs, Multi-laterals and NGOs and donors who have worked hard over the years to enable us see this Guinea worm-FREE day in our lifetime!
Blessings,
Yaw P

MOH CONDITIONS OF SERVICE

Hiya, I hear MOH has worked on conditions of service, can I get a confirmation please?
Richardar

Condition of what?! Madam, write your own!
Fossa

GLUTATHIONE – WONDER DRUG?

Dear Colleagues,
Just want some further clarification on the supposed 'wonder drug' being actively marketed and sold by some doctors to their patients via network marketing.

From what I gather, it's being marketed as a supplement for almost every disease condition.

I just need some further light shed on the true benefits for glutathione and if its sale is not purely influenced by the monetary gains these doctors get. A box is worth about 300ghc.
Thank you
Harry

For a start it is not a drug. It is a prodrug. It is being market as a food supplement and is not intended to treat, prevent or cure any disease.

The literature suggests that glutathione is naturally produced to protect the cells as we all know. It reduces with aging, stress, poor sleep and environmental pollutants and has been used to explain some theory of aging.

The literature also suggested until the riboceine was discovered it was difficult to replace glutathione orally because it is a tri-peptide.

All the literature I have had time to review suggest that low glutathione level is associated with an increased risk of some conditions. You can review some literature on the benefits of glutathione at PubMed and the Cochrane review and see what you think about it. That's my bit.

It's not wrong to recommend a good supplement for your patient who can afford it.
Papa Kojo

Yes it's good to recommend a supplement but most of the doctors who prescribe it actively sell it to their patients and make monetary gains via the network marketing (just like Forever Living products) i.e. the more you sell the more you make. Would those docs

who prescribe it have done so if they were not getting any selfish rewards????

We must not cheapen the profession just because we need to make money. The max group chose a smart way to get into the market. Use doctors who are "hungry" and market to patients and as the Ghanaian patient doesn't question any doctor on treatment plans etc, they would buy it like crazy.

I believe it is ethically wrong.
Harry

Right on the head!
It's bad business going full time into the marketing especially directly to patients. It's grossly unethical.
Patrick

I think this sort of business for doctors abuses the influence we wield over our patients. And eventually your monetary investment will influence your prescribing the supplement.

Something to really think about.
Aba

I agree... I re-echo the basic question...would they have been recommending these supplements if there were no direct benefits? If they so much believed in supplements, why not recommend the many others too?

Richard

Dear colleagues, I found an article on PubMed central on the 'effects of oral glutathione supplementation on systemic oxidative stress biomarkers in human volunteers'. It's a randomized, double-blind, placebo-controlled clinical trial. The result found no differences in oxidative stress biomarkers between treatment groups at baseline. For those interested in reading it's in the J Altern Complement Med 2011.

It's the only randomized controlled study I came across
Bin Alhassan

I think the issue here is not about what the drug does or not but the ethical implication of doctors convincing unsuspecting patients in our consulting rooms and directly selling the product to them. As someone asked earlier on, why don't we do same to other supplements/prodrugs or even other medications with known excellent efficacy. if it was just a mere recommendation to patients it wouldn't matter so much but selling it directly to them is problematic, giving patients false sense assurance of being cured of their chronic ailments
Braimah

Finally GMA issues a directive to all Heads to stop Dr from selling drugs to patients. Bravo!!! Such unprofessional acts should stop. If you want to make money there are a thousand and one smart legitimate ways to make money in the health sector instead of taking advantage of the ignorant Ghanaian patient who trust the doctor soo much to make cheap money.

Good customer relationship alone is a gold mine to capitalise in in the health sector so let's think of better ways to improve our lot as doctors in Ghana and not result to lowering the standards of our noble profession all in the name of making $$$$$.
Long Live GMA.
Harry

Bravo GMA executive. And the response was quick.
Collins

NEW HEALTH BILL

Dear colleagues
Some of you may have sighted the attached draft bill or participated in its drafting or dissemination for a.
Let's discuss it's positive and negatives to inform the way forward in how we react to it
Atsu

Colleagues
I perused the document and tend to agree with those who say the bill is pushing us out of managerial roles. You cannot

lead an army that you do not understand the work they do. I feel disheartened when I hear people argue that these are managerial roles and so we should stay in the clinics, theatres etc so that they decide for us. If that were true, people with pure managerial skills should be managing our armed forces, the VRA, GES, GHA, AGs department, Survey Department etc etc etc. The truth is there are too many non-core technical staff in managerial positions and this must change!

One mistake I believe Act 525 made which is being repeated in this new bill is the dichotomy between the Health Service and the Teaching hospitals it created. This has caused several challenges in areas such as public health and in particular, health data collection and disease surveillance and reporting. Public health services are non-income generating generally and have little appeal for teaching hospitals. However, teaching hospitals have a critical role to play in Public Health especially in the areas of non-communicable diseases as cancers. My humble submission
Dennis

I suggest a working group led by our President to do a comprehensive memo to submit to the Minister and parliament and also seek a slot to appear before the subcommittee on health.
Fred Binka

The bill under preparation is about the SERVICE so we should bear in mind the role and contribution of the other service providers at all the levels from where they operate. Thus doctors, nurses, pharmacists etc. irrespective of where they provide the service should be taken into consideration i.e. the Teaching, Hospitals, Private, Military.
Kofi

Thank you Kofi. I quite remember GMA had a small group which looked at some aspects of the Draft Bill. Now that we have the full draft Bill, I suggest the group comes together again and have a full discussion to prepare a memo for presentation to the subcommittee.

I disagree with Dr Laryea on the separation of the Health Service and the Teaching Hospital Authority. The Teaching Hospitals also have active Public Health Depts.

What I see worrying is the over-concentration of the Health Services even though the whole aim of the Bill is to create a decentralized Health Services. I'm at loss at the role of the Commission with a Director General and the bureaucracy at the central level. What will be the role of the Commission vis-a-vis the Ministry? Is the Commission a service delivery wing or is there for Policy? I'm actually confused. If it's for integration and coordination, then it's purely administrative and the present Inter-Agencies Committee instituted some few years ago should be strengthened if it's not working to solve this problem. The function of the Health Service in the draft Bill is at the District and Regional levels and there is no need for a centralized service. What will the Commission be doing?
Best regards
Nsiah-Asare

it is not enough to say top positions in the service should be reserved for doctors, but doctors with training in management. Certainly the current experiences we have clearly demonstrate that medical education is not enough to make doctors good managers. However a doctor trained in management certainly performs far far better than any other in the management of the health service.
Hilarius

I believe decentralised health system is the way to go for a developing country like ours. It's more cost effective and very beneficial. The District

Assemblies and Regional Offices can also appoint the qualified professions to man their services with appropriate incentives to attract the best hands. Why should everything always be in Accra? Over-centralized health service with appointment and haphazard posting of professionals has never worked well in Ghana; don't let's deceive ourselves. If Garu-Tempane District Hospital wants an Obgy specialist, the DA can advertise and appoint one with attractive incentives and that's the way the health service should work. It should not be Director HR in Accra posting someone she/he has never seen to Garu-Tempane District. How many of such postings work.

We should all now influence the way the district system should function in this country for things to work. DCEs should be voted for to be accountable to the people. If we want good governance in this country, it should start at the district level.

Nsiah-Asare

Well said Sir!!! It is still early days yet. The bill is still under construction. What is certain is that the train towards devolution of the health sector has started moving. Nothing will stop it, as the government has made up its mind about it being constitutionally required. We need to urgently put our thoughts together to get our inputs in to the bill.

Anthony Ofosu

IMPLEMENTATION OF 'NO DISCRIMINATION' POLICY IN HEALTH CARE SETTINGS

Dear colleagues, in view of the current debate and policy directives in connection with the 'no religious discrimination' issue, I have a few observations and some suggestion for consideration on way forward.

First of all, I must state that I object to any form of discrimination on religious or on any other ground. Hence, my submission is NOT based on legal, religious or any such consideration but purely from public health and safety point of view as a professional.

Public health practice in health care setting is based, among others, on personal safety, public safety, infection control and public good, and NOT on religious grounds.

Consequently,

1. Nurses traditionally have been prevented from wearing ear-rings or headgears at health care settings purely for personal safety as an agitated and wild patient can pull on the earring during an unprovoked attack causing harm to the individual. The same thing can happen with a headgear! This, I am sure is NOT based on any religious consideration as it applies to all.
2. We are to remove our rings (wedding, 'juju' etc) before scrubbing in theatre purely for infection control reasons and NOT based on religious considerations.
3. We have to go round during NIDs vaccinating children, say, against Polio and we have had to override churches who refuse vaccination on religious ground NOT because of religious discrimination but for the COMMON good. The same for blood transfusion and religious objections.
4. I am sure we all follow the directive to remove our shoes before going to the theatre for the sake of infection control irrespective of our religious stand on removing sandals or shoes. Imagine a traditional queenmother, who is a nurse in full regalia, insisting that she has the right to enter the theatre as such!

My suggestion therefore is that the directive should NOT cover dressing code in health care settings (NOT because of religious objections or

discrimination as it affects everyone) but purely on personal and public health safety considerations. The directive should give room also for public health actions to override personal interests, including religious objections (as spelt out in the PUBLIC HEALTH ACT), for the sake of common good such as vaccination. I am sure the suggestion can be polished further but it must be based purely on health and safety considerations. Dialogue is the key!

All the other aspects of the directive may be applied however in schools and outside health care settings, and I do not have any problem with that. I am sure if the argument is focused on health and safety considerations people will understand and support it. After all, for security reasons, we all have to remove our shoes at airports, irrespective of our religious inclinations.
Amofah

We need to sensibly use peaceful dialogue, reasoning and understanding to balance rights with responsibilities and individuals preferences with the shared and common good.

For infection prevention and control to protect both the care-giver and the care-receiver within the clinical care setting, certain dress codes e.g. long swinging hair extensions, long /artificial nails, flowing sweeping robes etc are very impractical and unsafe regardless of what religion you follow or do not follow. Rights go with respon-sibilities and in an age of "individualism" and "my rights" we need to keep reminding people of balance and making sure our laws and policies reflect them.
Irene

The debate is whether each individual has the freedom to religion and beliefs and how each of these fit into the beliefs of an institution with a biased religious interest. It is this balance that this nation has notoriously gotten it right to the envy of many that a few want to disturb. I think, we should hold our horses, manage our selfish political, ethnic and religious interests and allow the peace council to lead this discussion. In the meantime, someone should urge the suit at the Supreme Court to be withdrawn. There will be no winners; what we need is dialogue!
Ernest

Colleagues, I think this good nation of us is trying hard to create a problem for ourselves when in my opinion there is none. Let's concentrate on things that will improve our service delivery and give us work satisfaction. What had changed that we are now turning our attention to bring problems upon ourselves? I take all these as diversionary. Let's look at the problems confronting us as a country and continue the peaceful relationship and co-existence.

This is my humble advice. Those of you close to the powers-that-be should strongly advise them. We need to live peacefully without any form of religious conflict. It's always impossible to solve such conflicts. This is my humble advice.
Anthony

I also endorse this position. Don't shout wolf when there is no wolf. It's a wakeup call for the country. Religious fundamentalism is raging on all around us. Let us as a country tread cautiously and respect one another. For all we know it is just a testing of the waters, as someone alluded to. One change will lead to another change and another from other religious groups and then resistance and turmoil. If the change can be managed peacefully through dialogue perhaps it is worth considering. Otherwise you don't change a winning team.....keep the status quo.
Frank

Well said dr Yorke. We need to manage this well in order to stay united.
Koo

SPORTS

The Ministry of Sacking and Weeping

Sometimes I wonder what is so special about certain ministries in Ghana. Of course there are certain ministries that sit on gold mines and it is said that wherever money is, there is potential for trouble. I am definitely not referring to the Ministry of Mines and Energy. I wonder even if that Ministry has seen any gold before.

The sports arena is full of gold and that is where the mafia works is at its fullest limit. In 2009 when Alhaji Muntaka Mubarak was appointed as the sports Minister, little did anybody anticipate that there will be six more Ministers after him in the next six years. Hmmm, you will never know the things that can happen when you are in sports. Be careful what you sign for. Even players who sign contracts thinking that it is for some limited period of time sometimes wake up to the realization that they have signed their entire career away without their knowledge.

Sometimes I tend to believe that the Ministry of Youth and Sports is accursed. Otherwise how come that every single Minister who is appointed will either be sacked under bizarre circumstances or end up in some kind of disgrace before being honourably excused. I used 'Honourable' because I don't want trouble even though I am aware that some of them were

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discharged dishonourably. Many have shed tears when brought before Commissions of Enquiry. You may say that the tears were crocodile tears. All the same there was weeping.

My favourite Minister amongst them, even though they are all my friends, is Hon. Akua Sena Dansua. Yes we go a long way! I remember the trip we made together when we had to attend a meeting in Abuja long before she became Minister. I really love this woman. She started the trend of Ministers of Youth and Sports being sacked after major football tournaments.

It is as if all the Ministers of Youth and Sports end up being Minsters of football or should I say Ministers of Black Stars instead of Ministers of Youth and Sports. After the World Cup tournament in South Africa in 2010, where I was one of the foot soldiers who attended, the only female Minister for Youth and Sports in the last 6-7 years was sacked. Her crime was that some monies belonging to journalists somehow did not get to them. At least that is what the journalists claim. Only the oracles can tell if these journalists received the monies or not.

Eiiiiii these journalists too they are the same people who caused the last Minister to be sacked when they asked him "useless" questions that he refused to answer after the "Ebola" Cup of Nations Tournament in Equatorial Guinea. This is one tournament where Ghana again proved that we learn nothing from our past. After the fiasco in Brazil during the World Cup in 2014 one would have expected that lessons would have been learnt and we would have been circumspect in our dealings regarding issues of money.

Let me remind you that it was during the tournament in Brazil that Ghana had to fly an aeroplane full of dollars with security men hanging on the aeroplane like drivers' mates popularly known as "aplanke" in our local palance just to pay the players of the Black Stars their appearance fees.

Sadly, the Cup of Nations tournaments in Equatorial Guinea smelled of several issues with budget and not so clear financial management. The Black Stars who placed second ended up even being rewarded more than the team that won the cup eventually.

I am not envious of the fact that I could have done with one of the Jeeps. Hmmmmm when will doctors be rewarded for saving the lives of their patients even with the cockroach car. I am totally aware that it will never happen since football is apparently more important than the very health of our Nation.

I can assure all and sundry that the sacking of Ministers of Youth and Sports has not seen its end. The current Minister, Dr. Mustapha Ahmed may follow his predecessors sooner than later. His first move as the Minister of Youth and Sports is go and visit the Black Stars to introduce himself to them when they played the friendly match in France.

Many Ministers who associated "only" with the Black Stars have ended up being swallowed by the gold mine of the Ministry of Youth and Sports. This is not a curse since my mouth cannot launch a grenade. Neither am I a prophet of doom, but coming events always cast their shadows.

The failure of Ghana to secure the hosting rights of the 2017 African Cup of Nations may be a blessing in disguise for the new Minister. Probably the gods are on his side.

Dr. Frank Serebour

Report on the Health Stand Mounted at the **56th AGC 5th-9th November 2014 at Akroma Plaza Takoradi**

REPORT

As part of the 56th AGC in Takoradi in 2014, a health stand was set up with the aim of giving the opportunity to doctors who because of their busy schedules do not find time to even check their blood pressure even though we encourage others to do so all the time. Laboratory services were also available to members at a cost to members at the AGC.

The health stand which was manned by two senior nurses was set up to check blood pressure, blood sugar, weight and height (for BMI estimation) of participants.

An announcement was made at the beginning of the conference to advertise the health stand. It was however not mandatory and all participants were free to patronize the activity which was free.

Out of the total number of over 300 conference participants, only 14 doctors availed themselves to check their blood pressure and blood sugar. The doctors who visited the health stand at the conference were excited in that it was a long time ago that they had checked their blood pressure.

They congratulated the Western Division for the initiative. They were of the view that the health stand should be part of all subsequent AGC's. None of the participants checked their weight or height. The National Ambulance service was also on standby throughout the duration of the conference.

The MDS Lancet Laboratories offered a free GH 100.00 laboratory sponsorship to all doctors present at the AGC who were willing to do any laboratory test of their choice. This was well patronized.

We are grateful to the doctors who patronize it and urge the next hosting divisions to replicate the exercise and encourage more doctors to patronize next time.

By Dr. Richard Anthony
Chairman, GMA Western Division