

WHO Guidelines and Our Curriculum

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It is good that WHO has developed and is developing many guidelines for the physicians and experts and making the management uniform and easy throughout a region(s). Among the guidelines are guidelines on Tuberculosis, Dengue, Diarrhoea, PEM etc. But in addition to these, there are also guidelines that are prepared for health workers eg ARI (Acute Respiratory Infection), IMCI (Integrated Management of Childhood Diseases) etc. The basic characteristics of these non-physician guidelines are that here the diagnosis depends on only ask, look, feel. There is no use of other clinical examinations and no use of laboratory tests. According to the guideline ARI is divided into no pneumonia, pneumonia, severe pneumonia and very severe disease. The criteria for this classification is based on fast breathing and no fast breathing, no chest indrawing and chest indrawing. No use of palpation, percussion, auscultation and any laboratory test, what a simplification for assessment of respiratory infections! It may be good for health workers or a lay man but in no way it is befitting for assessment of a patient by a doctor or experts. In Diarrhoea manual by WHO also diarrhoea is assessed by ask, look and feel but in standard text for a physician to assess dehydration, one has to examine from head to toe. To avoid the risk they added 5 danger signs, again for the health workers and according to IMCI only treatment is to refer these patients to distant hospital. For a qualified doctor there is nothing to exercise in this situation.

There is probably nothing wrong with WHO and its protocol and if it is meant for health workers only for some of the protocols. But if it is used for medical doctors then that will be a misplaced judgment and an underestimation of the knowledge and calibre of our MBBS doctors. That is what is happening in Bangladesh. I am not sure whether it is also practiced in the same way in other third world countries. But it is not included in the contents of standard text books of developed countries that we follow in our undergraduate and postgraduate courses. But it is very much included in the curriculum of MBBS and postgraduate courses in Bangladesh. I am again not sure whether that is the instruction from WHO for the 3rd world countries and for considering our MBBS and postgraduate students as mere equivalent to health workers who do not know how to clinically examine a patient and how to investigate a patient and interpret the results. Or whether policy makers imposed the protocols on the undergraduate and postgraduate students of our country which are actually meant for health workers and if that is the fact then it is hard to find what was the motivation behind their thinking. It is no way acceptable to include a protocol for health workers to be included in the curriculum of the medical doctors. But in reality that happens in Bangladesh. The doctors are compelled to memorize the words that are not meant for them.

We strongly recommend that the protocols that are meant for health workers shouldn't be imposed on MBBS doctors and make their vision narrow and make them intellectually handicapped.

DISCLOSURE

The author declares no competing interest