



## Editorial

# Lack of Attention in Health Management

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Family planning is an important part of preventive and primary health care delivery system. No where in the world health and family planning services are delivered by two supervisory authorities other than Bangladesh. In 1975 by making family planning Directorate General, Health and family planning services are implemented in union to district by two different supervisory authorities.

In 1998 healthcare and family planning service united together in the field level. But in 2001 it is stopped and both services are separated. Afterwards on 16th march, 2017 unification of both services has been finished where “Health education and family welfare division” and “Health services division” named two wings were created in the Ministry of health. But still opportunity of unification is not impossible. In this option health, nutrition and family welfare institutions can be united together at Upazila level where it will be transformed as a primary health care division. Medical education secondary and tertiary levels unitedly can be health services division.

Without any previous preparation, the government started Institutional private practice. The condition of Institutional private practice is certainly the presence of doctor and associated personalities, presence of more than one expert of a subject and arrangement of laboratory tests sufficiently. But without these conditions starting institutional private practice will be a child-like decision. If this system is started the presence of a doctor's total time will be reduced. People coming in the office time to take standard treatment will be reduced. If truly it is started the people will come more in the afternoon than in the forenoon. As a result, the total treatment system will be expensive for different health management systems. Now the doctor-patient relationship is at the bottom of the basket. One of its causes is taking money in exchange for private practice. When a doctor takes money as fee of the treatment, he will not be regarded. Because

people will feel doctors can be purchased by money. So, in place of idealistic doctor-patient relationship it will be turned into a seller-purchaser relationship.

In the private sector private medical colleges are established with negligible supervision. Now the government is also opening medical colleges on a competitive basis with the private sector. In the absence of appropriate teachers, infrastructure, necessary equipment and health related qualified manpower, government and private sector are opening medical colleges. Still our senior and mid-level teachers are as standard as outer world teachers. But without arranging enough qualified teachers as the medical colleges are running now can be treated as an endemic situation. Some Medical Colleges' standard have gone to such a level that sitting with disease in house is better than going to a medical college. To get rid of this situation is nothing but the quality judgment of doctors should be done by a competent authority, i.e., by Bangladesh Medical and Dental Council (BM&DC). To start practice and renew it a quality judgment examination should be started by BM&DC.

Secondly, where infrastructure, quality teachers and related health personalities are not ascertained in the medical college it should not start academic programs. As if it is started students should be shifted to the side by quality Medical College. After completion of all the requirements, all Medical College should be started. Side by side a high-ranking body composed of the Ministry of Health, Medical University and BM&DC for opening the academic & curricular activities in one Medical College and yearly once check of the quality. Now these three organizations move separately for which their observation are partially done, and a single quality decision is not coming. So, for all the observations, a composite high-ranking body can approve the academic activity starting of a medical college once in a year.

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DOI: <https://doi.org/10.3329/emcj.v8i2.69617>