

National Health Forum To Have Staff In Karachi

The Board of Directors of National Health Forum decided in their June 2008 meeting to hire a project director and a local office for their ongoing and future projects. The need arose not only because of coordinating local projects but also due to strict requirements of the IRS to keep the non-profit status of NHF. The project director will also be responsible for coordinating the visiting lecture series which is being organized by NHF. In this project, visiting physicians from the U.S. and U.K. will deliver lectures and clinical rounds with the students and house staff. PMA Karachi will help in coordinating efforts.

Immigrants From India, Pakistan Face U.S. Prostate, Breast Cancer Risks

A team of researchers at West Virginia University has shown that U.S. immigrants from India and Pakistan take on the habits of their adopted country, increasing their risks of prostate cancer among male immigrants and breast cancer among females. The study, to be published in the Sept. 15 issue of the journal *Cancer*, a peer-reviewed journal published by American Cancer Society, is



MEMON MEDICAL INSTITUTE TO START IN MARCH 2009

The Board of Directors of Memon Medical Institute met in August, 2008 to review the final plans of completion. The 330-bed medical institute will be located near the University of Karachi. All units of the hospital including ICU, Operation Theatres, Emergency Room and patient floors will be installed with state-of-the-art equipment.

The CEO of Memon Medical Institute, Mr. Ajaz Saya and its Chairman, Mr. Pir Mohammad Diwan, appreciated the philanthropic efforts of the entire community towards this project. This project will be completed in three phases and a School of Nursing is also included in it. The Medical Director of MMI, Dr. M. Tufail feels confident that the entire project will meet its deadline and the hospital will serve the needs of the surrounding community.

Taboos About Sex In Pakistan Hindering Efforts To Curb The Spread Of The HIV/AIDS

According to a study published in *Lancet Infectious Diseases*, it is more common for men in Pakistan to carry HIV than women. At least 85,000 Pakistanis are infected with HIV. Many people in Pakistan believe that HIV/AIDS is not an issue in Muslim countries because Islamic law forbids sex outside marriage; sex education therefore is rare in the country. Although neighboring countries like India and Bangladesh have similar Muslim cultures, much less hindrance is seen for social workers and sex educators. In addition, the study reveals the existence of network of male sex workers and the "highly stigmatized group" of HIJRAS (Transvestites), who are receptive partners. According to the study, the use of condoms, which cannot be displayed in stores, is low.



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NATIONAL HEALTH FORUM

PO BOX 240093
Ballwin, MO 63024
SEPT 2008

EDITORIAL

In the good old days, angry mothers used to impress upon their delinquent children that they would never be forgiven if they did not make better use of the “gift” which came out of their bosom. Notwithstanding the symbolic gesture indicating the emotional ties mothers have with their children, scientific data has proven beyond doubt the benefits of breast-feeding, both on babies and mothers.

Breast-feeding makes babies smarter and drastically cuts down their chances of acquiring leukemia, coronary artery disease, diabetes and obesity. In addition to providing adequate and safe nutrition, breast milk transfers antibodies from mothers to babies, which confers immunity. Breast-feeding also decreases the chances of osteoporosis and ovarian cancer in the mother. WHO estimates that 1.3 million children die every year because they are not breast-fed.

Why then do we ignore the value of breast milk? Why then, despite nearly all mothers being physically able to breast feed, a quarter of babies in the developed world never taste breast milk and by six weeks the majority is shifted to commercial powder formula milk? Lactating mothers are stigmatized and are held akin to flashers. The sight of mother’s breast exposed in public is unacceptable to many if not all. Women, too, have been conditioned to find themselves disfigured and are made to believe that breasts are for titillation and not for nurturing.

But by far, the biggest reason babies are pushed towards bottle-feeding is the need for the mothers to join work outside their homes. Norway, which has the highest breast-feeding rates in the developed world, gives mothers a year off with 80% pay and gives them breast-feeding breaks when they return to their jobs. There is an upfront cost for this policy but millions of dollars are saved down the line. Prevention of gastroenteritis alone saves a fortune, not to mention the toll obesity, diabetes, heart disease have on our healthcare system.

The magic pill that it is, breast milk gives no dividends to anyone but to the mother and her baby. Unchecked corporate power and its multi-billion dollar marketing have generated bogus propaganda to equate powdered milk to breast milk. A culture has been created where baby formula is marketed as a healthier, sophisticated and modern alternative. The bottle has been painted as bringing “liberty” to the lactating mum. This dodgy marketing has been put on a leash by civil society. In Britain, corporations have been banned from marketing their products for babies 6 months or younger. There is an international code of conduct agreed to by 118 countries where a promotion undermining the message that “breast milk is best” is prohibited.

Through this editorial we stress the fact that there is no equivalent alternative to breast milk and mothers should be encouraged to breast-feed as long as possible. Public health awareness campaigns are needed to counteract the stigma and taboo associated with mothers breast-feeding their children in public.

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Can We Let The Fox Guard The Chicken Pen?

By TANVEER M. IMAM, M.D.

If you want to gauge a nation's potential for growth, examine its health-care system. A healthy populace is an indicator for progress in other sectors of the society. To keep the members of society healthy, it is imperative that apart from building state-of-the-art hospitals, we produce well-trained and soundly educated doctors.

Understanding the importance of community health and its impact on its world standing, great nations have taken upon themselves to promulgate laws to enforce strict regulation of medical education and training. For example, in the United States all medical schools are required to have accreditation from the LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME). This enables them to obtain federal grants, for their graduates to be eligible to take the United States Medical Licensing Examination (USMLE), to enter into an accredited training program and to obtain a state license to practice their skill. The Department of Education recognizes this independent, peer-reviewed body for accreditation of programs of medical education in various institutions. Those institutions which offer medical education, in turn have to undergo another scrutiny by a separate accreditation body which makes sure that medical education is given in a rich environment conducive for learning.

The policies and procedures of LCME are transparent and well chalked out and are available to everyone who cares to know about them. The 17 members of LCME are comprised of medical educators and administrators, private practitioners,

medical students and members of civil society. The American Medical Association (AMA) and Association of American Medical Colleges (AAMC), each appoint six members of LCME. The prime functions of this body are to constantly review medical education programs, which require their team of evaluators to conduct on-site surveys of medical schools on a regular basis. Boldly stated within its policy statement is the issue of "conflict of interest." It is well understood that for the body to be functional, conflict of interest has to be avoided at all cost. It is stated in clear words that anyone one who has personal or pecuniary interest in medical education program should not be considered to be on the governing body.

Let's switch gears for a moment and contrast the above with what is going on in Pakistan. One does not have to be a medical educator or an administrator to understand that things are not in order. Mere look around to find suffering patients, a doc in the neighborhood clinic dispensing steroids for joint pains and dysentery, and quacks publically advertising their skills will be sufficient to know that we are way off the mark. Pakistan Medical and Dental Council (PMDC) is the responsible body to regularize medical education and practitioners in Pakistan. But it seems that the members of its board are on extended vacation. They either don't see the ill in the system or feel they are not responsible for it.

There has been a lot of hue and cry about mushrooming of private medical colleges and the role of PMDC

in regulating medical education. The owners of private medical colleges want a representation in the PMDC make up, making the conflict of interest too obvious. Nepotism, bungling, exclusion of alternate opinions within PMDC and creating road blocks for elected members to take up their responsibilities have been cited in media. The owners of private medical colleges, on the other hand, argue that market forces will come in play to correct and update medical education in Pakistan — the "laissez-faire" economic principle, which has historically served only a chosen few.

On review of PMDC's web page it is apparent that the policy and procedures are not well chalked out and issues regarding conflict of interest are not well delineated. Perhaps it is time for the stockholders of PMDC to overhaul the organization. Multiple checks and balances have to be placed. The culture of mediocrity has to be overcome. It is very possible that the stated function of PMDC, i.e. regulation of medical education as well as practitioners, may be quite large for one organization to fulfill. The least which needs to be done is to heed to the recommendation of the Senate Standing Committee which calls for a freeze of new private colleges until existing deficiencies are corrected, and immediate closure of unauthorized colleges. The committee also points to avoidance of conflict of interest and that it is deemed unacceptable for a member of PMDC to have monetary interest in a medical education program which is to be regulated by the council.



Medical Education in Pakistan: Opportunities and Challenges

By Dr. Khaja H. Mujtaba Quadri

What competencies would we like a 21st century medical graduate to possess? What outcomes do we anticipate in a fresh Pakistani medical graduate, as a result of an MBBS curriculum firmly entrenched in a 20th century British mould? These two queries should set the tone for deep introspection amongst those “responsible” for planning and developing any modern medical curriculum.

The British, as a result of “Tomorrow’s Doctors” published in 1993, and updated in 2003, have already discarded their older models of learning which were predominantly teacher-centered, lecture-based, subject-oriented, hospital-based and providing “Opportunistic” learning.

The SPICES model espoused by Professor Ron Harden, an eminent medical educationist, now being adopted in developed nations like Canada, UK, Australia and in the last decade, by several but not all US based institutions, on the other hand, is student-centered, problem-based, integrated in a systems-based or lifecycle model, community-centered, elective-driven with core and special study module options.

The Flexner report in the early to mid-20th century in the United States set the tone for a basic science revolution, which strengthened the scientific foundations of medicine.

Beyond the Flexner Report, half a century later, issues such as professionalism, communication skills, collaboration, team-based learning, “learning, relevant to medical practice”, evidence-based practice, critical reasoning and problem-solving

abilities, besides life long learning skills, are some of the evolving challenges that have to be addressed in the 21st century curricula as a result of explosion of knowledge, technological advancements, quality of care issues, changing face of practice away from tertiary care centers to primary care settings, and the phenomenal costs of healthcare.

In response to these global challenges, the Pakistan Medical and Dental Council (PMDC), along with the Higher Education Commission (HEC) of Pakistan have taken a decision to reform the undergraduate medical curriculum in Pakistan.

The 2005 PMDC/HEC curriculum guiding principles are enlightened and progressive, yet the curricular content in the same document is a detailed rearrangement of the same old syllabi. At the national level, a curriculum committee has now taken shape at the PMDC and HEC in 2007/2008 and is working towards this inevitable transition under the chairmanship of Professor Musaddiq Khan, Principal Rawalpindi Medical College.

A few select institutions nationwide have taken bold steps for curricular reforms. Shifa College of Medicine, attached with the Shifa International Hospital in Islamabad shall barely complete 10 years of its existence in January 2009. This fledgling institution under the dynamic leadership of the Dean, Professor Mohammad Amin, has taken steps for modernizing its curriculum since December 2003, when its first set of graduates were administered the comprehensive American Association of Medical Colleges graduation ques-

tionnaire.

After an uphill struggle by several die-hard “curricular reformers” of nearly 4 years, a systems-based, spiral, modular integrated curriculum has been simultaneously implemented across all 5 years of the medical college from Dec-2007 onwards. The first year of this transformation has seen successful delivery of seventy percent of its 46 modules to date. (June-July 2008).

Each module is driven by several themes and patient-centered problems. An integration of basic and clinical sciences transcending subject boundaries occurs through small-group discussions, problem-based learning, interactive large group discussions, appropriate clinical skills acquisition from first year onwards and is revisited with different developmentally appropriate objectives over the next 3 years.

The formal clinical rotation program spans the 3RD and 4TH years.

The final year (year 5), is dedicated to 8 weeks each of electives and clerkship modules in Medicine, Surgery, Pediatrics, and Obstetrics/Gynecology. Each module is assessed through MCQs, short answer questions, small-group assessments, and objective-structured practical/clinical examinations (OSPEs/OSCEs).

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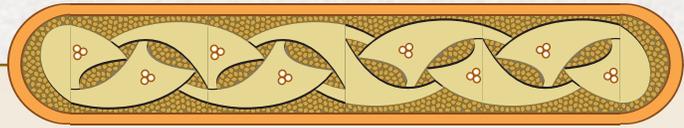
The traditional long and short cases are being critically reviewed with a view to replacing these with more valid and reliable assessment tools.

Students provide feedback/evaluation on a 28-item questionnaire at the end of each module and faculty uses the same information towards continuous improvement. Finding ourselves in a pioneering position in Pakistan and on an equal footing with established progressive medical institutions worldwide, the Shifa College of Medicine is now aware of its responsibility to help disseminate this philosophy throughout the country so that InshaAllah, we as a nation, can rapidly transform from being “followers” to “leaders.”

AUTHORS’S PROFILE: *Dr. Khaja H. Mujtaba Quadri is Associate Dean and Professor of Nephrology, Shifa College of Medicine, Islamabad, Coordinator, New Integrated Curriculum, and Chief, Department of Medicine, Shifa International Hospital, Islamabad.*

PAKISTAN FACING SHORTAGE OF PSYCHIATRISTS

Pakistan has only 350 trained psychiatrists for a population of 150 million. This makes 2.8 psychiatrists per 100,000 people. This number is way below WHO Mental Health Atlas 2005 estimate of 4.5 psychiatrists per 100,000 populations globally. In a survey published in the journal “Academic Psychiatry”, only 7.6 medical students in Pakistan want to pursue the field. The dearth of available training slots and their poor quality influences their decision making. Currently only 100 training slots are available throughout the country and the passing rate at the exit examination is around 20%. With a majority of trained psychiatrist leaving the country to seek better opportunity, the shortage is compounded.



The Bride of Nuristan

By Izhar Khan, MB, BS

Inspired by the following news report on BBC, July 7, 2008:

Afghan officials are investigating reports from a remote area of eastern Afghanistan that U.S. warplanes bombed a wedding party this morning, killing more than 20 civilians, including women and children. The incident in Deh Bala, a mountainous district of Nangahar, a province close to the Pakistan border, just two of the dead are men, the rest are women and children. The bride is among the dead.”

*Nuristan, crown of the earth’s glory
Where the eagle soars free in the rarefied air
Where the water flows clear through valleys
And snow capped peaks flirt with heaven*

*Nuristan where Alexander once roamed
But could not tame this paradise
Nor could the Mughals
Nor the Farenji, nor the Roosi*

*Was she like any other bride?
Nervous and shy, perhaps anxious
Did she have henna on her hands?
Did she bid farewell to her father’s house?*

*Through Nuristan rode the bride
In the bridal caravan
Battered truck and a van perhaps
Full of women, children singing*

*Then from the depths of Dante’s hell
The Faranji returned in wrath
An aerial dragon breathing fire
Like thunder came destruction
Upon the bridal caravan*

*Her hands now dyed with red henna
Sleeps the bride forever
Thus was liberated....
The bride of Nuristan
Do you know her name?*

Obituary

PROFESSOR MAZHAR-UL HAQUE



On January 16, 2008, Professor Mazhar-ul-Haque breathed his last, surrounded by his loved ones. Professor Haque was the Head of the Department of Pharmacology and Therapeutics at the Dow Medical College, Karachi from 1949 to 1969. He was born in Lahore in 1913 and received his degree in medicine from King Edwards Medical College. After his graduation, he held various teaching positions at his alma mater and the affiliated Mayo Hospital.

He was awarded the Doctor of Medicine (MD) degree from Punjab University and soon afterwards he moved to Karachi to take up his teaching position at Dow Medical College, where he served as Head of Pharmacology for 20 years. Apart from being a respected teacher, author of multitude of research papers and review articles, he had a deep interest in music and literature. His message to his students was that of tolerance, equality, humbleness and study of different cultures. He emphasized that the quality of a good doctor is not only possession of medical knowledge but also to have sensitivity and creativity.

After his retirement from Dow Medical College in 1969, he was appointed Medical Director at Pakistan Pharmaceutical Products. He also maintained a dermatology consultancy practice in Karachi. He immigrated to the U.S.A. in 1991 and lived in Long Island, New York till the time of demise. His wife of 60 years, Begum Nasira Haque, passed away within six months of his demise. Professor Mazhar-ul Haque is survived by his two sons, two daughters and ten grandchildren. Professor Haque's son, Dr. Rizwan ul-Haque, is a graduate of Dow Medical College and resides in Massachusetts.

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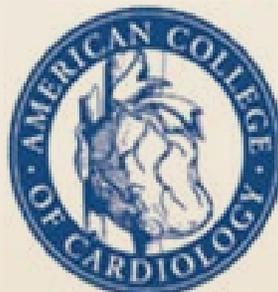
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National Health Forum, Inc.

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Dear Friends:

National Health Forum (NHF) is a non-profit organization based in St. Louis, Missouri. One of the prime objectives of NHF is to increase awareness about healthcare issues in developing countries such as Pakistan. We want to educate the general public about the existing social conditions and medical practices in the under-developed countries like Pakistan. We believe that healthcare should not be a privilege of a few, but quality healthcare should be available to all. In this regard we are coordinating our efforts with other non-profit organizations both in the U.S.A. and Pakistan to provide medical charities.

National Health Forum was established in 2007 and this is our second successful year. So far we have helped Indus Medical Center, Karachi, procure a Nuclear Reperfusion Camera. We have helped raise funds for Memon Medical Institute and Koochi Goth Hospital. Koochi Goth Hospital is a charity hospital in Landhi, Karachi which serves the poor of Karachi and adjoining areas. It is one of the prime centers for treatment of Vesico-Vaginal fistula (VVF), a condition which occurs in predominantly poor females due to prolonged labor. National Health Forum (NHF) has also supported Memon Medical Institute, 330-bed general hospital which will be starting in March of 2009. This state-of-the-art hospital will serve the general community in the Karachi University area and beyond.

National Health Forum is also coordinating its efforts with Pakistan Medical Association in running various patient awareness campaigns and to highlight such maladies as quackery, which is compounding health problems in Pakistan. As part of our health awareness campaign, we have embarked on a poster campaign to educate patients about common diseases which affect us. Our first poster was on Diabetes Mellitus and a thousand posters were mounted and distributed in Karachi. The next two posters will be on Viral Hepatitis.

Our goal for the coming years is to continue our effort in disseminating education about healthcare and arrange charitable donations for patients who otherwise would be deprived of medical help. We intend to apply for grants from international organizations like the Gates Foundation and Soros Foundation. Our goal is to publish four newsletters per year to keep our donors abreast about the activities of our organization.

We plead to you to help us in reaching our goals. You can send your contribution by sending a check or through direct deposit. National Health Forum is an IRS approved not-for-profit organization (Tax ID# 20-5821134).

For comments and suggestions, please email us at nationalforum@gmail.com

Thanking you,

BOARD of DIRECTORS

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PLEASE SEND DONATIONS TO: National Health Forum
PO Box 240093, St. Louis, MO 63024

Immigrants *con't from page 1*

the first epidemiological analysis of the Pakistani and Indian immigrant population. The authors looked at data from the Surveillance, Epidemiology, and End Results (SEER) program of the National Cancer Institute, examining almost 7,000 cases between 1988 and 2003.

“When men and women from India and Pakistan migrate to the United States, their disease profiles change, mirroring the American risk. Breast cancer and prostate cancer develop due to many reasons, but environmental factors and lifestyle play a major role in these cancers,” author concludes.

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