

QUALITY CONTROL : ITS TIME HAS ARRIVED

Modern medicine cannot be practised without good laboratory support. Also, the explosion of technology has put powerful diagnostic tools peculiar to each speciality in the hands of the specialist. Some of these specialized investigations are simple and relatively free of observer error (Idiot-proof so to say) and can be performed by minimally trained medical personnel or technicians. On the other hand some investigations require a lot of training and sophistication and a few, particularly the invasive tests, have a potential for complications including death. Even if the test itself is non-invasive and safe, misinterpretation or inadequate performance of the test leads to wrong conclusions and potentially harmful treatments. Irrespective of the training needed to gain expertise and the potential risk involved, most tests involve costly equipment and are therefore expensive to the patient and a drain on the economy. All this is more true of cardiology than any other specialized branch of medicine.

There was a time when even in big cities sophisticated diagnostic facilities were few or non-existent. With infusion of a new generation of trained specialists new diagnostic modalities were introduced in many cities of Pakistan especially in Karachi. After seeing the potentials of these new procedures, both technical and financial, the private sector has been increasingly involved in setting up many diagnostic units. This would be a very welcome step but for the 'vultures' who invariably get sucked in. These non-professionals are either untrained or self-trained and have not bothered to invest time and effort in going through a proper training program. As they are in the field only to make money without

scruples, they have no idea of or commitment to standardization and quality control of their work. Slowly but surely such individuals will cause great harm to the efforts being made to modernize and update medical care in our country. These individuals will end up causing harm to patients and give a bad name to the profession causing a further worsening of the already present patient-doctor confidence crisis.

It seems therefore, that time is just right for the specialities to introduce the concept of minimum necessary training for various techniques, standardization of equipment and a system of internal and external quality control. Rather than wait until the government is moved into this area by public complaints and demand, the various voluntary medical societies preferably the specialist bodies should address this issue. They should set up Boards or Accreditation Committees to lay down criteria and certify facilities which submit themselves voluntarily for quality control certification. If these Societies and their Accreditation Committees are sincere and their word carries clout, this voluntary system of self-regulation and quality control will go a long way in checking the proliferation of non-accredited facilities. Once the Government Ministry steps in, things usually get worse!

EDITOR

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