Editorial:

GOING ABROAD FOR TREATMENT?

The idea of travelling great distances for treatment to obtain "cures" and "Aabe Hayat" is not new. There are many reasons, real and imaginary that prompt a patient to undertake arduous and expensive journeys for treatment. We will discount the small minority which goes abroad for reasons of prestige or because they are extremely wealthy and except for coming to Pakistan to collect their incomes or oversee their estates have no feelings for this country other than contempt. The majority of people who go abroad do so for two main groups of problems. The first group of problems are those for whom treatment or diagnostic modalities are not available in Pakistan. If the problem is not self-limiting and is potentially life threatening, there can be no big argument against the patient seeking special medical help wherever it is available. The second group of problems are those for which treatment is available in Pakistan yet the patient wishes diagnosis and/or treatment abroad. It is this latter group that needs to be looked at in greater depth as it represents a very mixed bag.

Why should we bother about this problem at all? Why not let the individual spend his money where he wishes? We should look into this problem because most of these patients going abroad wish that foreign exchange be released for such trips and because some of them want the government to bear all the expenses. As public money and foreign exchange of a poor country are involved, this makes it a matter of public concern. We as physicians are involved because the screening system that exists as of now exposes the physicians especially those on medical boards and in specialist institutions to great outside pressure and leaves much to individual whims and bureaucratic manipulations.

All this happens because the criteria for allowing patients to be sent abroad for treatment or diagnosis are not clearly spelt out, perhaps deliberately so! Be that as it may, if the government really wishes to sort things out in this regard and wishes uniformity and justice to all alike, it should set up a task force of physicians from all specialities and lay down clear criteria which are unambiguous and which would apply to ALL—NO EXCEPTIONS!

Philosophically speaking the grass always appears greener on the other side and the distant drum sounds sweeter. This coupled to the fact that the high and mighty run abroad for treatment every time they sneeze makes the public all the more suspicious of local facilities! Remember, people get sick, crippled, remain incurable and die even in the United States.

—EDITOR