

Guest Editorial



Intensive Care Units and Health Insurance Policies: Challenging and Life Saving Options

Dr. Moazzam Baig Mirza

FRCP (London), FRCP (Edin), FRCP (Glasg), FACC (USA), FACP (USA), FCCP (USA), FACA (USA) Graduate of KEMC (1959-64), Lahore 54600; Email: moazz.ambm7@gmail.com

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The Importance of ICU's Intensive/Critically care facility cannot be denied in any good hospital. May it be a District General hospital or an Academic teaching hospital in a public or private sector? It is a challenging and life saving facility.

ICU is designed to provide round the clock Intensive care to safeguard patients who are acutely ill and unstable medically or who have compromised different body systems. ICU's of different specialties like Neonatal/ Pediatric, Medical, Surgical are operating. CCU is another form of ICU where cardiac (heart) related problems are dealt. Sometimes in surgery, postoperative care is provided in surgical ICU.

ICU should own required man power, expertise, necessary AIDS, and has its own SOPs/ Protocols, guidelines and functional policy. ICU may have capacity of 5-10-15 beds with properly staffed personals and other supportive services.

It is vital to prevent and control all kinds of Infections. Health providers, patients and attendants have to follow protocols.

There has to be admission and functioning Policy of ICU. Clinical judgment and true professional sense should prevail. Unnecessary admissions should be avoided and the real needy patients are not denied of such better health care. 'Sustainability' of healthcare in ICU is vital. ICU care is not a 'terminal' case care.

It is not meant a place to die or doomed forever. Once again it should not be viewed or made an expensive method of dying. On the other hand younger person with acute lung, GIT, kidney and heart disease or septicemia with unstable clinical or labs (tests) parameters deserve to be treated. It is a challenging facility, where frontline health providers have to do their best without caring for outcome. ICU should not be judged from how many lives are lost but how many lives are saved. It is not meant for 75 years old patient with CVA or 80 years old person with CA lung to die in ICU. Human being should not be treated as piece of flesh or blood. It is also not a place for research/experiments.

ICU is not a dream, thought or idealism but a practical, realistic and quality care for needy patients. Nobody should be denied of this needed extra care. This is a patient's right. Medicine is a science and art. There are also financial constraints/expenses (Manpower, Equipments etc) in the running of ICU in a hospital. Hospital health care cost effectiveness is matched with financial burden on the pocket size of the patient/ attendants. This situation is more relevant in this third world and under-developed region like Pakistan. Govt. and public sector budget allocates meager 5% of its GDP for health/ education. Then within the hospital allocated budget of only 10-15% goes for ICU. From where the money should come to run the hospitals with ICU'S and under taking of other preventable health care measures like anti po-

lio, anti malarial, anti TB, anti dengue organization and safe water drinking.

Priorities, here seem different. Sometimes IMF/ World Bank's loans or others aids, donations are shifted elsewhere. Think tank should come out with practical and fruitful ideas how best to get this situ-

ation altered. Public and private sectors should collaborate and offer such services for the people of the country. Some government sponsored health insurance policies (with patient friendly health care products) should be launched on priority basis. Health care assistance for the population at large should be implemented. Hope for the better days.