

The Instant Arab NHS

One of the very few countries in the world with a British-style NHS is the Arab state of Oman. Is it spending its new-found wealth sensibly or making the same mistakes as every Minister since Bevan?

By Sean Milmo.

SIX years ago, Oman, with a population of around 600,000, had one 150 bed hospital manned by three American missionary doctors. There were also about ten one-room clinics scattered round the country run by Indian doctors working single-handed on salaries paid out of British aid which averaged around £250,000 a year. Oman's ruler, the ultra-conservative Sultan Said, was horrified by the Western-type progress that was beginning to make an impact on neighbouring states in the Arabian Peninsula and Persian Gulf.

Even though his country was starting to earn hefty sums from oil, he refused to spend any money on modernising his backward country. Not only was there no health service. But there were also no schools, ports, airports or tarmac roads.

Then in July, 1970 Sultan Said was ousted by a British-inspired coup and replaced by his Sandhurst-trained son Sultan Qabous. The country began to emerge from its medieval isolation into the 20th century. With the help of spiralling oil revenues, it embarked on a massive development programme which included the establishment of a free health service. By 1976 Oman had eight district hospitals, and five hospitals in its capital area around Muscat which included two specialist referral hospitals - one surgical and obstetric, the other medical and cardiac. In addition 11 health centres, with about 24 hospital beds each, and 40 dispensaries have been built. Altogether, the country now has about 1,000 hospital beds and over 300 doctors.

Few drugs

The transformation in health care has been rapid and dramatic. For example, the needs of the people of the town of Nizwa, 80 miles inland from Muscat, had previously been catered for by a clinic which consisted of little more than a mud hut. Dr Mohammad Ghouse, an Indian, now an official in Oman's Health Ministry, ran it with the aid of two locally recruited attendants. 'It was not only the clinic but my home as well,' he said. 'I had hardly any equipment and few drugs. Yet people came from miles around. I

used the shelter of the surrounding trees as my wards, performing operations in the open air with the aid of local anaesthetic.'

Eighteen months after the 1970 coup, Oman's first district hospital was opened at Nizwa. It was well equipped with about 50 beds and an outpatient department. The staff comprised a surgeon, gynaecologist, physician, anaesthetist, ophthalmologist and two general practitioners; about 25 nurses and two laboratory technicians. Within about three years the Health Ministry had set up a referral system in the country, so that a hospital like Nizwa would receive patients sent by health centres and dispensaries.

In turn the hospital now refers patients with serious illnesses to the country's two specialist hospitals near Muscat. From there, complicated cases are flown to England for treatment at the Oman Government's expense. With many patients wanting to bring a large retinue of relatives with them, this has proved highly expensive.

London teaching hospitals for two-week stints. A lot of them welcome the break. As a result the Government has tried to cut costs by bringing out specialists from and some only want their travelling and hotel expenses paid.

Upsurge in demand

The sudden arrival of modern health care in Oman has had its immediate benefits. The infant mortality rate, formerly 300 per 1,000 births has dropped to 170 which is close to the average for most of the Third World.

It has also produced the sort of problems which bedevil every new health service but which in Oman have been particularly acute because of the country's relative backwardness. As with the introduction of the NHS in Britain, the biggest trouble has been a massive upsurge in demand.

The country's 200 Government paid doctors - the vast majority of them Indian are overworked, dealing in some places with over 150 patients a day. They earn up to £660 a month, which is too low to attract Western doctors, but high enough to entice Indians. In hospitals with inexperienced clerical staff it has been administratively impossible to keep up with the flood of patients. The number of new patients recorded by one hospital's out-patient department, was three times the estimated population.

One major difficulty is that Omanis regard hospitals and health centres as good meeting places. They are the first community facilities they have had

and as such have become ideal social centres, particularly for women who want to break away from the Arab domestic tradition.

The sort of pressures being faced by hospital doctors was highlighted in the annual report of Dr Mohammad Mughairy, a regional medical officer. 'Female patients continue to use the out patients' department as a meeting place to exchange gossip and as an escape from their domestic duties.'

Free trips abroad

Dr Mughairy also complains of the many patients wanting 'VIP treatment'. 'The demand to be sent abroad has become an obsession. Doctors are being harassed by aggressive patients and their relatives who want a medical report to enable them to get free tickets to go abroad.'

An exaggerated belief in the healing powers of modern drugs and medical equipment has made the doctor's burden even heavier. People believe that x-ray machines not only help diagnosis but also have curative properties. Many are not satisfied with a doctor's consultation unless it ends with an injection (tablets are not popular). At Salalah Hospital, for example, around 60,000 injections were given in one year, which is equivalent to two injections per person in the locality. More than half were of penicillin.

The over-rapid growth of Oman's health service has inevitably led to imbalance - a picture familiar to other countries, including Britain. Most funds and expertise has been concentrated on hospital development; primary care and public health have been left behind. Ante- and post-natal care is practically nonexistent in many areas, Although nearly 100 midwives and assistants have been recruited from abroad or trained locally, many births take place without medical aid.

Trachoma, tuberculosis and poliomyelitis are still prevalent but there is no comprehensive immunisation system.

Mental health has been placed at the back of the queue. The country has a total of five psychiatric beds, all in one hospital, and two psychiatrists. Many of the mentally ill are now sent to hospitals abroad, usually in neighbouring states. Health education, which some doctors believe could strike at the roots of many of Oman's major health problems, is virtually non-existent in most areas. In one hospital half of infant deaths resulted from gastro-enteritis caused largely by the failure of mothers to feed their babies properly from the bottle.

The Government now says that priority is being given to primary care and preventive medicine. Attempts are being made in particular to bring the

advantages of primary care to outlying areas which have previously laid outside the orbit of the health service. Every morning, for instance, a helicopter flies a doctor out of Salalah into areas of the Dhofari mountains where only a year or two ago Government forces were battling against left-wing guerrillas.

The doctor can sometimes do little else but hand out drugs and give injections. His job is merely to establish a line of communication. 'Some patients do not even bother to come to me for drugs but get a relative to go along for them instead,' said Captain Tapan Lahiri, a Bengali Army doctor who holds his flying doctor surgeries underneath trees.

'But what else can I do? If I don't give them anything they will never come back.'

But, clearly, modern medicine is being successful in Oman. Only a few years ago the major source of comfort for the ill were folk 'cures' administered by the mutawwi or local healer. Some of his therapies were quite savage. A pain in one limb would be relieved by burning another in the belief that burns attracted pains away from other parts of the body. Until fairly recently in areas where the custom lingered on children were being admitted to hospitals with severe burns.

'It is difficult for the outsider to realise how much progress has taken place in this country,' said Dr John Bosch, an American doctor who has been in Oman since the 1950s. 'There have been more changes here in the last five years than there were in the previous 500. While the rest of the world was moving Oman was standing still~ Doctors are now seeing patients at the rate of one every two minutes or less. It is not entirely satisfactory. But it's better to do a superficial job on 200 people each day than leave them untreated. It's progress.'