

Arming the Witches-----A Betrayal of Professionalism

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ABSTRACT

It is harvesting season of crop sowed in the last decade under the umbrella of Prime Minister Health Program as we are facing the complications of illegal abortions done by the health workers .It is to emphasize to the health workers & Health Program organizers to disengage from the practice Objectives are to; estimate the frequency of its complications, discuss types of complications encountered with its mortality & morbidity and demonstrate the ways of

its notification & prevention. All patients admitted with peritonitis due to illegal abortions were included in the study during one year period. Results showed alarming increase of illegal abortions complications (53% of total peritonitis cases) with most common injuries to colon or small bowel. Mortality was 6% and morbidity 94%.

Conclusion were made that extensive technical & ethical training of health workers & surgeons are needed along with resurrection of regional ethical committee to look after the affairs.

INTRODUCTION

In the last year, fatal complications of illegal abortion, done by undercooked health workers, enormously rising. It is harvesting season of crop sowed in the last decade under the umbrella of Prime Minister Health Program. These health workers received a very short span of training & not suppose to perform such surgical interventions;

- Lady health workers----- 2-4 weeks.
- Community midwives----- 18 months
- Lady health visitors----- 24 months

All these cases were performed by these health workers for illegal motives^{1,2} .In spite of repeated communication to stake holders, no step taken to do away with it and start off with a clean slate. Combating the attack requires highly skilled, competent, dedicated & ethical professionals who can execute to the maximum in such damage situation³.

To repeat & repeat and in the hope that it may penetrate the mind of someone out there amongst the sorry lot of women who manage to wangle their way into position of health workers for reasons of expediency & self perpetuation⁴.

Further it is imperative to provide the thought stuff for the Health worker program organizer in finding the ways to disengage and docile the dragon.

OBJECTIVE

By the end of this study, we shall be able to;

- Estimate the frequency of complications of incompetent illegal abortions presented at surgical unit 1, BVH, Bahawalpur.
- Discuss the different types of its abdominal complications
- Discuss the mortality & morbidity of it.

Demonstrate the ways of its notification & prevention.

MATERIAL AND METHODS

All patients of reproductive age who presented at A&E Department BVH Bahawalpur with peritonitis after attempted abortion from January 2006 to March 2007 were included in this study. Any patient who underwent therapeutic abortion by qualified surgeon was excluded from the study. Similarly the patients who have been initially managed at any centre were excluded from the study for simplification.

RESULTS

During this period (1-1-2006 to 31-3-2007),a total number of 60 female patients presented with peritonitis .

Out of these 32 (53%) patients developed peritonitis due to illegal abortion done by health workers (LHW),Daies(midwives) or LHVs. Remaining 28(47%) patients were suffering from peritonitis due to some pathology other then illegal abortion. This showed that

main life threatening cause in women of reproductive life was illegal abortion which is quite contrary to previous year's hospital statistics.

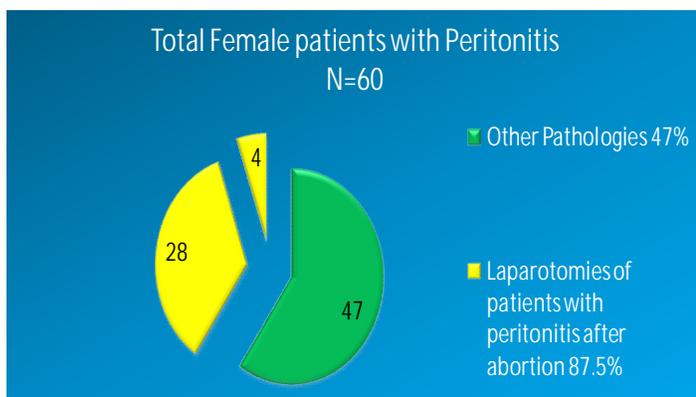
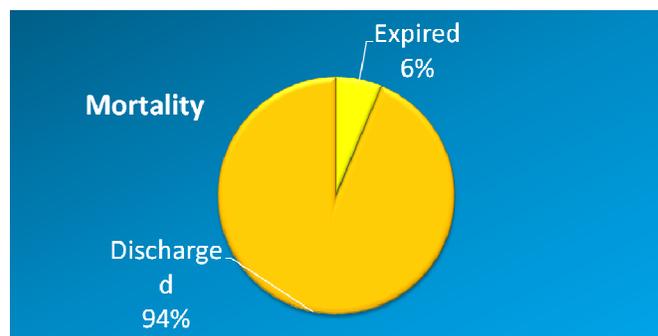
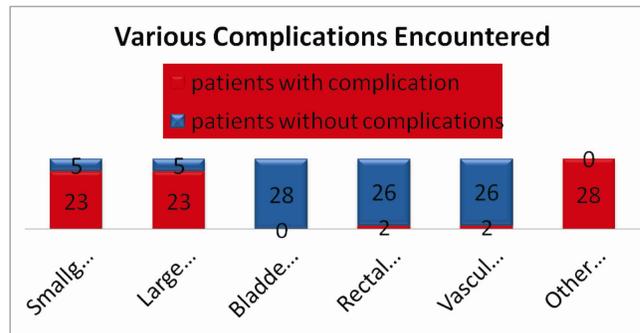
9(28%) patients were un- married & 23(72%) patients were married & multipara. It is interesting that all unmarried patients were below 25 years of age, while married women have more than 3 children .They all consulted the local LHW, Daies(midwives) or LHVs. It means that all patients consulted these untrained health workers for the sake of illegal abortions & to conceal the event due to local society norms and customs.

Most of the patients 28 (87.5%) were toxic and required immediate exploration while 4(12.5%) were treated conservatively as they are having only pelvic peritonitis without any visceral injury.

The most common injuries were of small gut (82.3%) and large gut (82.2%).These patients have usually combination of complications & later obviously patients with colonic injuries developed more post operative complications.

Rectal injuries were recorded in 2(7.5%) patients and vascular injuries of inferior mesenteric were seen in 2(7.5%) patients. All the patients have vaginal or uterine perforations with pelvic peritonitis or intra-abdominal sepsis.

2(6%) patients were expired in the post operative period while 30(94%) patients were ultimately discharged with 100% morbidity in terms of wound infections, recurrent abdominal abscesses, and ileostomy / colostomy complications.



DISCUSSION

All these patients underwent surgical assault by untrained health workers for illegal purposes⁵. As a result all of them developed either life threatening complications or they lost their lives in the course of disease. Surgical therapies to combat the assault were given in tertiary care hospital under the supervision of highly skilled and experienced surgeons. But in spite of all these efforts patients developed high mortality and morbidity which is akin to other studies. Surgeons should be particularly trained in competencies like, the critical thinking, decision making and damage control^{6,7}.

Most of these women were married and multipara and they wanted to get rid of unwanted pregnancy. Proper family planning can easily prevent the drastic outcome^{8,9}. Similarly in unmarried women lack of health education and sex education resulted in the loss of precious lives^{8,9}.

One has to learn from this scenario and ask the regulatory bodies to make fool proof system of specific learning outcomes training and monitoring the working of health workers¹⁰. At no cost they should be allowed to practice for what they are not entitled. Some of these health workers (LHW) training programs were started with political motives and these programs are of insufficient duration as well as training, resulted in production of brutal army of witches for reasons of

expediency & self perpetuation⁴. These programs wanted to be revised or bunged altogether.

Ethically all patients are entitled to good doctor. Because they know instinctively doctor can affect the outcome and possible consequences of disease and may make the difference between life and death^{11,12}.

So patients rely on medical regulation to ensure both good medical practice and protection from illegal or substandard practice. Thus it's imperative to enforces the standard regulations from bottom to top and we should accept that, from now on, patients are entitled to be treated by good doctors and quackery should be banned^{11,12,13}.

All patients should be treated, on the principle of patient autonomy, with dignity and respect and involve them fully in decision making. All agencies have to work as one team in the patient's best interest^{14,15,16}.

In our culture, assumption of making informed consent, look impractical, so the dependability more on the treating doctors to uphold the patients interests.

Notification to higher authorities/ ethical committees on the illegal practicing health worker should be done. But only mandatory information of the patient regarding the disease should be disclosed¹³.

CONCLUSION

All these cases were intervened by women health workers(LHV's, LHW's, Community Midwives).

All cases were intervened for ill-legal abortions. It is difficult to stop this practice so it is recommended that LHV's and community midwives should be properly trained or action should be taken against the culprit. Ethical committees should be raised to deal with these cases according to PMDC set principles.

Surgeons should be trained to ascertain this problem early (as most of the time history is not available) and to manage the variety of colonic, rectal and other visceral injuries avoiding the extensive procedures.

Cases should be notified to the Ethical committees keeping in view the patients' autonomy and desires.

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