

REMOVING THE DUST FROM OUR TERMINOLOGY AND BEHAVIOR

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First of all please accept my apology for not seeing any other posts. The site is really for all physicians but it is new and not many people know about it.

Things that two other things Libyan physicians are not used to are debates and views. It is a cultural thing and it will take time for them to have the courage to express their opinions on the web.

I like also to apologize for the hard working doctors, nurses, technicians and health administrators who are moral and have not forgotten their priorities and ethics. For them I say keep up the good work and my writing should be supportive of your efforts.

Any way I was talking to a colleague about some health related issues following a visit to Libya.

Some words that we use and implement within our medical practice appear to be missing from the every day health issues vocabulary back home. I thought it might be a good idea to remind my self and my colleagues with them. They were not deleted but may be rusted and difficult to see them. To make it painless for us, I will blame law number 15 for the rust and hope to bury law 15 soon.

*The following is my list: **Transparency, Honesty, Team work and team player, Quality, Auditing, Morbidity and Mortality***

1. **Transparency:** *It is really a very nice habit. It is certainly missing within Libyan health institutions and with health administrations. If you behave in a transparent fashion, you have to be truthful and have to deal with critics. These two things are a little bit difficult for us and in particular for the medical leaders to accept. To be truthful, you need to report itemized budget, itemize spending items, not to ask your accountant to bring bogus receipts, you do not take bribes and kick backs. You will need not to inflate prices of the items you buy for your institution. You will not be able to ask your friend to give you three different bids for the furniture that you are buying for the office. You also need to accept criticism and be ready to explain to people who have questions about your place. You will need to have strategic planning and feed back about them and their outcome. If we practice transparency among us, I see nothing but going forward. It may be difficult to start but we will soon discover that many young people with smart ideas will come forth and have input. We then become loyal to the institutions and plans rather than to individuals who bribe us and allow us to take many hours of over time (some times more than the available hours of the day). We become loyal to progress instead of loyalty to individuals who appointed our relatives and friends even the dead to take salaries without qualification or showing up to work. Another part of the equation is the transparency of our health administrators. We need well documented data and public access to hospital mortalities, expenses per bed, and incidence of different diseases. We like to*

know the percentage of money spent on administration in comparison to the amount spent of health issues.

2. **Honesty**: *I think this is one of the most beautiful words in every language. If the individual practices this word, many of the bad actions will never be attempted. Honesty allows us to say no for corruption attempts because we would not lie if we were asked later on. I do not think any of us is perfect but let me give some examples that illustrate some of our actions. If a physician was asked about a treatment that he does not know, he should say just that instead of dancing around the answer or coming up with the wrong answer. If a physician was asked to be in a leadership position and he knows that he is not the right person for the job, he will politely decline. An honest physician in the leadership position will not use the hospital contractors to build his house or supply his windows or take the hospital cars as his personal property for personal use. I do not want to make this article too long. You can come up with many examples of what we see of our colleagues' behavior.*

3. **Team work and team player**: *all Libyans know some thing about soccer. All Libyans also know that soccer teams win when the play together and pass the ball to each other. That is called team work and the player who is not selfish is called a team player. My personal observation is that the word team work and team player are lacking from our daily dictionary. I do not know why. Is it reflection of our culture? Is it our education? I know being a team*

player makes the loyalty to the program, institution, and country but not to the individual. So if we learn to be team players and play together to fight disease and administer health institutions, we will be able to bring to the table many ideas that will move us forward. We will become tolerant to the different opinion. The hospital or clinic or program will run based on accountability and progress not based on corruption and theft. We will then accept the responsibility as a team and receive and brag about the reward as a team. Excluding others have given us the worst health system in North Africa. A title that is not very startling. Excluding each other allowed us to be corrupted and we lost the trust of the Libyan citizen in the current health system. Even if the treatment is available locally the Libyan citizen is willing to sacrifice large sum of money and go to Tunisia, Egypt and Jordan. I did not mention Europe because that is affordable mostly by the elite only. I do not think that any single person has the magic stick to fix our health system, but an honest, uncorrupted, loyal, qualified team would have such a stick and can reform the health services.

4. **Quality and auditing and accountability:** *These words are very close to each other. When you review a health system and try to evaluate it, you go back to its design. In the design documents you find the description and the goals for the system. You find the standards and the indicators by which you measure progress or regress. When it comes to the health system in Libya, I get very confused very quickly. There are no clear documentations to what*

system we have. What are the indicators that we like to measure? Measuring infant mortality as an absolute number is not adequate indicator. It is possible that the design of our health system is obsolete and it can not deliver adequate and measurable services to the Libyan citizen. What goes for the public institutions goes for the private ones. We need quality rather than quantity. With the quality comes auditing and accountability. If we develop the right design and the guide lines to deliver and measure the various indicators we then can audit and hold people accountable in both, public and private institutions. We see proliferation of private clinics with no clear changes in quality assurance indicators and no changes in health benefits or living standards. Therefore the addition of such clinics will not add value to the health system. What I am trying to say is that we need a full package design to the health system with its public and private sector complementing each other.

5. **Morbidity and mortality:** *Documenting morbidity and mortality in the different specialties is a must. It is a very essential step in teaching young doctors and documenting complications. This way we can add quality indicators to our hospital services. With morbidity and mortality weekly conferences, we can learn to audit our selves and develop ways to improve the outcome of therapeutic interventions. The documentation of these conferences will not be available for legal use but will be used to make progress and help evaluating physicians and surgeons. I want to stop at this point. I*

hope my colleagues to build on these points and further discuss these issues.