

EDITOR'S NOTE

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This issue contains twenty-six manuscripts from nine countries on different topics. Goiter is an important public health problem in this part of the world; we have been receiving quite a few manuscripts on this subject from Iran in the past. Even in this issue there are two manuscripts on Goiter from Iran and Bangladesh.

However some of the manuscripts included in this issue deserve special attention. The first one is Acute Appendicitis- the importance of clinical examination in making a confident diagnosis. Dr. Shamsa Gulzar and colleagues studied 160 patients of acute appendicitis who had undergone appendicectomy with preoperative diagnosis of acute appendicitis. They have emphasized the importance of proper history and thorough physical examination which is helpful in making diagnosis with confidence. Total leukocyte count, urine microscopy and ultrasound can be used to diagnosis right iliac fossa pain as a diagnostic aid in doubtful cases in association with physical findings. However, this does not replace the importance of good clinical skills. Unfortunately the present day physicians and the fresh medical graduates in particular have become slaves of modern gadgetry and teaching of clinical skills during training and in the Wards has gone in to the background. It is high time that teaching good clinical skills gets a proper place in our training programmes.

The second manuscript which deserves special mention is on "Waiting time for emergency surgeries": This is a performance audit carried out in a tertiary care public hospital in Karachi, Pakistan. This study by Dr. Masood Jawaaid and colleagues highlights the lack of professional

attitude among the healthcare professionals in delivering the best possible care. Most of the delay in emergency surgeries, they point out, was not due to lack of skill and ability or facility. But it was true professionalism, realization of one's duties, proper communication and teamwork which was lacking. They have also come out with some recommendations to reduce the waiting time which they plan to look in a follow up study.

There is no denying the fact that healthcare professionals working in public hospitals have to work under very difficult circumstances and at times even in a very unfriendly environment coupled with lack of proper facilities. Sometime it may be the breakdown of electricity, abrupt stoppage of water supply, non-availability of the anesthetist which results in cancellation of operation lists. Once a list is cancelled, the workload piles up and there is more pressure on the surgical team. Not only that this un-necessary and prolonged waiting is very frustrating for the patients and their family members as well. Hence, the least one can expect from the healthcare team is to demonstrate highest level of professionalism and sense of duty, ensuring proper communication so as to minimize this waiting time for emergency surgery. Their follow-up study will reveal if implementing their recommendations has made any real difference in the waiting time.

The study by Dr. Mohammad Younus and colleagues on prevalence of low back pain in computer users is quite interesting. Although the study design suffers from many deficiencies but since it is a very important issue and there have been no local studies on this before, it was accepted for publication. The objective was to encourage further studies in this area. In the modern world every one is supposed to be computer literate and the healthcare

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professionals themselves now use computer more and more. The advice and suggestions by the authors to prevent and overcome low back pain, it is hoped, will be helpful. They have suggested couple of minutes rest after working on computer for sometime to reduce pressure on spinal column coupled with symptomatic conservative treatment with NSAIDs, muscle relaxants and regular back muscle exercises which has been found extremely helpful.

This issue also includes proceedings of a five days Bioethics Course organized by Centre for Bioethics and Culture (CBEC) at Sindh Institute of Urology and Transplantation (SIUT) from April 4-9th 2005. The faculty included eminent scientists, physicians interested in Bioethics and religious scholars from Pakistan and overseas. A wide range of topics from Western Moral Thought-The Contemporary Era to Source of Moral Reasoning, Shariah aur Fiqah, Islamic Discourse on Brain Death, Islamic Values and Approaches, Role of Women in Islam, Organ Transplantation, Dominant Ethical

Theories and Contemporary Bioethics were discussed by various speakers. Mr. Jawaid Ghamadi the well-known religious scholar described in detail that Shariah and Fiqah are two different things and they should be kept separate. He emphasized the fact that while Shariah is the final ethical decisions, Fatwa's are open to revision. Prof. Abdulaziz Sachedina in his presentations highlighted that bioethics is not secular but total religious. He also put forward his own Islamic Principles of Medical Ethics i.e. Public Interest, Necessity, No Harm and No Harassment, Protection against Distress and Constriction and Necessity to avert probable Harm. Dr. Aamir Jafarey gives Pakistani physician's perspective of Informed Consent while Prof. Farhat Moazam describes the story of doing an Ethics Consultation in Pakistan. All these contain many pearls of wisdom from the distinguished faculty members from Pakistan and overseas. All those interested in Bioethics will find it extremely useful, informative and stimulating.