STRATEGY FOR CONDUCTING SCREENING HEALTH CLINICS: A NEED FOR CHANGE

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Prevention is better than cure¹ is a universally agreed concept in medical practice. In an attempt to provide preventive medical care to the patients, general health check-ups are performed. The provision of such check-ups are needed more than ever before, since there is not enough time available for practicing preventive medicine during the routine clinic visit². A need for such check-ups is further justified since there are ethical concerns with regards to opportunistic disease prevention in the routine consultation³.

General health check-up clinics are conducted at the Aga Khan University Hospital, Karachi. The Aga Khan University Hospital is a teaching hospital in the private sector and provides primary, secondary and tertiary level medical care.

The purpose of the General health check-up clinics is to promote health and prevent disease. Patients

undergo predetermined investigations and are then examined by a physician for half an hour. A detailed history is taken that includes any presenting complaints in addition to information on health and life style. A detailed physical examination, patient education and counseling are part of the check-up. At the end, a follow-up is drawn up in consultation with the patient.

We decided to study the patient's presenting complaints and to see whether they were consuming too much attention of the Physicians, thereby undermining the purpose for which these clinics were started.

Medical records of 120 patients seen at the General health check-up clinics were reviewed. The majority of the patients were middle aged, married men, and well settled socio-economically.

The presenting complaints of patients are listed in tabulated form below:

Presenting Complaint Number 01 (n=85)	Number (Percent)	Presenting Complaint Number 02 (n=55)	Number (Percent)	Presenting Complaint Number 03 (n=21)	Number (Percent)
Chest pain	09(10)	Cough	08(15)	Abdominal pain	03(14)
Dyspnoea	08(09)	Chest pain	07(13)	Burning feet	02(09)
Fatigue	06(07)	Bodyaches	07(13)	Excessive sweating	02(09)
Headache	06(07)	Pain in Abdomen	04(07)	Fatigue	02(09)
Dizziness	06(07)	Dizziness	04(07)	Indigestion	02(09)
Cough	05(06)	Neck & Knee pain	04(07)	Dyspnoea	02(09)
Anxiety	05(06)	Joint pain	03(05)	Sore throat	01(05)
Indigestion	04(05)	Heaviness of head	02(04)	Insomnia	01(05)
Abdominal heaviness	04(05)	Nausea	02(04)	Chest pain	01(05)
Others	32(38)	Others	10(18)	Others	05(24)

Out of a hundred and twenty patients, one, two and three presenting complaints were present in 85 (71%), 55 (46%) and 21 (18%) of them. Hypertension, Diabetes Mellitus, Coronary artery disease and Dyslipidaemia were already present in 21(18%), 17 (14%), 04(03%) and 04 (03%) patients respectively. This information illustrates how a clinic designed to function for the prevention of disease and promotion of health, can very quickly become a facility where curative aspects of patient care consume substantial if not most of the available consultation time. If the Physician decides to evaluate and sort out the patient's presenting problems and or try to resolve the patient's co-morbid conditions, then it would spare very limited time to take care of the disease prevention and health maintenance. It is important for the Physician responsible for the consultation to maintain control and focus mainly on the preventive aspects of patient care. The patients are interested in curative aspects more since they are the ones which are causing them suffering at the present time. This does not mean that patient's involvement in the consultation be reduced to any extent, since patients are considered equal partners in the care of their health4.

It is necessary to educate the patient in the best use of time available for consultation. The option to followup on issues that require further deliberations can be taken up at a later date. This understanding to focus primarily on prevention during the General health check-up and to take up curative aspects of patient care at a another follow-up consultation, should be reached with the patient at the beginning of the consultation.

Health promotion is gaining importance globally in recent years⁵, and it is time that we direct our scarce resources to keep people healthy rather than attempt to treat advanced diseases with limited success.

REFERENCES

- 1. Duke T. Haemophilus influenzae type b meningitis: how much better is prevention than cure? P N G Med J. 2002;45:213-8.
- Yarnall KSH, Pollack KI, Östbye T, Krause KM, Michener JL. Primary care: is there enough time for prevention? Am J Pub Health 2003;93: 635-41.
- 3. Getz L, Sigurdsson JA, Hetlevik I. Is opportunistic disease prevention in the consultation ethically justifiable? BMJ. 2003;327:498-500.
- 4. Bruhn JG. Equal partners: doctors and patients explore the limits of autonomy. J Okla State Med Assoc. 2001;94:46-54.
- 5. Beric B, Dzeletovic A. Health promotion and health education: theory and practice. Vojnosanit Pregl. 2003;60:455-60.



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