

Second Medical Conference
3rd October 2011
Inaugural Address by Honourable Minister of Health

1. I am happy that JDWNRH is organizing the second medical conference, which I consider is very important. Timing is also good because relevant recommendations this conference put forward can be discussed during the forthcoming Biennial Health Conference scheduled to be held from 7 to 9 November, 2011 in Mongar, exactly one month after this conference. It is important because the conference brings together clinicians to deliberate on current clinical concerns and challenges facing the Ministry of Health in general and Clinicians in hospitals in particular. I would like to thank those doctors and technologists who have prepared papers on clinical issues which merit discussion from the current problem perspective such as antimicrobial resistance, rational use of medicines, infection control, ethical issues and so on.,

2. You will recall what I said two years ago at the inaugural session of the 1st Medical Conference that doctors do make errors, no matter how qualified, competent and experienced they are (Jerome Groopman, 2007). Four broad errors doctors make are ‘cognitive’, ‘representativeness’, ‘attribution’ and ‘affective’ Besides medical errors, medication errors, surgical errors and procedure errors are reported in hospitals. To overcome such errors, one of the solutions suggested is doctors should consult with each other for confirmation. According to a survey finding in USA, doctors do not talk to each other. I hope I am wrong to state doctors including our doctors in Bhutan also tend to work in isolation and they feel they are the authority and expert in their own fields and therefore their colleagues, both senior and junior, are not worth for consultation. This kind of unfortunate attitude and mentality is the cause for making more medical errors. Let us admit that in the midst of busy schedule and under the heavy heap of workload, overworked doctors may make mistakes. This sort of situation gets further compounded and complicated in corporate hospitals where the profit or greed for money becomes the centre of service. Millions of people die due to

wrong diagnosis and treatment across the world. Dr. Mark Graber in New York recently identified five commonly misdiagnosed diseases namely aortic dissection, cancer, clogged arteries, heart attack and infection. In USA, one in three patients encounters a medical error during a hospital stay and 1.17 million infections are contracted in the hospital each year. Imagine how many infections might have been contracted in a Bhutanese hospital like JDWNRH where wards get transformed into picnic spots or restaurants. Thus, as I said earlier, I consider this conference important because it creates an environment for us to deliberate on such issues and promote the much needed culture of team spirit and value of consultation and also exchange of knowledge and experiences. This process will help us to minimize if not avert medical errors.

3. Good news is that our hospitals are not corporate hospitals. Ours are GNH hospitals. Therefore, I urge all participants to be mindful of this guiding principle of GNH while you discuss various clinical concerns during the next three days. We all know that the UN General Assembly on 19th July 2011 unanimously adopted the resolution to include Happiness or GNH as one of its goals. The resolution was proposed by Bhutan and co-sponsored by an overwhelming number of 68 countries. While we are also overwhelmed by this resolution, we are also burdened with a big responsibility to exhibit the world through our actions and behavior that we are truly GNH citizens, GNH doctors, nurses, technologists and technicians. How can we present ourselves as GNH clinicians? I hope you will discuss such questions in the next three days.
4. Ladies and gentlemen, let me now share with you the problems facing the Ministry of Health. As you will have read in the print media, the last one year had seen not only shortage of doctors and nurses but shortage of drugs and non-drugs. Allow me to speak to you from the heart of my hearts on the issue of shortage of drugs and non-drugs. There are numerous factors that compounded the problem. Shortage of drugs had prevailed in the past also. In the absence of strong media and also ignorance and low expectation of the people, it was never highlighted as is done these days, which, however, I welcome. As the Health Minister, I must admit that the shortage was acute in the last one year. The following are some of the major factors you deserve to know.

- Over the years, the Ministry of Health had excessively depended on two or three suppliers and agents/distributors in India and few national suppliers, who again depended on the suppliers in India. On the basis of their findings, the so called dependent suppliers have been suspended or blacklisted by ACC. It was and still is difficult to get new reliable suppliers for drugs and non-drugs, some of which have to be imported from third countries through the agents/distributors in India. Unfortunately, the suppliers on whom MOH depended are also the main agents and distributors in the region, further aggravating the situation.
- Drugs Regulatory Authority began from March 2010 to implement the provisions of the Bhutan Medicine Act (2005) both in letter and spirit. The Act requires all medicines both for human and animals to be registered with DRA. The registration process requires time, energy and efforts. Even to fulfill the basic minimum requirement for registration, thick and voluminous dossiers for each of the medicine products have to be submitted to DRA. Our new suppliers, who are mainly retailers, found it difficult to get dossiers from pharmaceutical manufacturing companies. Our volume of demand for the entire country is so small that it does not generate interest of the manufacturers. The case with our national suppliers is worse. For example, KSD, who was awarded the contract of supplying 162 items of drugs for 2010-11, could not get dossiers required for registration. You will all agree with me that registration of drugs is necessary to control the entry of spurious or counterfeit drugs.
- Both suppliers in India and Bhutan did not quote in the last two years for certain non-drugs because of less quantity and our knowledge of reference pricing. In the past, you just telephoned to Vikash and Paasricha, goods were delivered within few days but without following any procedures and without reference pricing. They quoted exorbitantly as was evident from the report of ACC.

- We had to transfer out almost all the staff including the Head of DVED and put in new Head and staff there. It took time for the new staff to learn necessary skills and procedures. We had and have to deal with new staff in DVED and new suppliers in India.
- With due permission from our doctors present here, we are also faced with the problem of irrational prescriptions by our doctors and prescribers. Our doctors are used to prescription patterns of those hospitals where they were trained. They were trained in different countries with different prescription patterns. Ignorant of our system in some cases and indifference in other cases, our prescribers liberally prescribe medicines resulting in shortage of one kind of drug and excess and expiry of other same therapeutic group of drugs. For example, I was informed that in JDWNRH penicillin group of antibiotic was used less compared to higher generation antibiotic such as CEPHALOSPORINES. This had resulted in shortage of cephalosporine while the penicillin group of drugs, which was well stocked, was nearing expiry date. Further, some drugs were overprescribed such as amoxicillin. Last year we bought 13.78 million tablets of amoxicillin, which works out to be 28 tablets per capita (650000 population) costing 20 ngultrum per capita. This means every Bhutanese had one course of amoxicillin in 2010. There is also over use of paracetamol. This year, it is indented for 17.7 million paracetamol tablets, which work out to be 4 ngultrum per Bhutanese calculated as 3 tabs per day X 3 days. I am told that it is very toxic to liver and the process of excretion is very slow thereby affecting liver and kidney. Against this backdrop, I am happy to note that you are going to discuss the globally concerned issue of rational use of medicines.
- There is a problem associated with the indenting process. There are cases that some drugs indented for one year were consumed or used up within three to four months. To put the transparent and comprehensive indenting system in place requires time and efforts. There is need to train our pharmacists and other health workers in the proper indenting process or formula. We have been working on the improvement of indenting system

- The last one year also saw the pressure under which our staff had to work, especially the staff of DVED. They were subjected to queries and interrogations not only by the staff of ACC but also of RAA. Further, we formed our own investigation team, who again asked for papers or documents from the same staff. I appreciate and admire the capability, resilience, diligence and patience of my colleagues who could manage and overcome the pressure.
 - We have now put in place system and procedures that will address most of the problems mentioned above.
 - The Ministry of Health has been going through the difficult times but I am happy to inform you that we are almost through the dark tunnel and reaching the brighter end of the tunnel. In this regard, I would like thank our doctors and other staff, some of whom had to face the series of interrogation by ACC. Thank you also for your cooperation and patience. Together and united, we will overcome the problem and we have no option but to surmount such problems. With the proper system in place, the shortage of drugs and non-drugs will be minimized, although we cannot have the system that is 100% problem proof or problem free.
5. Ladies and Gentlemen, I have taken some time to share with some of the factors contributing to shortage of drugs. It was necessary so that you could be mindful of such problems, especially at the time of prescription. I want to thank you, the management and those doctors involved in the revival or instituting the Therapeutic Committee in JDWNRH to look into the rational use of medicines. This should not be seen only from the perspective of the cost and shortage of drugs but more importantly from the perspective AMR, which is increasingly becoming the global health concern. We are aware of the problem of super-bugs. It is feared that time will come when no antibiotic will work due to mainly irrational use of drugs and non-compliance by patients to complete the prescribed course of medicines and many such other factors.

6. The cost of healthcare in our country is skyrocketing. This is why I told my colleagues to share with you the paper on healthcare financing. We are the first ministry to do the national health accounts (NHA) and national health expenditure to enable us to track resources and results. Mindful of the cost escalation, the Ministry has adopted numerous austerity measures to control and curb expenditures and explore ways and means to save costs. I must acknowledge the initiatives our colleagues have taken. For example, the Department of Medical Services has adopted the integrated work-plan as part of austerity measures. We are still an aid-dependent country. Thus, we should be careful and cautious to propose high end equipments and new and expensive technologies unless they are absolutely necessary accruing benefits to a large section of the population. This is one of the reasons why we have established the Essential Medicines and Technology Division under the Department of Medical Services. Its main mandate is to streamline the introduction of new technologies and equipments in the hospitals.
7. I trust and I will continue to exude confidence in our doctors and health workers that we can develop our JDWNRH as the centre of excellence not only in Bhutan but in the region and beyond. JDWNRH is seen, and rightly so, as the window to our health care services. This is a big responsibility. Given the commitment and competence of our doctors and all other staff, I am confident that they will be able to shoulder such responsibilities. Our friends in JDWNRH have also the responsibility of setting the bench mark for other hospitals despite the limited resources. When we talk about resources, we spend 26 million on drugs for JDWNRH per year. It is time now for all of us to sit and reflect on the effective management of both human and other resources. On the last day of your conference, I shall appreciate if you could kindly reflect upon some of these issues following the principle of “Do more with less”.
8. I hope to attend most of the sessions as a passive but avid participant with the aim to learn some insights about not so technical and clinical subjects, only if you permit me. I wish the second medical conference a great success in order to give the best of best services to the people of the Kingdom of Bhutan.

Tashi Delek!