

CORRESPONDENCE: ATTENDANCE AT AN OUTPATIENT DEPARTMENT OF A DISTRICT HOSPITAL

Dear Sir,

I like to comment on Dr. Arokiasamy's paper, Arokiasamy, J. T. (1979), Attendances at an Outpatient Department of a District Hospital, *Med. J. Malaysia*, 34, 13-17. While indeed the recent increased rate of hospital outpatient attendance may reflect increased acceptance of allopathic medicine, the influence of other factors must be considered; namely, (1) the illness incidence in the community, (2) the perception of illness, (3) the patient's decision to seek treatment, and (4) his choice of alternative modalities of treatment; viz, self-care, folk medicine and allopathic medicine. For instance, the same observation could be explained by a combination of (1) an increase in the age-specific illness rate related to urbanization and modern living, (2) an increased awareness of the natural history of disease, (3) declining confidence in self-care, (4) a more complex approach to the management of illness based on new technology, (5) readier access to hospitals, and (6) more poor patients unable to afford the expensive private clinics.

In assessing how well a particular hospital clinic is serving its catchment community, the health profile of the people not attending clinic is equally important. If they are ill, why do they choose not to attend clinic?

Confining the analysis to newly registered patients is not so statistically useful because it does not measure the incidence of illness. Furthermore, infants and young adults are over-represented in this sample (see Table I).

In the analysis of data on age, sex, race, marital status, literacy and income distribution, group-specific rates of utilization for the population-at-risk will be more useful for uncovering differential rates of utilization and differential rates of illness.

Several other results in the paper are worth emphasizing; (1) 43% of the new patients are illiterate, and (2) the poor make up a larger proportion of the

clinic population. The sample median household income was \$176 monthly, while the comparable figure for the community was nearer \$300 monthly, Abu Hassan Othman *et al.*, (1979), Socioeconomic Survey of Trengganu Coastal Region, Final Report to Maunsell and Partners, 24-27. Patient care must take these facts into account.

35% of the new cases presented with upper respiratory tract infections. This problem can be handled by hospital assistants following a clinical protocol, Greenfield S. *et al.*, (1974) Upper Respiratory Tract Complaint Protocol for Physician-Extenders, *Arch. Int. Med.*, 133, 294-299, allowing more effective use of doctor's time.

The International Classification of Disease (ICD) categories used in this study are inadequate for the analysis of ambulatory problems. A more pertinent classification can be found in the International Classification of Health Problems In Primary Care (ICHPPC) Classification Committee of the World Organization of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians (WONCA), (1979) International Classification of Health Problems In Primary Care (ICHPPC-2), 2nd ed., Oxford, Oxford University Press. It includes categories for symptoms, functional disease, health education and administrative procedures.

The analysis on treatment will be more useful for health planning if separated into treatment and disposition categories. A computerised patient encounter form could be designed to routinely collect data in outpatient clinics for continued health planning.

The observation that hospital-based ambulatory care is a stepchild of the in-hospital services is still very much true. How many government hospital outpatient clinics are constituted as a separate unit headed by a clinical specialist? How many outpatient clinics have sufficient medical officers; let alone interested and experienced medical officers? A

properly constituted outpatient department must have explicit administrative support (administrative assistant and stenographer), intelligent budgetary backing and an appropriate range of ancillary services (social service, psychiatric nursing and dietitian) in order to provide good primary health care.

The author concluded that increased utilization has made the outpatient department "indispensable to the maintenance of community health". The data in the paper does not justify such a ready conclusion. Firstly, on the basis of a community survey, one has to decide whether the outpatient clinic is the most cost-effective among several other alternative modes of health delivery systems in meeting the community needs. Secondly, even if the outpatient clinic has a place in meeting these needs, one has to evaluate the outputs of the health system. Developing a patient profile and assessing the responses of the outpatient clinic in meeting the patient's needs describe only the inputs in the health care equation. To judge whether the inputs are effective, the following outcomes must be measured:

- (1) was mortality reduced?
- (2) were physical and mental morbidity cured, or ameliorated?
- (3) was desired change in behaviour achieved?

Improvement in health services cannot claim complete credit for the improvement in mortality statistics. Other non-health factors contribute towards prolonging life expectancy; namely, the general improvement in the socioeconomic status of the population (with better nutrition, education, housing, water supply and sewage disposal).

In conclusion, upon knowing the characteristics of the patient population and the catchment community, several important questions critical to health planning can be answered:

- (1) how are the existing health services meeting the patients' needs?
- (2) who are not being served by the existing health services and how can their needs be met?
- (3) what are our desired health goals?

Yours sincerely,

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Table I

Comparison of the age distribution of the 165 out-patients, *Med. J. Malaysia*, (1979), 34, 14, Table I., and the population of Trengganu, Dept. of Statistics, 1979 estimate.

| Age group (years) | No..of patients | Percent of total | Population fo Trengganu | % of total |
|-------------------|-----------------|------------------|-------------------------|------------|
| 0 - 4 | 38 | 23.1 | 85,561 | 16.5 |
| 5 - 14 | 36 | 21.8 | 137,076 | 26.4 |
| 15 - 24 | 52 | 31.5 | 108,843 | 20.9 |
| 25 - 44 | 24 | 14.5 | 117,225 | 22.5 |
| 45 - 64 | 11 | 6.7 | 57,798 | 11.1 |
| 65 - 74 | 4 | 2.4 | 13,296 | 2.6 |
| Total | 165 | 100.0 | 519,799 | 100.00 |

Editorial Comment

In carrying out a study, one would like to attempt to cover all the possible aspects. However, given the constraints of available resources, only a few aspects of the numerous possible areas of research in this field can be attempted by any study. Quite rightly, Dr. Arokiasamy's study specifically aims at the 'input' component of the health care equation and his study indicates that it is feasible to carry out simple projects that can generate some useful, not necessarily total, information, a lack of which exists currently. However, there is a tremendous need for research in the field of health care and Dr. Tan has raised other possible areas where work can be done.

Hon. Editor