

The Utilization of Services of Health Care Providers among Patients presenting to Family Physicians at a Teaching Hospital in Karachi, Pakistan

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Abstract

Objective: To study the utilization of services of Health care providers among patients presenting to Family Physicians in a teaching hospital in Karachi.

Methodology: It was a cross sectional study. A questionnaire was developed to collect patient's utilization of services of health care providers. The investigators administered the questionnaire to 387 patients, after purpose of the study was explained, written consent was taken and confidentiality was assured.

Results: The study population included more females than males, with average age of 32.6 years. The majority were married, well educated, in private and government service, were students or housewives. We found that 383(99%), 141(36.4%), 88(22.7%) and 45(11.6%) of the respondents had used services of allopaths, homeopaths, hakims and spiritual healers respectively. It is important to consider that these patients had come for allopathic treatment, thus exhibiting preference for it. The five main ailments for consulting health care providers differed, suggesting the perception in the mind of patients that certain ailments are better treated by particular system of treatment than the others. Studies are needed to explore this area further. The main reasons for consultation with particular health care provider were the recommendation of others or the perceived effectiveness of the practitioners. The reasons cited for non-consultation with health care providers were the lack of belief in them or lack of effectiveness of their treatment.

Three hundred seventy nine (98%), 259 (67%), 174 (45%) and 249 (64.4%) of patients were willing to consult allopaths, homeopaths, hakims and spiritual healers again respectively, if unwell in future.

Conclusion: We found a substantial utilization of services of complimentary medicine practitioners among the utilization and organization of services offered by patients seeking allopathic treatment. Further study on health care providers is required (JPMA 52:269; 2002).

Background

“Allopathic Medicine” is the conventional medicine. “Complementary Medicine” are practices used with conventional Western medical treatments and “Alternative Medicine” includes practices used instead of Western medical treatments¹.

It is said that Medicine is losing its holistic perspective as a result of which many people now seek help from ‘alternative’ practitioners who seem to devote time to their patients and listen to their concerns. The use of complementary therapies is, therefore, increasing worldwide. The important question is whether this increase truly reflects dissatisfaction with traditional

(allopathic) medicine or rather represents an increased satisfaction with alternative therapies². Much attention is given to alternative and complementary therapies by the media and patients. Well over 40% of the population of United States of America uses some form of unconventional (not allopathic or osteopathic) medical care³. It has been extrapolated that in 1990, about 60 million Americans used alternative medical treatments, at an estimated cost of \$13.7 billion'. Although Western medicine has tended to ignore other systems of preventing and treating disease and illness, practitioners of these systems serve more of the world's population than do allopathics⁴.

There are reports that complementary and alternative medicine(CAM) is becoming more popular and CAM remedies are used instead of, or integrated with, orthodox allopathic therapies by many patients with asthma. Although most CAM approaches are harmless, the lack of benefit of many remedies and the potential harm from some of them must be recognized⁵.

A model of cooperation between allopathic and complimentary medicine in a primary care setting, has been tried within the National Health Service, in the United Kingdom. Claims have been made for the copying of the model elsewhere⁶. It has been reported that patients undergoing both allopathic and alternative treatment simultaneously often do not trust their allopathic physicians enough to discuss their alternative treatment⁷.

In rural Tanzania, dissatisfaction with state medical provision is not manifested in a rejection of the allopathic medicine with which it is associated, but in increase reliance on an emerging informal sector of private medical provision⁸. In India, the use of ayurvedic medicine differed from the allopathic, with the former more acceptable to the most culturally conservative.

Rejection of allopathic medicine tended to be associated with a highly systematized religious world-view⁹. In Urban squatter settlements of Karachi, the efficacy of allopathic care has been rated very high, in the treatment of childhood pneumonia¹⁰.

We therefore established the need to study the utilization of services of health care providers in Karachi.

Methodology

It was a cross sectional survey. After literature search and feedback from colleagues, a questionnaire was developed to collect patient's utilization of services of Health care providers. Patients were selected by convenience sampling. The study investigators administered the questionnaire to a patient who agreed to participate in the study after its purpose was explained. The participating patient signed a consent form and assurance that confidentiality will be maintained. We were able to administer the survey questionnaire to 387 patients, visiting the Family Physicians, at the Family Practice Center of The Aga Khan University in Karachi.

Results

The cross sectional survey covered 387 respondents; 219(57%) were women while 168 (43%) were men, mean age was 32.6 years, majority were married, with education above intermediate level and were in private or government service or were housewives (Table 1).

Table 1. Demographic Profile of the Study Population (n=387).

S. No	Parameter	%	No.
1.	Sex		
	Males	43	168
	Females	57	219
2.	Mean Age (SD*) (In years)	32.6	10.66
3.	Marital Status:		
	Single	38.24	148
	Married	60.72	235
	Others	01.04	04
4.	Educational Status:		
	Illiterate	6.5	25
	Primary	5.2	20
	Secondary	11.4	44
	Matriculation	21.7	84
	Intermediate	0.9	81
	Graduate	23	89
	Post-graduate	09	35
	Diploma	2.3	09
5.	Occupational status:		
	Private service	22	85
	Government service	4.9	19
	Self employed	11.9	45
	Student	19.1	74
	Labourer	1.8	07
	Unemployed	9.3	36
	Others including housewives	31.3	121

* Standard deviation

Flu/cough, fever, skin diseases and musculo-skeletal pain were the most common reasons for consulting an allopath, hakim, homeopath or spiritual, healer respectively (Table 2).

Table 2. Ailment for consulting practitioners*.

S.No	Allopaths	Hakims	Homeopaths	Spiritual Healers
1.	Flu/cough	Fever	Skin diseases	Musculo-skeletal problems
2.	Gastrointestinal problems	Gastrointestinal problems	Flu/cough	Headaches
3.	Musculo-skeletal problems	Musculo-skeletal problems	Headache	Fever
4.	Headaches	Skin diseases	Gastrointestinal problems	Jaundice
5.	Sore throat	Headaches	Musculo-skeletal problems	High Blood Pressure/Angina
6.	Skin diseases	Jaundice	Fever	Epilepsy
7.	Fever	High Blood Pressure/Angina	Sinusitis	Gastrointestinal problems
8.	Urinary problems	Sore throat	Urinary problems	Eye diseases
9.	High Blood Pressure/Angina	Obesity	Sore throat	Asthma/Pneumonia
10.	Depression	Asthma/Pneumonia	High Blood Pressure/Angina	Sexual problems

* Ranked in order of preference

The main reason for consulting an allopath was that they are considered “effective health care providers”, while someone’s recommendation was the reason for consulting hakims, homeopaths and spiritual healers (Table 3).

Table 3. (List of Reasons for consultation with practitioners (n=387).

No.	Allopaths	Hakims	Homeopaths	Spiritual healers
1	Effective health-care provider	Recommended by someone	Recommended by someone	Recommended by (someone)
2	Recommended by someone	Effective health-care provider	Effective Health Care provider	Effective Health Care provider
3	Reliability	Doctor could not cure	Doctor could not cure	Doctor could not cure
4	Scientific nature of practice	Reliability	Reliability	Reliability
5	Quick results of treatment	Cheaper option	Forced by someone	Belief

The reasons for non-consultation with hakims, homeopaths and spiritual healers was lack of belief in them (Table 4).

Table 4. List of reasons for non-consultation with practitioners* (n=387).

S.No	Hakims	Homeopaths	Spiritual healers
1	Lack of belief	Lack of belief	Lack of belief
2	Ineffective	Ineffective	Ineffective
3	Not thought of	Not thought of	Not scientific
4	Not scientific	Not scientific	Not thought of
5	Difficult to find	Difficult to find	Prefer other treatment methods

* Only 4 patients had never consulted allopaths.

Discussion

The demographic profile of the study population indicates that we had more females than males. The majority of the respondents were well educated and better placed socio-economically. We expect a far worse situation in the community where the level of education is low and people are socio-economically below par.

We found that 383 (99%), 141 (36.4%), 88 (22.7%) and 45 (11.6%) of the respondents had used services of allopaths, homeopaths, hakims and spiritual healers respectively. It is important to consider that these patients had come for allopathic treatment, thus exhibiting preference for it.

The five main ailments for consulting health care providers differed, suggesting the perception in the mind of patients that certain ailments are better treated by particular system on treatment than the others. Further studies are needed to explore this area at a greater length.

The main reason for consultation with other systems was the recommendation by others or the perceived effectiveness of the practitioners. The reasons cited for non-consultation with health care providers were the lack of belief in them or lack of effectiveness of their treatment.

Majority, i.e., 379 (98%), 259(67%), 174 (45%) and 249 (64.4%) of patients were willing to consult an allopath, homeopath, hakim and spiritual healer again respectively, if unwell in future.

We have found a substantial use of the services of complimentary medicine practitioners in our study population, even though they were interviewed while visiting to avail allopathic treatment.

In view of the concerns regarding effectiveness of the homeopathic system of treatment^{2,4} for example resulting in delay in allopathic treatment of cancer patients¹¹, a regulatory body is required to oversee the practice of homeopathy. On the other hand, there have been studies suggesting acceptance of the homeopathic system of care both at the level of the physicians as well as the patients^{7,10}. Hakim practitioners claim to treat different conditions. Unani Joshandah drugs are used for common cold, catarrh, cough and associated fevers¹².

Sangesarmahi, a Unani therapy is used in the management of urinary stone disease¹³. Treatment for sartin (Cancer) are also claimed by Unani medical practitioners¹⁴. Infectious diseases like Leprosy (Juzam) is treated in Unani medicine¹⁵. Unani system of medical care also offers remedies to alter the progression of atherosclerosis¹⁶. Spiritual healing is reported in the United Kingdom for infertility, pregnancy, labour and delivery, alongside conventional carers¹⁷. In Southeast Asia, spiritual healing has been reported for the treatment of drug dependence¹⁸.

We have established the necessity and recommend further studies regarding the need, utilization and the organization of Health care providers in Pakistan.

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