HEALTH CARE
FOR
THE BAHAMAS

"A Nation's Health
Is A Nation's Wealth"

A
HEALTH CARE PHILOSOPHY
FOR THE BAHAMAS

Prepared by
THE
MEDICAL ASSOCIATION
OF
THE BAHAMAS

M.A.B.

JULY 1978
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THE MEDICAL ASSOCIATION OF THE BAHAMAS

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ACKNOWLEDGEMENTS

This document contains some of the views of the Medical Profession in The Bahamas regarding the organization of health care for The Bahamas.

It was several years ago under the presidency of Dr. John Lunn that the need for such a document was identified. When Dr. Lunn handed the presidency over to Dr. Andrew Esfakis, this became the main focus of his tenure in office.

A committee was appointed under the dynamite leadership of Dr. David Sands to whom the MAB is indebted for the time spent in co-ordinating, and editing this document. We are also grateful to Dr. Granville Bain who made copying facilities available, Dr. Andrew Esfakis who spent much time and money, Dr. George Sherman who has underwritten the cost of the printing of the final document and Mrs. Eileen Atherton and Miss Patricia Smith for secretarial assistance.

BERNARD J. NOTTAGE
President
THE QUALITY OF LIFE

In many industrialised countries, the attainment of health has proved somewhat of an illusion. Many acute diseases of major public health importance have certainly disappeared, only to be replaced by chronic debilitating physical and mental diseases. Longevity has not brought the bliss and blessings many thought it would do. Long life without improvement in the quality of life is one of the tragic sequels of technological development in many countries. It is therefore clear to me that virtually every society needs a redefinition of its health goals today.

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PREFACE

The purpose of this working paper is to attempt to unfold a new perspective of health care for Bahamians, and to attempt to define the general direction we believe future health care programmes should follow.

The paper is not intended to be exhaustive. No doubt, many will quarrel with the amount of emphasis on different aspects, and not everyone will agree with all the ideas expressed. It should be no other way, because it is only through honest disagreement, and warm debate that the broader issues of health care can be clarified and further progress achieved.

In this paper, some practical, theoretical and philosophical issues will be discussed. No doubt other issues will arise from these, but as long as the ultimate goal is kept in mind, which is to provide health care to all those who need it, these difficulties can be overcome.

The Committee

Plans for health care programmes must be generated within a particular country. The team preparing the document is not composed of world experts, but has the unique advantage of knowing the local scene.

Which Health Programme?

When we look at health problems on a world scale, we see great diversity which results from such factors as geography, climate, education, custom, politics and health services. Health care programmes are so diverse that we should hesitate to generalize or move too quickly to universal solutions.

There has been little study of the effects of different models of medical care delivery on the process of socio-economic development, the latter being the overriding objective of the governments of most developing countries. There have been remarkably few studies of the cost-effectiveness of health programmes, and the general tendency in many developing countries has been to adopt the Western model of health care, making only slight adaptations which do not alter its basic structure.

The general picture in the Western World today is of an incredibly expensive health industry, catering not for the promotion of health, but for the unlimited application of disease technology to an affluent section of society. Medicine in industrialized countries is concentrated on personal health care, and is firmly based on the individual doctor-patient relationship, i.e., individual care by a highly trained physician. The technological pitch of therapeutics is so high that side-effects and complications have become a major cause of ill-health. We need to look at different models of health care, and choose the aspects of each that best suit The Bahamas.

The Third World Scene

A root cause of inadequate health care in non-industrialised countries is that their patterns of medical care and education of health personnel are copied closely from Western industrialised countries.
There has been great reluctance to deviate from these patterns, even though they are often seriously irrelevant for the non-industrial country and as is now becoming increasingly clear, are often not well suited for the more developed countries where they originated. Much of the relevant technology can be reduced to a series of routine patterns which can be learned, carried out, and promoted by auxiliary personnel.

To provide the basic health needs to the whole population is a challenge to all those concerned with health care.

D. C. SANDS,
Chairman.
PREAMBLE

The traditional concept that the doctor is available to a patient only when approached is no longer relevant to the problems facing The Bahamas. As workers in the health field, it is our moral duty to ensure that medical care is made available to the entire population, and that we promote the concept of health, not as an absence of disease, but as a state of complete physical, mental and social well-being, as enshrined in the Constitution of the World Health Organization.

More can be done to improve the health of the Community by full employment, improvement of housing, appropriate education, development of recreational facilities, strengthening of the family, and the development of community and societal goals for all citizens, than by traditional individual curative and preventive medicine.

Obviously, favourable social, political and economic factors are important. The Medical Association of The Bahamas confines itself in this presentation to the broad concept of medical services required to promote and maintain good physical and mental health, with the realization that a sick or ailing person cannot, and does not, enjoy a productive life of satisfaction, no matter how favourable the social, political and economic factors may be.

Disparities in Health Provision

An effective health care system must meet the needs that people see as immediate and urgent — relieve hurt, ease suffering and save lives. Large numbers of people have limited access to health care, and the care that others receive does not answer the problems they have. The burning question that challenges providers of health care is how to minimise the differences in levels of health so evident in our country.

Any system that allows two standards of health care is repugnant and should be abolished. One group of patients may receive good care because they have their own physicians who provide continuity of care. The best care should not go only to those who can afford it. Where cost is an obstacle to good health, a National Health Insurance Plan in needed.

Decentralization

Beyond a certain size, all systems become inefficient. Decentralization is now accepted by International Health Care Planners as the best method of providing large scale health care. The geography of The Bahamas lends itself beautifully to this concept. Each island or designated health area should be given the facilities to provide the majority of health services locally. Each unit must be given the know-how and power to make on-the-spot decisions regarding local problems within a National Health Policy.

Health Potential

With its ideal natural environment, relatively low population density and lack of the typical so-called tropical disease, e.g., malaria, severe malnutrition, etc., with its most prevalent diseases being preventable, The Bahamas, within its present resources, could be a model for health care to the world if it had a well-organized health plan.

The Utopia of perfect health and happiness does not exist, but we can strive to live in harmony with God, our environment, our fellow-men and ourselves.
OBJECTIVES

The primary aim of this document is to articulate the views of the Health Professions on the provision of health care for residents of The Bahamas. It is intended that this paper be presented to Government for discussion, thereby creating a means whereby the local profession can influence Government’s policy on health care provision.

To date, for historical and traditional reasons, there have been no meaningful discussions between Government and the local Health Professions on aspects of health care provision. In addition, Government has never publicly articulated a full comprehensive statement of its health care goals. There has been no easily identifiable policy.

Since it is accepted that Government is ultimately responsible for guarding the good health of all its citizens, and since equally, the Health Professions bear the brunt of the responsibility for implementation of policy and delivery of health care, it is obvious that only a limited success can be achieved unless there is co-operation between these two bodies.

Thus, as important as all else, in the compilation of this document, is the desire on the part of the Health Professions to demonstrate to the Government and the citizens of our Bahamas, that the local Health Professions are concerned about the provision of health care; that they understand the needs and the problems; that they have applied themselves to these, and they present herein their ideas as to the solutions, within the limits of our resources.
COMMUNITY PARTICIPATION

The last decade has seen the growth of a movement towards participation by communities which organize their efforts in support of health programmes.

Community organization will be the decisive factor in exploiting the potential of the people, channeling their concern in the direction of genuine social service activities to improve the environment. The effects will be of the utmost importance in the struggle to attain substantially better health, and thus promote the steady development — physical, social and cultural — of man.

In countries where there has been real motivation to increase the well-being of the community, the population has responded beyond expectations. It is important to listen to the people, and to give them a voice in decisions and a role in the work, including the financing. A community is organized into groups whose composition depends on the type of problem and the action to be taken for its solution. Each group is assigned specific responsibilities. Collaboration of these groups with the national and local health authorities will make it possible to expand the aims and assure the continuity and completion of each programme.

The Family Islands ideally offer the necessary conditions for the promotion of comprehensive development programmes, including agricultural and livestock production, housing, schools, health services, local roads, and other components that contribute to the improvement of living conditions.
THE ROLE OF GOVERNMENT

It is a basic premise that health care should be provided for all who need it. It is therefore someone’s duty to provide a system of health care. That someone is clearly Government or a Governmental Agency. Since Government by definition represents all the people, the health care system must be universally available to all the people, wherever they are in The Bahamas.

Such a system, for every citizen of The Bahamas, will involve the recognition of many diseases, and will uncover many problems with a social and/or environmental facet, and must therefore be not only universal, but also comprehensive. It must aim to ensure that no-one fails to get the necessary care (within the limits of available resources), no matter how rare or unusual his health problem is.

Health must be high on the scale of social and economic priorities of any Government, because the health of a nation is basic to the growth and productivity of its economy, and also of course, out of human compassion and political necessity. Good health is, after all, a primary source of social and economic development.

Locally, Government’s agency for health care and delivery is the Ministry of Health. The system of Ministerial administration has serious organizational, financial, productivity and access problems. Innovations are therefore needed urgently in the system of delivery.

The Ministry of Health should, and must, take the leadership role in the development of the system for adequate health care delivery. Its personnel should include persons with the administrative and technical expertise to advise Government on the establishment of objectives, the formulation of policies to achieve those objectives, and the evaluation of the results of the policy implementation.

Implementation of policy should be carried out through quasi-Government bodies established under the indirect responsibility of the Minister of Health (e.g., a Hospital Corporation to run all aspects of Hospital Care).

The Ministry of Health should also promote interaction between private and public mechanisms in order to expand the capacity of the available health resources. It should promote continuous planning at Governmental and private levels, to ensure that institutional arrangements for quality service are rational, and that the cost of health care is bearable and properly provided for in a developing economy. It must be remembered that monies spent on health care, whether by individuals, by Insurance Companies, or from the Public Treasury, are all part of the country’s national asset, and must therefore be used both efficiently and effectively.

Funding of the health care system is another area of involvement for Government. Alternatives for Government as the provider of personal health care range from the almost total National Health Service concept of socialised medicine of the
British model, to a totally private enterprise system, supported by reputable Insurance Agencies.

Because of the existence in any population of a percentage of indigents, Government must take responsibility for the personal health care of at least some of its citizens — the poor and the aged are extant examples.

As a result of the British experience, it is now recognized that in our economic system, no Government should, or can, undertake to finance everything. No country, even if prepared to pay the taxes, can supply everything. The American experience has shown, however, that unbridled medical enterprise does restrict access of many citizens to adequate care because of cost. A balance must therefore be struck between Government funding of personal health services for indigents and other special groups such as the aged, and private funding through Insurance and allied agencies.

Government must be prepared, however, to fund adequately health education, disease prevention programmes and the environmental aspects of health problems.
BAHAMIANISATION

The Medical Profession supports the Government’s policy of Bahamianisation, and advocates its application to the administration and practice of medicine at all levels. Bahamianisation, as viewed by us, includes “the embracing of a philosophy of what it means to be Bahamian; a commitment to change the society until the entire society is geared towards serving its own citizenry — enabling Bahamians to be the real beneficiaries”.

Presently, less than 20% of doctors practicing medicine in The Bahamas are Bahamians. An increasing number of Bahamians are studying or practicing medicine abroad. It will take some years before The Bahamas can be relatively self-sufficient in doctors, even if that is desirable. This can be achieved sooner with an active educational programme for undergraduates, and a motivational scheme for doctors to take post-graduate specialized training.

Since medical education is long and expensive, there is an urgent need for the institution of medical scholarships. Adequate post-graduate expenditure can only be achieved if Government and the Profession set guidelines, give direction, and positively motivate medical professionals to enter those areas of medicine in which the need is greatest.

But Bahamianisation must mean more than simply the provision of Bahamian doctors. It must mean also looking at our peculiar health programmes and finding innovative local solutions. It is unrealistic to expect provision of all the North American/European facilities. Their value is questionable in a developing society such as our own.

We must be prepared then, to review the system which we currently have, and create one uniquely suited to The Bahamas.
THE HEALTH FIELD CONCEPT

A MODEL

Health status is the result of interactions among at least four major factors — human biology, the environment, lifestyle, and medical practice.

While the Medical Association of The Bahamas has as its immediate area of activity medical practice, it recognizes the need for seeking harmony with other forces for optimal outcome.

Thus, the thrust of this paper will centre around only one of these factors — medical practice and its organization.

Human Biology

The human body is a complicated organism, and any disturbance in inheritance, maturation, ageing or functioning of the many organ systems, can result in ill-health. It is indeed amazing that the majority of us are born healthy and remain so for most of our lives.

The Environment

The "environment" means everything external to the human body. To a large extent, it determines our disease pattern. Of special importance are our food, clothing and housing — at present largely inappropriate for the Bahamian environment.

Our local climate is one of the best in the world. When Columbus arrived, the natives wore a loin cloth only, seemed to be in good health, and were living in harmony with their environment.

With its low population density, healthy natural environment, lack of epidemic disease and relatively high income, The Bahamas could be a model for health care, if we were brave enough to direct our resources and energy to those who need it most at a cost that is not prohibitive.

Our social environment is as important as the physical one. Pressures in society determine our life-style, which may in turn affect our health adversely, for example bottle feeding of infants, smoking and drinking excessively.

Life-Style

Health and Behaviour

Many diseases, such as gastroenteritis, pneumonia, alcoholism, are related to the way people live — their customs, the presence of poverty and lack of education.

Mortal disease in many countries today is more preventable by the individual than it is curable by the physician.

Human disease is a product of human behaviour, individual as well as family or community. This is clearly brought out in the evidence linking smoking with lung cancer, obesity and lack of exercise with cardiovascular diseases; frequent pregnan-
cies with infant malnutrition; new attitudes towards sex with the spread of venereal diseases, and alcoholism with cirrhosis of the liver. The need for health care on a family basis is apparent, and much of the modern medical care fails to achieve its objective because the doctors do not look beyond the individual and thus fail to see the family. One essential attribute of a doctor is his ability to see through symptoms of illness to its prevention in the future through changing the patterns of individual and family behaviour.

Big business, through advertising, has been very successful in convincing people to change their behaviour, for example, eating patterns, smoking and drinking habits. The challenge to health workers and Government is to encourage people to change their behaviour or life-style for their own good health.

Our country has all the elements to mould a characteristic way of life based on genuine national aspirations, but not on imitation.
MEDICAL SERVICES

PRESENT HEALTH STATUS

The present organization of medical services consists of a dual system of Government and Private Practice.

The Princess Margaret Hospital provides In Patient and Out Patient services for New Providence and accommodation for the use of private practitioners. The private practitioners are mainly generalists, although a few of these have specialist qualifications. Few of the private general practitioners do total family care. The hospital's primary care department has no established continuity, as it is staffed mainly by transient non-Bahamians.

Primary care is either done by the Out Patient Department of the hospital, or in the office of a private practitioner. Patients frequently alternate between private practitioners and the Out Patient Department, depending on their economic status, and not infrequently fly to the United States for medical care without reference when they become fed up with the local system.

The system is even more primitive in the Family Islands, where primary care is delivered by a District Medical Officer or community nurse, often over too large an area with poor communications, although few of the wealthier territories have had private practitioners for some years. There is no organized peripheral primary care system in most parts of The Bahamas.

Table 1 shows that infant mortality, and maternal mortality are higher than expected, given the general level of development of New Providence, where 50% of the population live.

Records of patients discharged from the Princess Margaret Hospital as well as those attending clinics, reveal a high incidence of preventable disease — syphilis, gonococcal infection, amoebiasis, tetanus, measles, tuberculosis, infectious hepatitis, typhoid fever, gastroenteritis, malnutrition, anaemia, pneumonia, etc.

With respect to the reports on the causes of morbidity and mortality (Table 2), it is significant that a large bulk of the hospital services deal with (a) communicable, parasitic and infectious diseases, (b) pregnancy, childbirth and pre-natal and perinatal complications and (c), physical and mental impairments caused by accidents, poisoning and violence.

This indicates that an important part of hospital resources is being used in solving problems that could be solved by preventive medical action and improvement of the environment.

Table 3 and 4 reveal that The Bahamas has a generous supply of doctors. Most are concentrated in New Providence, giving it a population/doctor ratio of 773, a figure that is comparable to the most industrial nations of the Western World.

Table 5 shows how The Bahamas compares internationally. The infant mortality rate is a good indication of the overall health status. Sweden, with generous
health resources, as indicated by the GNP, has the lowest infant mortality rate in the world. The Bahamas cannot hope, and its resources will not allow it, to attain such a level within the near future. (However, we compare poorly with Jamaica, whose health resources are much less than ours).

Most Third World countries, like The Bahamas, have opted for a large hospital, as opposed to regional health centres. This pattern of developing a health service has been likened to Pharaoh's engineers starting to build the pyramids from the top.

Our central hospital does not satisfy local demands for health care, and is certainly not a referral centre. The system allows large sums to be spent on treatment, but funds to buy vaccines are difficult to obtain.

Again we must make a choice — a large central hospital, or many small health centres for the community.

What happens to the patient attending the Out Patient Department at the Princess Margaret Hospital? He must face a long wait, a quick evaluation, a bottle of medicine, perhaps some words of advice, and the slow walk back to the same home environment.

Once he has recovered from this minor illness, what will be different in his overall health status? Is he now better prepared to take personal measures necessary to prevent the same disease recurring? When he is next ill, will he know how to better use the health facilities?

If a health facility is used for the purpose for which it was designed, then duplication and inefficiency is minimal. The public and health workers must be educated in how best to use the health facilities available.

The national expenditure on health does not necessarily reflect what is obtained in return. For example, the U.S.A. is currently spending three times as much per head on health as European countries, but there are 18 countries with a lower infant mortality; nor do her citizens survive as long as those of many other countries.

The Bahamas is in a similar situation. Until there is a comprehensive organized health system, serving the majority of the people, and especially those at the greatest risk, the health system will remain inefficient, wasteful, a source of frustration to the health workers, and will not make an optimal contribution to the development of the country.

HEALTH STATUS

SUMMARY

1) Statistics are incomplete and inadequate.
2) There is a poor distribution of health personnel with over-concentration in New Providence.
3) The proportion of money allocated to health is generous.
4) The Health Status is below the potential.
5) The potential is good, based on per-capita income, doctor/patient ratio, and the prevalence of preventable diseases.
6) The Bahamas compares unfavourably with other countries in the Caribbean with less resources, using the gross national product as a reference.
7) The Government is not getting its money's worth in terms of reduced morbidity and mortality. This suggests that health resources could be administered more efficiently.
THE ROLE OF THE PHYSICIAN

The age-old concept that the medical man should care for a patient only when approached is no longer relevant to the problems facing The Bahamas today.

There are four major roles that a doctor has to play. First, he must be competent in the field of clinical medicine, so that he can treat his patient. It must be remembered, however, that almost all the major diseases threatening life and reducing efficiency and energy, can be diagnosed and treated by the use of basic clinical skills and instruments, and simple medicines. Absence of advanced diagnostic and treatment facilities is a challenge to the doctor’s skill.

Secondly, the doctor should be equally competent in diagnosing the ills of the community by using appropriate epidemiological tools, and he should be able to prescribe the remedies in terms of environmental control, immunization, and health education. Every doctor must feel a sense of responsibility towards the community he serves.

Thirdly, he should play a leadership role in the context of community health, working as a team leader with nurses, sanitarians, health auxiliaries, administrators, and others.

Lastly, he should be a health educator, teaching his patients and the community about the preventative and promotive aspects of individual and community health.

The role of the physician is largely shaped by the setting in which he works. The physician working as a member of a team at the Princess Margaret Hospital has a very different role to that of the physician working alone in a Family Island.

One of the most powerful determinants of the scope of any health service is the attitude of the professional personnel towards delegating responsibilities to persons with lesser training. Physicians must delegate more responsibility to auxiliaries, and free themselves to be leaders of health teams.

The physician’s education should prepare him to see health as a total system.
THE ROLE OF THE NURSE

Because of the peculiar topography of The Bahamas, the Nurse assumes a major role in the delivery of Health Care to the people of these islands. It is therefore desirable that nurses assume and maintain a degree of professionalism commensurate with the role they have to play.

The School of Nursing

The School of Nursing should maintain its high standard guaranteeing its international recognition. The Bachelorate Programme should be encouraged in as many that are desirous of this, especially those Nurses interested in becoming Nurse Practitioners. Nursing education must be designed within the context of our local needs and resources.

The Nurse in the Referral Centres — (P.M.H. and The Rand)

All categories of Nurses, Administrative, Specialist Nurses of all types, General Duty nurses and Nurse Aids, will come together to care for acutely ill patients and patients requiring specialist care.

Specialist Trained Nurses, e.g., ICU, Dialysis, Accident & Emergency, Burns, Psychiatric, etc., will be practising in the areas of their expertise.

General Duty Registered Nurses become specialist in their own right through "on the job" training and therefore rotation of nurses should be minimized. In the Referral Centres private duty nursing should be minimized and one system of nursing employed, so that a more cohesive nursing unit is operated. Nurses must continue to exercise Administrative and Managerial function in referral centres and as such should be qualified to do so.

Specialty Clinics in Referral Centres ought to include if possible a Nurse Practitioner an thereby allow for better operation of these clinics, i.e., so that they truly become specialist clinics.

Nurse in the Family Islands & Peripheral Clinics

It is recognised that presently Nurses in the Family Islands and to a lesser extent in New Providence, function at the level of the now popular term Nurse Practitioner, i.e., Nurses involved in Primary Care, making assessments and initiating therapy. If this highly desirable practise by nurses is to continue then these present nurses need encouragement and further training so as to perform even better. Initial training for Nurse Practitioners must be available at the Referral Centres and a system of continuing education must also be provided.

Nurse Practitioners together with physicians and para-medical personnel in peripheral clinics throughout New Providence, will be central figures if decentralised Health Care is to be successful.

There are other categories of nurses that could be mentioned, but there is a consistent theme — the nurse is continuously concerned with the comfort and well-being of people. To bring this concern to bear effectively on health problems, require flexibility and initiative in functioning as a member of a health team.
THE ROLE OF THE AUXILIARY

This concept calls for persons with less education and less skill than professionals, doing part of the work of professionals. Scarcity itself makes the suggestion: use auxiliaries to extend the effectiveness of professional and paramedical personnel.

The idea of using auxiliary and paramedical personnel is universally accepted, but often without full appreciation of what is involved if the system is to be effective. Auxiliaries cannot be passive workers, standing near the professionals, awaiting instructions. They must stand between professionals and situations, acting as filters, so that only the problems that need the skill and knowledge of professionals get through. The system will not work if the professionals have to make the first decision on most problems.

Note that the auxiliary personnel will be evaluating and solving problems and not, as some would suggest, merely mechanically carrying out assigned tasks.

When carefully selected and adequately trained, auxiliaries can be effective substitutes for fully qualified professional personnel.

Any task which has to be repeated many times, even though it is comparatively intricate, should be taught to auxiliaries.

More Doctors or More Auxiliaries?

The Out Patient Department at the Princess Margaret Hospital begs for the use of auxiliaries. A doctor seeing 60 patients a day cannot provide good care. He could provide excellent care if he worked with a team of auxiliaries who treated the minor problems and referred the more complicated cases to him.

The choice must be made — more doctors or more auxiliaries.
MENTAL HEALTH CARE FOR BAHAMAIANS

A plan for mental health care should take into account socio-cultural mores, prevailing economic conditions, pre-existing medical care models and religious philosophies in the community. Mental health is part of total health; thus physical and mental health are inextricably inter-dependent, a fact which many health professionals overlook; they often feel that the field of physical and psychiatric medicine are separate.

The interaction of these factors, plus the patient’s genetic makeup, will determine the symptom-complex he presents to the health professional — in other words, his awareness of disease, even when affected by the same illness as another person, will vary according to his experience and life situation. These latter differences will determine how he views the idea of getting well, or in some instances, totally abandons it. Below are some examples of differences in approach to health care in Bahamians.

1) A Business Executive with a drinking problem declines treatment in the Alcoholic Unit at Sandilands, for fear of the social stigma. His illness worsens, and he may die eventually of cirrhosis through lack of treatment.

2) A wealthy Bay Street merchant who has no faith in the Bahamian health care system, makes numerous expensive health trips to Miami and New York. He may get better, and feel he has received value for money. However, he does not realize that he could receive equally good medical treatment within The Bahamas, at less cost.

3) A housewife, anxious about her husband’s infidelity and decreasing interest in the family, suffers attacks of abdominal pain. The doctor tells her after tests, that he can find nothing wrong with her. She knows there is something wrong; then follows a series of visits to different doctors whose treatments do not work immediately. The patient’s anxiety increases. She becomes progressively more depressed and deluded about “being fixed”, believes her food is poisoned, and gets admitted to Sandilands Hospital for treatment. She emerges in two to three weeks, feeling better, but may have to meet the same problem when she returns home. If the domestic scene does not change after intervention by a Psychiatric Social Worker, then the patient may lapse into the same condition after several months.

From these examples, several points should be noted:

1) Every effort should be made to promote confidence in local health professionals. If doctors are competent and practice sound ethical medicine, then other health workers will follow by example.

2) Patients should be encouraged to attend one General Practitioner only. The “shopping around” in which many Bahamians tend to indulge in the medical market, only leads to increased anxiety within themselves, and a frustrated body of doctors who are unable to treat their patients satisfactorily. Patients should be discouraged from referring themselves to Specialists.
3) With increased public confidence in our health delivery system, there will be less societal anxiety, therefore less disease, and fewer people trekking to the U.S.A. or Haiti to cure their ailments.

Mental Health Education through the school system and the media is necessary to alleviate some of these anxieties.

PRESENT PROBLEMS COMING UNDER THE PORTFOLIO OF PSYCHIATRY
1) Alcoholism
2) Drug Habituation
3) Major Psychoses of Schizophrenia and Manic-Depressive Disorder
4) Personality Disorders and Delinquency in Adolescence
5) Mental Retardation
6) Chronic Brain Damaged Patients, and Demented Patients

PRESENT SERVICE
This is centered at Sandilands Rehabilitation Centre, with 240 psychiatric beds. Included in Sandilands Hospital is an Alcoholic Unit (24 beds), and an Admission Unit (22 beds). The remaining beds are for intermediate and long-stay patients. Next to Sandilands Hospital is the Child Guidance Centre, a facility for diagnosis and Out Patient psychotherapy in young people under 17 years of age.

Out Patient referrals from other disciplines are seen at Psychiatric Clinics in the New Wing of the Princess Margaret Hospital.

Although we provide a psychiatric service which compares favourably with almost any in the Caribbean area, there is still room for improvement. Sandilands Hospital still carries a stigma in the minds of some people, despite numerous attempts on the part of Ministry of Health Personnel and The Bahamas Mental Health Association through the media, to allay public anxiety.

The Psychiatric Services’ Five-Year Development Plan Reference HEA/SRS/17, put forward on 12th April 1976, suggested:
1) An Adolescent Unit at Sandilands Rehabilitation Centre and a new Alcoholic Unit.

2) The formation of a 50 bed Department of Psychiatry at Princess Margaret Hospital, comprising:
   30 General Psychiatric Beds
   10 Children’s Beds
   10 Special Beds for Addiction Cases.

This format parallels psychiatric facilities in modern hospitals throughout the world. Many Bahamians would agree to treatment for a psychiatric problem at the Princess Margaret Hospital, whereas they would decline treatment at Sandilands Hospital. Progressively more people would realize that it is not necessary to be “crazy” to receive psychiatric treatment at the Princess Margaret Hospital. In time, more people would present for treatment earlier in their illness, with a resultant decrease in severe psychotic reactions.
Alcoholism remains a major health hazard in The Bahamas. Therapeutically, we are only touching the very tip of the iceberg. There are probably more than 8,000 alcoholics in the country.

The following figures illustrate the ratio of first admission alcoholics to re-admitted alcoholics, to total admissions for any reason, in any one year at Sandilands Hospital:

<table>
<thead>
<tr>
<th>Year</th>
<th>First Admission</th>
<th>Re-admitted</th>
<th>Total Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
<td>55</td>
<td>238</td>
<td>813</td>
</tr>
<tr>
<td>1976</td>
<td>111</td>
<td>295</td>
<td>950</td>
</tr>
</tbody>
</table>

Few alcoholic patients come in voluntarily. They are usually psychotic, and when they regain their judgement after a few days' detoxification, often agree to admission to the Alcoholic Unit, but for the wrong reasons: (usually socio-economic ones). Many of these patients have descended the social scale, and when they leave hospital, they return to their own alcoholic sub-culture.

Alcoholics who are not deteriorated are usually fearful of Sandilands Hospital, and decline treatment there. A Detoxification Unit is needed at Princess Margaret Hospital where the alcoholic may spend his first few days, and then if he wishes to have further treatment, be transferred to an Alcoholic Unit at Princess Margaret Hospital. The effectiveness of the present system for treating alcoholics is low, because those who are treated, at present carry the worst prognosis.

3) Expansion of staffing of the Child Guidance Centre to include a Consultant Psychiatrist.

4) The creation of a special agency to deal with problems of alcoholism.

This has recently been effected by the formation of The Bahamas Council on Alcoholism, which has been largely responsible for the setting up of the Half-Way House for Alcoholics — “Rosetta House”.

5) Expansion of Occupational Therapy Facilities.

There is a need in this area for providing equipment for Industrial and Agricultural skills.

6) Assessment of psychiatric needs in the Family Islands.

There is no doubt that several of the larger Islands would be helped by a visiting psychiatrist and Social Worker. Currently, many discharged patients from Sandilands Hospital have to come periodically to Nassau for checkups. This is both costly and time-consuming for them.

7) a. A Half-Way House for Alcoholics. This has already been accomplished.

b. A Half-Way House for psychiatric patients.

The treatment of young delinquents and adolescents with behavioural problems needs special consideration. They usually continue their antisocial behaviour if they are returned to the same environment which engendered their disorder. Rather than spend repeated periods in the Mental Hospital, it would be better if they could be rehabilitated by having an extended period of one to two years in an educational community modelled along the lines of the Twin Valleys School in Ontario, Canada. The latter is an independent, non-profit making organization with 150 pupils, who are referred from various agencies, such as Psychiatric Hospitals, the Courts, the Church and Social Welfare. They come almost without exception from disturbed families, and have usually failed to respond to the Agencies previously handling them. The Community is an educational one, and functions along the lines of helping the young people to be self-sufficient.
Primary care may be defined as medical attention or advice given to anyone with a need. Such a service is rendered by personal contact or communication with any person who may be acknowledged and designated as competent to give such attention or advice, in any accident or illness. It follows that primary care constitutes an initial service that can be rendered by a doctor, a paramedic, nurse, or nurse-practitioner. This initial care may be adequate, or continuous, or may be a preliminary but necessary service for patients that subsequently require Specialist and/or hospital care.

For the Commonwealth of The Bahamas, such a system demands that telephone or wireless communication between all Family Islands and New Providence be functional at all times. A phone call from any Family Island to a Specialist in Freeport or New Providence often may eliminate the necessity of expensive emergency flights. In New Providence alone, a May 1977 survey by this body, of twenty-six General Practitioners (i.e. no Specialists canvassed) revealed that these doctors, providing Primary Care services, as defined above, took care of no less than 3,100 patients per working week in THEIR OFFICES. Assuming only six working days per working week, it means that over 500 patient visits per working day were made to these doctors. And assuming only 300 working days per year, it means that well over 150,000 patients’ visits were made to this group, as compared to the figure of just over 100,000 seen at the Outpatients Department of the Princess Margaret Hospital for the year 1976.

Thus private physicians as a group provide a greater proportion of the primary care service. The remainder is provided at the hospital. The primary care service should ideally be provided near the patient’s home. These are important facts to consider when formulating a comprehensive health plan.

Private practice therefore provides many advantages to the patient, physician and Government, and is to be encouraged wherever possible. The concept of the public patient should be abolished. People want to be treated as private individuals, and not as diseased persons in an overcrowded Out Patient Department. A comprehensive National Health Plan where all patients are treated as private patients would provide many of these advantages.
SPECIALIST CARE

- All patients should have ready access to Specialist care where the need arises, and the facility and personnel exist.

- At all times, Specialist consultation should be available in the basic fields of Internal Medicine, Surgery, Obstetrics & Gynaecology, Anaesthesiology, Paediatrics, Radiology and Psychiatry.

When our resources allow, it is desirable that there be more comprehensive Specialist care available — for example the fields of Ear, Nose and Throat Surgery, Dermatology and Neurology, etc.

There ought to exist adequate means whereby patients in the Family Islands can be transported to a referral centre (Princess Margaret Hospital) for Specialist care, especially on an emergency basis.

Regular visits by Specialists to the Family Islands would greatly reduce the need for transfer to Nassau. In many cases, a telephone call for advice may be all that is needed to prevent unnecessary transfer.

For the Specialist to be effective, there must exist certain facilities and materials. These, we recognize of course, depend to a significant extent on the financial resources available. Purchasing and installation of such materials for use by the Specialist should be done in consultation with the Specialist or the Department involved.

In the delivery of Specialist care, services should be equally available to the public and private patient.
CHILD HEALTH

"The world is yours, as well as ours, but in the last analysis, it is yours. You young people full of vigour and vitality, are in the bloom of life, like the sun at eight or nine in the morning. Our hope is placed in you — the world belongs to you."

The future of the country depends on its children, and the greatest contribution that we as doctors can make to that future is to promote the physical and emotional health of children, to prevent disease, treat it effectively, and alleviate handicaps. The Paediatrician has an enormous responsibility, not merely for treating the sick child and restoring him to health, but also for prevention and counselling, for collaborating with Obstetricians in the prevention of noxious factors of pregnancy which many damage the foetus; for guiding parents on the physical, intellectual and emotional management of their children, so that their children are happy and healthy and achieve their best; and for collaborating with others concerned with child health — public health services, family doctors, nurses and teachers.

Even to the casual observer, it is apparent that child care in The Bahamas is sporadic, limited in scope, inadequately integrated, and of limited efficacy.

Consider these facts:

1) The Bahamas has a young population — 60% are less than 24 years of age.

2) Women of child-bearing age and children under 15 years (the groups exposed to maternal and child health risks), comprise 63% in the Caribbean.

3) The proportion of deaths of children under 5 years, with respect to the total number of deaths, is 20%, whereas in the U.S.A. and Canada, the proportion is 5%.

The facts described above are explained to a large extent by the weakness in the administrative infrastructure of maternal and child care service; inappropriate and limited use of professional and auxiliary personnel; their uneven distribution, the difficulties in communication, transportation and equipment, and the lack of effective community participation in related programmes.

The causes of child mortality for the most part can be reduced. The main causes are gastroenteritis, communicable diseases, respiratory illnesses, accidents, and poisoning. Although inadequately documented, malnutrition is undoubtedly an important basic or related cause of infant mortality.

A most urgent problem in child care in The Bahamas today is the acute shortage of hospital beds. However, the answer, is not to build more hospital space, but to prevent disease through immunization, and providing health care in the community.

A more immediate relief of hospital overcrowding could be achieved through a half-way house, where children who do not need hospital care could stay until collected by their parents.
MAJOR AXIOMS OF CHILD CARE

1) Child care is immensely worthwhile. The maxim is widely held that the best way to improve a nation’s health in the long term is to care for young children and women of child-bearing age.

2) We must aim for a maximum return in terms of reduction of mortality and morbidity, and this must be obtained within the resources available.

3) Do not separate mother and child. Up to the age of five years, the child is heavily dependent on mother, and effective health care must do as much as possible to enhance her competence and skill. Mother and child need not be separated, even when the child is hospitalized or the mother works. Large institutions could provide nursery facilities for its employees at the work place.

4) Health services need to be near the child’s home.

5) Senior child health personnel must be deeply involved in health care at the community level.

6) Prevention is better than cure, and the potential for prevention of diseases in children through the promotion of good health — health education, health supervision, public health and immunization, is tremendous.

PROPOSALS

It is Proposed:

1) That the services for maternal and child health be combined and co-ordinated so that the high risk group receives effective health services. These should be directed towards the family as a unit of the community.

2) That the intolerable overcrowding in the Children’s Department of the Princess Margaret Hospital be corrected very soon. This is best done by directing resources at preventable and easily treated diseases in the community.

3) That the emphasis on immunization be continued with special attention to measles and rubella vaccination, which is at present sadly lacking.

4) That we aim to reduce the morbidity and mortality from the most common causes first — gastroenteritis, communicable diseases, respiratory diseases and accidents.

5) That the health care for children be incorporated into a National Youth Development Plan. Such a plan should promote, during childhood and early youth, recreational activities and opportunities for education and vocational orientation.

6) That special emphasis be placed on the care of both mother and child during pregnancy, labour and after birth, and also on the care of the newborn and children through the various stages of childhood, particularly the first year of life.

7) That as many functions as possible be delegated to nurses and auxiliaries with adequate training and supervision.

8) That a half-way house be established to ease the severe overcrowding in the Children’s Ward.

9) That the health of children be promoted through welfare services. Of special note is the need to: —

   a) Maintain a strict adoption policy.

   b) Seek out and prevent conditions that lead to child abuse.

   c) Update legislation regarding the rights of children and the responsibilities of their guardians.
FAMILY PLANNING (AND MATERNAL HEALTH)

The social, economic and health benefits of family planning for parents and children, families, and the society as a whole, are well known and fully accepted. In this regard, family planning at the outset should be distinguished from family limitation or population control. Family Planning here means adequate spacing between the births of successive children, as well as limiting of additions to the family and family size. Adequate spacing allows the family to adjust to the addition of the new member, and provides the time needed for the mother to recover and regain her normal health status before another pregnancy.

In The Bahamas, several factors dictate that a serious and sustained effort be made to educate the populace with respect to family planning.

These include the alarming increase in unwanted pregnancies in mothers of all age and social groups, but particularly in unmarried teenagers: the continued negative attitude to contraception and sterilization, particularly among males; the continuance of lack of full use of maternal health services, and the small but undesirable number of pregnancy-related maternal deaths especially in young mothers of large families. The fact that in larger population areas the utility resources, e.g. water, are insufficient to adequately service the increasing population, is an added factor.

There is therefore an urgent need for a positive, planned policy statement from Government on Family Planning. This policy should be formulated on the basis of confirmed, adequately researched individual and societal needs. It should be done only after consultation with interested bodies, particularly with the people in need, and most likely to be affected, and the Medical Profession. No policy can or will be accepted unless it is needed; the people who need it recognize the need, and the provisions for implementation of that policy are adequate, relevant, and costed within the limits of available resources — financial and personnel. In both these regards, the use of acceptable private funding, and voluntary personnel should be actively pursued and utilized.

The needs are as follows:

1) Family Planning services must be made generally available to the whole population at low cost. This may take several forms, ranging from local/regional Family Planning advice centres, to centres associated with existing maternal and child health care centres, to Family Planning Clinics. In these clinics, advice is given, and in addition, contraceptive methods are readily available.

2) An educational programme must be instituted immediately, stressing the importance of family planning to the health of mothers and children, and the family as a whole. This may take the form of newspaper advertisements and articles, radio and television programmes, and public lectures by members of the health care team. There is a particular need for a sex and family life education programme for the schools, and an extramural programme for adults. These should be taught by persons with training in the teaching of sex and family life education. Full use should be made of all varieties of audio-visual aids.
3) Positive consideration must be given to the provision of information to males and young people — the latter probably through youth guidance centres. With young persons, the aim should be to postpone the birth of the first child.

4) All contraceptive methods should be available. Consideration should be given to the provision of free contraception universally. Where this is not possible permanently, e.g. with single methods (such as oral contraception or condoms as opposed to multiple duration methods such as the I.U.C.D., the long acting injectable hormone or the diaphragm), consideration may be given to providing free initial courses of say three months, followed by a subsidised provision of contraceptives at cost.

It must be noted that clinical experience shows that there is a high discontinuance rate among contraceptive users. A programme for family planning will only succeed if any deterrent to continued use is recognized and avoided.

The implementation of a Family Planning Policy can only be organized after that policy is formulated and its aims are fully understood. The Medical Profession is ready to take the lead in the implementation of any such Policy designed to alleviate this complex problem.
CARE OF THE ELDERLY

It should be the responsibility of both the profession and the Government to ensure that our elderly citizens are provided with adequate health care. This requires proper planning and a genuine involvement in order to avoid the crisis medical encounter which, for many elderly people, is far too frequent, and to avoid invoking in our elderly, the feeling that they are a bother to either the physician or to the State. Proper planning is necessary, not only to make maximum use of available resources, but also because the number of elderly citizens is bound to increase as a natural spin-off of the general improvement in living standards.

This is an area in which good Preventive Medicine is extremely important, and much could be done by the Public Health Nurse or Health Visitor in checking the home environment, and in encouraging both the elderly patient and the patient’s relatives to assist them in attending the various clinics.

Very often, elderly persons are brought to the Out Patient Department or to a physician’s office because the relatives want them “admitted”. Often, there is no organic disease and no need for admission to a hospital facility. Frequently, the real reasons for wanting elderly patients admitted may vary from “lack of space” in the home, “crankiness” on the part of some elderly person, to lack of desire or interest by the younger family members to assist in the care of elderly persons. The hospital, as an acute care facility, is no place for such an admission. Even now, much needed and relatively expensive bed space in our hospital is occupied by such persons. Obviously, there is a need to increase the Geriatric facility. The lack of space to provide special Geriatric care could only worsen in the foreseeable future. Preventive care in this respect could be facilitated by:

1) The establishment of regional clinics.

2) Increased public education or public awareness of available services, such as dental clinics, treatment for hypertension and related cardiovascular diseases and rehabilitative therapy, e.g. physical therapy after strokes.

A genuine commitment to the goal of providing our elderly citizens with better health care, requires a restructuring of some facets of the health care delivery system, with a greater emphasis on Preventive Medicine, increased Geriatric facilities to provide for the specific needs of the elderly population, and at the same time, avoid unnecessary burden on the hospital facilities. Also needed are new and different sources of financing. Lodges, Trade Unions, Churches etc., might play a very important role in this respect. Immediate training of interested young nurses and doctors in the special field of geriatrics.

We should stress, however, that proper care of the elderly is most often best achieved in the home environment. The family contact is there, and this avoids the impersonal care which may creep into institutional medicine. Very often, however, this is not feasible, either because of space, economics, lack of family motivation, or even lack of a family. The result is that too many of our elderly citizens spend their last days in miserable surroundings in hunger, and without even basic care. These recommendations, if implemented, would alleviate some of these problems.
DENTAL HEALTH

In a developing country such as The Bahamas, the quality of health care demands consistent attention in order for any progress to be made in this most vital area of the national life. The whole idea of nation building depends to a very large extent on the health of those who are called upon to help build the nation. That includes practically everyone.

While much is to be desired in terms of the overall health of the nation, much more is desired in terms of the Dental Health Care. Perhaps no other area of health care has been more neglected than that of Dental care, despite the fact that dental diseases are perhaps the most prevalent of diseases in the world today, especially in the “civilized” western world. Dental disease constitute a major threat to the well-being of any community. The seriousness of these diseases is not their threat to life, but the fact that they can disfigure the face, cause severe pain as well as affect nutrition and other vital processes of the body. Because healthy teeth also enhance personal appearances, the loss of teeth, as well as the unhealthy appearance of teeth very often contribute to a person’s mental attitude towards self and how one appears to others.

The treatment of most dental problems, unfortunately, happens to be rather expensive. Only those who can afford the highest quality treatment are presently receiving it. This can be one reason for neglect on the part of the general population. Another important factor to be considered in the delivery of proper dental care is the lack of sufficient dental manpower. While this is not a very acute problem here in Nassau or perhaps in Freeport, it is a serious problem in the Family Islands.

In order to deal with these problems effectively, a systematic plan of strategy based on the prevention of dental disease must be implemented. With this in mind, the Bahama Islands Dental Association has elected to implement the ideas received from the last workshop on Dental Health Strategy held in St. Lucia on May 21-29 of this year with modifications to suit our local environment.

Among the areas to be given special attention are:
1. Dental Caries
2. Periodontal Disease
3. Malocclusion and Dentofacial deformities
4. Cleft Lip and Cleft Palate
5. Oral Cancer
6. Lesions of the Oral Cavity other than cancer
7. Oral Aspect of Systematic Diseases

The problems of dental caries and periodontal disease are top priority as these are the most common. The general plan for dealing with these specified areas consists of:
A. A National Dental Education Programme through the use of the available news media.
B. A training programme for school teachers and community nurses in routine preventive dental health care.
C. The training and use of dental auxiliary personnel to reduce the manpower shortage.
D. A complete revision of the Dental Act to reflect a positive move in the direction of using dental auxiliaries in a preventive dental care programme.

These are the main areas that will require immediate attention of Government.
to discuss in detail with representatives of the Dental Profession, who are looking forward to making a definite and positive contribution to Health Care in the Bahama Islands.
PUBLIC & ENVIRONMENTAL HEALTH

Public health may be defined as "A state of physical and social well-being as it applies to families, groups, sub-cultures, communities and the entire population". It is universal in scope and as such, the public health affecting one segment of the population, necessarily affects the system as a whole.

The Bahamas as a country of numerous and widely scattered islands, has special public health problems and special public health advantages. The special public health problems include the difficulty of both central and peripheral communication and supervision. The special advantages include the natural barriers for the spread and limitation of communicable diseases.

Tourism

As a tourist resort, The Bahamas is at an increased risk of imported infectious diseases. Strict Public Health measures should be maintained in terms of the control and surveillance of its ports of entry, with particular reference to The Bahamas as an island nation.

Education

Fundamental to any sound Public Health System is a sound system of Public Health Education. It is suggested that one of the best means of instituting or promoting satisfactory Public Health Education is by means of the School Health Programme.

An adequate Immunization Programme is essential to control and minimize the incidence of the common infectious disease of childhood, and also adulthood. Good environmental sanitation is of the utmost importance, especially since the vast majority of the children admitted to hospital are there because of totally preventable diseases.

Animals

The health of the public is influenced by the health status of the animals in the community. Whether used for food or for pets, they can be a source of disease. For a health care programme to be complete, it must make provision for securing the health of the animals in the community.

Sports

The Medical Association recognises the important role sports and recreational activities play in the promotion of good health. Sports activity for citizens of all ages should be encouraged. The establishment of playing grounds should be expedited and school sporting facilities should be opened to the public out of school hours and during school vacations.

Environmental Health

What has occurred in the industrial society should serve as a warning to the non-industrial countries. In effect, the exploitation of natural resources, industrialization, and unplanned urbanization, have led to air, water, and soil pollution which has affected the favourable equilibrium between man and his environment.

The Bahamas has been relatively free of pollution. However, continued vigilance is necessary in protecting the marine ecology, especially with the introduction of oil tankers in our waters.

The efficient collection and disposal of waste, provision of potable water supply, and adequate sewerage systems are basic ingredients for better health throughout the Commonwealth.

In a tourist economy like ours, it is mandatory that we minimise diseases spread by water and food. To achieve this end strict surveillance of persons working with or handling food, must be maintained whether they be in hotels, restaurants, schools, or side-walk stalls.
HEALTH EDUCATION

Relevance and Reality

Most of our health personnel are trained in more industrial nations of the Western World, which have exported philosophies of medical care that have focused on high quality care of individual patients. These philosophies have not provided the answers for health care of the great majority who do not have access to this excellence of individual care.

In most non-industrial countries, these philosophies have failed miserably because the constraints under which health must be delivered have been ignored. Constraints such as limited resources, illiteracy etc. demand different technology, different attitudes and a different ethic.

Much of the relevant technology can be reduced to a series of routine patterns which can be learnt, carried out, and promoted by auxiliary personnel.

Educational programmes should be relevant to the jobs to be done and the jobs should be shaped realistically in terms of the preparation of those who will do them.

The Physician

The Government should encourage the pursuance of medical training by Bahamians. Medical Scholarships both for the undergraduate and postgraduate studies should be provided.

It should encourage Bahamian medical graduates to attain the medical skills which are currently lacking by offering special assistance to interested physicians. Assistance should not only be financial, but through appropriate Governmental agencies, physicians should be placed in reputable institutions of graduate medical training. Having attained these special skills, the physicians should be encouraged to take up positions where the majority of people could get maximum benefit.

The actual need for physicians, both at a primary care and speciality level, should be reviewed regularly. This could be best done by a Medical Education Committee. This Committee could be jointly appointed by the Association and the Ministry of Health. It should be an ongoing Committee, should meet regularly, and should report annually on the need for medical personnel.

In order for patients to benefit from the most recent medical developments, it is mandatory that physicians subject themselves to some type of ongoing medical education programme. This could be organized by the Education Committee.

Other Health Personnel

In the area of nursing, a similar committee should determine and continuously review the need for nurses. Nurses should be encouraged to acquire special skills and be placed where maximum benefit would be obtained from their training. Incentives should be provided that would encourage nurses to want to better their medical knowledge and update themselves in the various nursing techniques.
The Government, should encourage the pursuance of training by Bahamians in the areas of laboratory technology, radiologic technology, pharmacy, and other paramedical fields (e.g. E.C.G., E.E.G., and inhalation therapy).

Public Education

The Medical Association of The Bahamas would like to emphasize that the education of patients is an integral part of their care. Personnel should be available to teach patients about their diseases, and the various forms of treatment which they receive. The benefits that would accrue from insistence on a programme of patient education are obvious. In the chronic illness of diabetes mellitus, for example, the various complications would be lessened. There would be less suffering, and the cost of health care delivery to the patient would be minimized. Education programmes in the areas of maternal and child health would similarly be very rewarding.

The Medical Association of The Bahamas should seek access to all media — the newspapers, radio, television, movie houses, plays, institutions, work places and schools.

When the preference of the public differs seriously from what is desirable in terms of health needs, there is the possibility of educating the public to want that which it needs.

Human resources are the basic element for the structure and function of a health system. Education and training must be planned according to the more important health problems, and to the feasible methods for their solution.

A crucial issue is the education of health personnel. The entire sequence of events required to improve health care — recognition of the need for change, design and implementation of new systems, and their further evaluation and modification — means, in essence, education.

Health Institutions

Hospitals and health institutions are traditionally teaching centres. The Medical Association would like to see the standard of health care raised so that our health institutions could become teaching centres for medical students and any other allied health students from the University of the West Indies. Such a learning atmosphere would have advantages for teachers, students and patients.
FAMILY ISLANDS

Introduction

Primary health care to Family Islands is at present inadequate. Our geography and scattered population requires that special methods of health care delivery be instituted. Health care must be taken to the people.

It is envisaged that a General Practitioner in a Family Island could cover 2,500 to 4,000 patients, depending on the number and quality of physician assistants, or the area to be covered, and the state of communications (roads, telephones). It is certainly hoped that local personnel will be recruited, and this includes doctors, directly from the community in which they are to serve.

Doctors can be encouraged to work in the Family Islands if certain incentives are offered. Financial advantages could include higher salaries than their colleagues in Nassau, good housing and educational opportunities for their children would help. The right of private practice would be attractive to some doctors.

More important, is a satisfying and useful professional life. The doctor must be convinced that the lowering of mortality rates from common diseases is regarded with equal importance as the highest clinical expertise.

The Family Island is an ideal situation for the physician to lead a health team of auxiliaries offering an integrated curative and preventive service which could surpass the largely curative service offered through his colleagues in Nassau.

The Family Islands, where half the population live, are not receiving their share of the national health resources. A specific sum should be allocated to these islands in proportion to their needs.

To ensure that the funds are used efficiently within an organized health plan, it may be wise to appoint a special health Co-Ordinator for the Family Islands.

A. Regional Health Centres

It is proposed that a limited number of Regional Health Care Centres be established in selected Family Islands determined by population size and geography of the region. Each centre is to be continually staffed by medical and paramedical personnel and each centre appropriately equipped for Out Patient care and minor surgery. Special attention at all times to proper maintenance of each centre and to adequate medical supplies (drugs, instruments, etc.)

The Regional Health Centres would function in the general framework of the proposed comprehensive health care scheme for The Bahamas. The two major hospitals (Princess Margaret Hospital and Rand Memorial Hospital) would be used as Referral Centres for intensive medical care and major surgery, and other diagnostic and treatment procedures beyond the capability of the regional health centre, and at the discretion of the resident physician.

Physicians

Physicians used to staff each centre should be trained as primary care physi-
cians. These physicians should be given the opportunity to regularly upgrade their professional standards through Government funded study leave.

Wages and benefits must reflect not only the experience of the physician, but also consideration of the relative cultural deprivation and necessity for schooling of dependents in areas other than where the physician is resident.

A rotational scheme for physicians among the Family Island Health Centres is proposed. This serves to acquaint physicians with other islands and their special problems and guard against complacency and boredom.

Nurses

Nurses should be specially trained and equipped to function in areas as nurse practitioners, capable of medically screening patients and trafficking the same from isolated settlements to regional health centres for definitive diagnosis or therapy. Also, they should be able to provide basic medical care and midwifery.

They would be responsible to and under the guidance of the Regional Health Centres, and would be used to provide ambulatory medical care to isolated communities within the sphere of each regional centre.

Health is intimately related to development. The thrust of future industrial development should be in the Family Islands, particularly in view of the overcrowding and shortage of water in New Providence. Development in the Family Islands will be the best incentive for health workers to live there.

Patients

The health services for people in the family islands are less than those for the people living in Nassau. This disparity is unacceptable. Any health programme must aim at providing good health to the residents of all islands.

However, there will still be the need to transfer patients to Nassau. For such patients, a major problem at present is the lack of accommodation in Nassau for patients and relatives seeking health care not available in their home island.
COST AND FINANCING

Allocation of Resources

With the increasing life expectancy, decrease in infant mortality, and the increasing birth rate, the present facilities which are generally regarded to be inadequate, are expected to be placed under greater stress. These facilities are in dire need of modernization and additional hospital beds are needed to provide the recommended average of four acute hospital beds per thousand of population. The problems of modernization, and of obtaining the goal of best or maximum use of resources and manpower which presently face both the profession and Government, are seen as being aggravated by the present overly rigid, overly centralized direction and making of policy which characterized the Ministry of Health. The Government, as spokesman for the people, has every right to make policy and decide in which direction the development of Health Care for its citizens should go. Surely, however, these decisions ultimately should be taken in close consultation with the profession, both private and public, since the hospitals and proposed Regional Clinics should be as self-sufficient as possible, and to a greater extent, be able to finance their own operations.

It is therefore desirable that Government should appoint an autonomous group with full responsibility for overseeing the day to day running of the hospital. Such a group should include representatives from both Government and from outstanding persons in the professional and business fields. This approach would encourage that these facilities be run as business ventures or investments (which they are), and thus ensure maximum return on outlay, while at the same time, carrying out their responsibilities.

Financing Health Insurance

The Bahamian should be able to obtain excellent medical care in his own country. In addition, the quality of medical care offered in our hospitals should never be the source of frustration or misgivings. With our present overly-paternalistic Health System, some of these problems seem to be built in. There is no doubt that a financially stable institution, with adequate bed space, pleasant surroundings, good nursing and physician care, would be a source of pride to our citizens.

People would not resent paying for good care in clean and pleasant surroundings. To this end, and along with the concept that both hospitals and Health Centres should be as financially self-sufficient as possible, the Association strongly recommends the institution of mandatory Health Insurance. This insurance should cover both sickness and hospitalization, and could be carried out by both Government and the private sector. Alternatively, National Insurance might be expanded to embrace the increased insurance coverage.

Specifically, we recommend:

1) Mandatory Health Insurance (private sector and Government or expanded National Insurance Scheme).

2) Establishment of Regional Health Centres — complete units in themselves able
to provide for the family's basic medical needs — financial self-sufficiency of such units is desirable whenever feasible.

3) That the Medical Association of The Bahamas itself look into the possibility of establishing and/or staffing such centres.

4) Wherever possible, health care in such centres should be provided by Bahamian physicians and nurses. Such regional units should not only be physically attractive, but also really complete small clinics.

Underlying all of these suggestions are the basic principles of adequate insurance for everyone, fee for services, and that each unit should make a significant financial contribution towards its own operation. Lastly, and of considerable importance, such changes should provide some incentive for young Bahamian physicians to return home.

The Indigent

Indigent individuals, or those not covered by insurance, should have their care underwritten by Government. Government's outlay in this respect would be considerably less than the present scheme. The public outlay for the present system is bound to grow and become more burdensome year by year. It almost encourages separate standards in health care; one for the rich and another for the poor. This is far from satisfactory, either for the bulk of its consumers or the majority of those who are called upon to deliver this care.

Whichever Health Care plan is adopted, the burden of cost will fall on the public, directly or indirectly.
PROPOSALS

It is proposed that:

1) Community participation in health care be actively encouraged.

2) The Government adopt and implement a comprehensive health programme, and that the Medical Association and other health bodies be consulted when formulating such a programme.

3) The Government continue its generous allocation of resources to health care, realizing that it is an investment for the development of the nation.

4) Bahamians be given the opportunity, in keeping with the policy of Bahamianization, to find local solutions to our health problems.

5) The hospitals be disestablished, and administered by independent boards.

6) The health facilities be decentralized, with the aim of providing health care as near to the patient's home as possible.

7) The physician expand his role so as to be able to diagnose and treat not only the ills of his patient, but the ills of the community.

8) Doctors keep abreast with modern development in medicine, and translate them to fit our local situation.

9) The Medical Association take an active part in community health beyond the limited doctor/patient relationship.

10) Good dental health be promoted, and that the need for fluoridation be re-evaluated.

11) The role of nurses be expanded to assume more responsibility in the diagnosis and treatment of patients.

12) The Auxiliary personnel be trained in specific areas to allow for initial contact with a patient under supervision.

13) The health resources be directed at the "family" as a health unit in the community, with special emphasis on Maternal/Child Health Care — the group at greatest risk.

14) A half-way house be established for children who do not need the acute care services of the hospital.

15) All efforts to be made to care for the elderly.

16) Mental Health services be incorporated as far as possible into the general health services, in order to remove the stigma of mental disease.
17) A Family Planning Programme for the nation be initiated as a matter of urgency.

18) A system of health care be provided where every patient can have his own physician and be treated as an individual.

19) Ample potable water be provided to the whole population.

20) A sewerage system and other sanitary means of excreta disposal be established in each island of the Commonwealth.

21) Our environment be protected from the hazards of pollution.

22) Health education be given its rightful priority in the health care programme; health educators be given the means to effectively reach the community and convince the public to alter its life style for the betterment of its own health.

23) A concerted effort to be made to keep the cost of health care and drugs to a minimum.

24) The Family Islands be given appropriate share of the health resources, and that a special supervisor for Family Islands be appointed.

25) Incentives be offered to encourage Bahamian health personnel to work in the Family Islands.

26) A National Health Insurance programme be initiated to be run either by Government or private insurance companies.

27) The health resources be directed to the priorities among health problems, taking into consideration community concern, prevalence, seriousness, and the susceptibility to management.

28) Particular attention be paid to preventive health care.

29) International health expertise be sought and used where appropriate.

30) A mechanism be set up for the recording and retrieval of information in order to evaluate the health programme.
Without statistical data to guide us, choosing priorities is a most difficult task. Individuals will tend to feel that their area of work has the greatest need because they see the problems daily. Without the resources to serve all the needs simultaneously, a choice must be made from the following list.

1. A National Health Programme.
4. Disestablishment of Hospitals
5. A Department of Health Statistics
6. Improvement of Maternal and Child Health Services
7. A Family Planning Programme

The priorities of health care should be of mutual concern to both Government and the Medical Association of The Bahamas.
SUMMARY — AN OVERVIEW

We are what our genetic inheritance makes us, and our environment allows us to be. Disease reflects our failure to adapt to the inner and outer environment. Health is of concern to the individual and the community, because it enables each person to realize his potential.

Good health should be enjoyed equally by all members of society. No nation has as yet achieved this goal, but this does not preclude it from being our fundamental aim and the responsibility of our Government. No country can afford to provide every citizen with every possible form of medical technology, nor would this necessarily be good for the health of the individual and of society. On the contrary, quite apart from possible adverse side-effects and iatrogenic diseases, it would tend to make people overdependent on a medical technology.

In a population that is frequently ill, productivity is lowered. It is desirable, therefore, to plan economic development hand in hand with health care. It is more than desirable; it is essential. Health development is essentially a political and social process. Health technology must be applied in harmony with society. This is not synonymous with the development of increasingly sophisticated services in medical institutions. In many countries, the value of these expensive institutions can be seriously questioned if measured in terms of their impact on improving health status of the population.

Other social processes (e.g. education), are in the same position, making it imperative to join forces in common planning and co-ordination of all the social services. Such planning requires clear definition of a social policy, of which health policy forms an integral part.

As we think about designing new systems of health care and improving existing systems, we must keep in mind that the system, however well designed, will not automatically improve health. Whether the goal is to improve health or reduce the birth rate, behavioural change is necessary. This can seldom be accomplished in a Health Centre or hospital clinic. The Health Service must reach into communities and establish a close relationship with the people before they can hope to influence their lives. There are certain critical connections between medical technology and the public, and if these connections are not firm and effective, the benefits of that technology do not reach the public.

This link between medical knowledge and the people is a complex chain of concepts, techniques, people, decisions and events. The links in the chain are basically: (1) Technical capability, (2) Resources — men and money and materials, (3) Planning and organization, (4) The health delivery system. For The Bahamas, the weakest links are poor organization and an inappropriate health delivery system. The health status of The Bahamas is relatively good in the world picture, but it falls short of our great potential.

It has taken the world a century to learn that better health is not attended by a lessening demand for health services. The demand never slackens, only increases.
The awareness becomes a concern, then an expectation, then a demand, and the demand grows faster than the possibilities of response.

Some of the leading causes of ill-health, e.g. alcoholism, are not subject to the easily packaged cures of modern medicine. They are tied up with the customs, culture and the ways in which people live their lives. The most important advances in health lie in influencing the behaviour of people, and it is here that capability is meagre indeed.

It is sad that in The Bahamas, preventable diseases still plague pregnant mothers and early childhood — contributed by diseases that have been shown to be largely preventable. These conditions limit life expectancy, but are also responsible for the poor scholastic performance of many school children, for low productivity, not to mention a pessimistic outlook on life.

It is one thing to be aware of the great need, but another to have the full recognition of the deeper implications of that need and a determination to serve. The aim of the Medical Association of The Bahamas is to point out that need. If we could convince the leaders in the community that there is an urgent need, then we can sit down and work out how to satisfy these needs in ways that are appropriate for The Bahamas. The guidelines for change can be stated simply — to ease the suffering and improve the health of all people, as much as resources will allow. But we know the simplicity of the statement is deceptive. However, the dual problems of serving all the people and making use of limited resources will affect our thinking every time.

We must not assume that health is being cared for simply because a system for health exists. We must learn to recognize the right issues, find out what the right tools are, and put them in the right hands. It may require developing approaches to health care that are entirely new. We must be willing to do so, and relinquish that which is outmoded.

We have stated broad principles, and not plans of action. These must come after priorities have been decided in consultation with Government Agencies. We don’t have all the answers, but we must first ask the right questions: What are the needs? Where are the resources? In view of the needs and the resources, what are the objectives? What programmes and organizational structures will be most effective in meeting these objectives? How can the effectiveness of the system be evaluated?

It is anticipated that there will be areas where differences in policy or philosophy will be evident. But it is hoped that in discussing the paper, we will seek first those areas where we agree, initiate a plan of action, then continue the debate on the areas of disagreement.

We are confronted with a serious problem. It is the lag between the time an idea is conceived and the time it is effected. We will do well to ask what are the ways in which that lag might be reduced.
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12) World Health,

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<td><strong>TABLE 1</strong></td>
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<td><strong>POPULATION AND VITAL STATISTICS</strong></td>
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<td>Total mid-year population</td>
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<td>Birth rate/1000 population</td>
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<td>Deaths (excluding stillbirths)</td>
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<td>Death rate/1000 population</td>
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<td>Still births</td>
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<td>Neonatal deaths (less than 28 days)</td>
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<td>Neonatal death rate/1,000 live births</td>
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<td>Deaths 1-4 years/1000 aged 1-4 (approx.)</td>
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<td>Maternal mortality rate/1,000 live births</td>
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<td>Natural increase rate/1000 population</td>
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Annual Report — Ministry of Health, Bahamas, 1974
### TABLE 2

**LEADING CAUSES OF MORBIDITY AND MORTALITY**

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<th>RANK ORDER</th>
<th>MORBIDITY</th>
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<th>MORTALITY</th>
<th>%</th>
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<td>No. 1</td>
<td>Child birth, complications of pregnancy, and Puerperium</td>
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<td>Disease of the Circulatory System</td>
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<td>No. 2</td>
<td>Diseases of the Respiratory System</td>
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<td>No. 6</td>
<td>Disease of the Genito-Urinary System</td>
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<td>Diseases of the Digestive System</td>
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*Annual Report — Ministry of Health, Bahamas, 1974*
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<th>HO</th>
<th>Med. Officer</th>
<th>Total</th>
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<td>1. Ministry</td>
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<td>2. P.M.H.</td>
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<td>-</td>
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<td>Medical Dept.</td>
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<td>4</td>
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<td>Surgical Dept.</td>
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<td>3</td>
<td>4</td>
<td>2</td>
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<td>2</td>
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<td>1</td>
<td>4</td>
<td>3</td>
<td>3</td>
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<td>3. Rand Hosp.</td>
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<td>4. Sandilands Re.</td>
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<td>5. Health Offices</td>
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<td>-</td>
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<td>-</td>
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<td>6. Family Islands</td>
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<td>-</td>
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<td>7. Total Govt.</td>
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<td>3</td>
<td>10</td>
<td>32</td>
<td>19</td>
<td>14</td>
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FT — Full Time  SHO — Senior House Officer  HO — House Officer  N.P. — New Providence
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<th>HEALTH INSTITUTIONS</th>
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<tr>
<td>Princess Margaret Hospital</td>
<td>424</td>
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<tr>
<td>Mental Hospital</td>
<td>240</td>
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<tr>
<td>Geriatric Hospital</td>
<td>150</td>
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<tr>
<td>Rand Hospital</td>
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<td>Rassin Hospital</td>
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<tr>
<td>Lyford Cay</td>
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1. Population
203,946
2. Doctors
175

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<th></th>
<th>Total</th>
<th>New Providence</th>
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<td>121,311</td>
<td>82,635</td>
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<td>2. Doctors</td>
<td>175</td>
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</tr>
<tr>
<td>Population</td>
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<td>Total (millions)</td>
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<tr>
<td>% Rural</td>
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<td>39.5</td>
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<td>Annual Population Increase %</td>
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<td>Infant mortality (per 1,000 births)</td>
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<td>27</td>
<td>160 to 165</td>
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<td>Population under 15 yr. (%)</td>
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See References 9, 16, 17.

GNP — Gross National Product.

(Data for Table 5 covers period 1971-74).