Report on a brief visit to the Principal Hospitals of Libya

His Excellency The Minister of Public Health,
Tripoli,
Libya.

Your Excellency,

I have the honour to communicate this brief report on my recent short visit to Libya.

1) I had an opportunity to read the W.H.O. report of last year, and am in broad agreement with the attitudes it expresses and its recommendations. The thinking it embodies is basically that of public-health experts throughout the world, and I think Libya's problems do not differ in essence from those of other countries in which much of W.H.O.'s expertise was acquired.

Only in one small point of emphasis would I differ from the report. I do not think that curative and preventive efforts are as absolutely divergent in aim as have been suggested: for constructive curative and rehabilitative medicine provides the propaganda and basic goodwill needed to win public support for preventive schemes.

2) I think your Ministry has accepted the recommendation that expatriate skills will have to be relied on for some years, and, as one trained in the traditions of British medicine, I am happy to find those traditions represented in your recruitment so far. I detect, however, a tendency to think of physical structures (= new hospitals) before human structures (= staffing cadres), such cadres of skilled administrator and paramedical workers are essential to the specialists whose work simply cannot be done without them.

3) Let me here digress a little to remind Your Excellency of a fact which emerged from the recent Guilleband report. Of British hospital structures, 50% were more than 50 years old, and 10% more than 100 years old. Now, while this is nothing for us in Britain to be proud of, it does, I think, illustrate the point that a complex medical organisation does not depend on physical structures for its working.

I was impressed, for instance, to find architecturally quite charming hospitals, some 30 years old, in both Tripoli and Benghazi. With big airy wards making nursing care fairly easy, one felt that a few intelligent alterations might make these useful and pleasant places to work in for years to come.

Contrariwise, the new hospital at Beida was already showing evidence of neglect (for want, evidently, of those 'human structures' to which I have referred). The nursing sister pointed out that she had herself repainted one wall "con le mie mani" but could not paint another because plaster was chipped from its walls, and authorisation to repair it seemed to rest with no-one accessible to her. We asked the surgeon whether lessons learned from experience in that hospital had been incorporated in the new Benghazi hospital of the same plan: he thought not.

I learned with dismay that it is proposed to build other hospitals in different parts of Benghazi for different activities - orthopaedics, paediatrics, and so on. I beg you to reconsider this, for such distribution will be wasteful of human resources and inimical to fruitful contact between the professional workers in the several specialties.

At least let the new wards be built within the axis of the old Benghazi hospital and the new, so that joint administrative services, central supply services and common training programmes can be assured. I would beg you seriously to consider whether prefabricated structures, as at present developed in Britain and Western Germany, might not cover this need for a few years till the case-load has been worked on and then reassessed.

4) Consider also ruling that nothing larger than clinics should be built in any of the smaller coastal towns. It is unrealistic to imagine that each of these districts (of relatively small population) could support a complete range of specialists: efforts would be better spent in improving communications with the metropolitan hospitals, to which in any case difficult problems will tend to move.

5) The notion of special (segregated) sanatoria for tuberculosis and leprosy is quite contrary to present-day thinking regarding the control

of these diseases (recall the W.H.O. reports from Madras etc). Attempted forced segregation invites default in treatment and encourages in the watching public a state of mind which ensures that non infective cases will not be accepted back into the community; thus concealment of symptoms follows, so that truly infective cases evade detection, and control never achieved. These specialties are best managed within the general hospitals, in liaison with the preventive services operating on a domiciliary basis - a good example of how curative and preventive medicine can be related, and seen to be related (cf the W.H.O.'s findings in Madras).

6) It is the human structures which are deserving of absolute priority. Tables of organisation must be drawn up, and authority must be delegated, including authority to spend money up to agreed maxima. I am aware that till now most spending has required the approval of the (non-medical) government contracts board, but would guess that this body has so much on its hands with other capital-consuming projects that it scarcely has time to deal with individual less costly items of medical expenditure. In order that the Health Ministry can reasonably ask for such rights to be delegated to it, it must of course first give evidence that its own organisational channels are strong enough to deal efficiently with such matters. At present this is not the case: for instance, in Beida one learned that disposable equipment had been tried and found suitable, but attempts at re-ordering had failed.

I think I am right in believing that there are in Libya at present no hospital administrators trained outside the country: at least three should be recruited without delay, regardless of whether or not Medical Directors are soon to be appointed: any such director will in any case require an administrator as an essential member of his team. Records officers too will be required: work-load analysis is indispensible to proper forward planning of clinical and supporting services.

7) I am well aware that Your Excellency has already sought to recruit medical auxiliaries. That your recent campaign in this connexion in Britain was not as successful as I think you had

hoped may be due to the somewhat unfamiliar way in which the posts were advertised. I am therefore taking the liberty of appending a draft advertisement which might be suitable if further advertisements are to be made, with some suggested addresses as to where they might best be placed.

With a clear but tactful delineation of authority, such auxiliaries should be able to work with and further train the untrained staff now in post: it is easy to criticise these untrained personnel, who have never heretofore been the object of proper attention from their seniors. For my part, I would make it clear to each expatriate appointee that he or she is to spend, say, an hour each day in training his juniors. The W.H.O. recommendation that serious instruction in Arabic should be part of the initiation of expatriate officers is worthy of most serious consideration: the "language laboratories" called on by the oil companies, the resources of the University of Libya, even the three-month course at Shemlan (Lebanon) for senior officers, may be expected to yield real dividends in terms of rapport between them and the Libyans with whom they work, and the population they serve.

In terms of organisation, much remains to be done before your specialists can be sure of the facilities which will enable them to earn their salaries by exercising their skills to the full.

8) If I am not mistaken, a better thought-out relationship with other authorities already wastefully reduplicating medical efforts will be needed. I heard, for instance, that the school medical service at present merely offers another set of doctors to whom the sick may report rather than a vehicle for surveys and health education which is the proper function of such a service. I think the National Insurance Organisation should not compete in routine clinical services, but should have a particular interest in industrial medicine and rehabilitation services. The appointment without delay of a Physician in Rehabilitation, with a proper team of occupational and Physio-therapists, might offer a way out of the tragic impasse which at present arises when unfortunates with chronic disabling diseases get government help to go abroad, only to return having

discovered that nowhere in the world is a cure to be found. We in the industrially developed world have communicated the message to these patients: you are not going to die of this, you must learn to live with it. But we have made this disappointment bearable by offering the maximum in aid to restore human dignity to these people, by re-educating them to live, and often to work, within the limits set by their disability.

9) I must refer also to a development which cannot of its nature be initiated by the Ministry, but should be encouraged by every indirect help and facility from the Ministry. I refer to the foundation of the Libyan Medical Association, which in turn should produce its own Journal to encourage reports by medical workers within the Kingdom.

10) Training courses, both inside and outside Libya, must be budgeted for, so that the medical service can develope from a mere holding operation into an active instrument for the medical advancement of the Kingdom. Priorities in the planning of these will of course need to await the preliminary reports of workers in post.

In conclusion, I record a heartfelt hope that success will attend the endeavours of Your Excellency and all who work with him in the difficult and delicate but challenging and exciting tasks which lie ahead: and meanwhile have the honour to remain

Your Excellency's obedient servant

Anthony Coady,
M.B., Ch.B., M.R.C.P., D.T.M.& H.

Addendum to Report.

Medical Personnel - their uses and their problems.

Modern medicine requires the skilled deployment of complex and inter-related skills and kinds of knowledge. Any organisational failure which leads to under-use of special training and knowledge will quite certainly produce a second-rate body, the members of which will soon feel themselves to be second-rate citizens of the world of medical science, with loss of hope in the advancement of the projects in which they engage.

A common cause of such low quality activity is lack of the capital to establish the necessary basic structures, physical, mechanical and human. One is assured that this lack will not operate in Libya.

But another influence, more subtle but no less damaging, is an imperfectly thought out policy on aims and direction. Various factors obtain: sometimes the whole medical operation is seen as an official essay in public relations, aimed at "consumer satisfaction" of a medically unsophisticated populace, rather than a commitment to an overall raising of standards of medical care and preventive medicine, the benefits of which may not be evident from one day to another.

Again, good intentions may come to nothing because adequate "lines of command" are not set up: or, when set up, do not work because of insufficient delegation of authority. This lack may be felt in failures of decision generally, or inhibited power to spend money in relatively small projects, on which, however, greater advances depend.

I would suggest that these harmful tendencies will only be checked if power is delegated.

Subject only to the scrutiny of the auditor, the district hospitals should be permitted considerable budgetary responsibility and purchasing authority. Standardisation of professional attitudes (basic only - leaving as much variation to the periphery) can be achieved through ad hoc working parties given limited terms of reference by the Minister. Although working doctors and nurses dislike spending too much time in committees, I think they will readily agree to serve on those with immediately practical aims: the paediatricians, for example, will advise on child health services, the surgeons on accident-service policy and so on. On such committees, the Minister (and where appropriate the Minister of Finance) will of course always be represented.

Addendum to Report (continued).

A permanent standing committee, meeting fairly frequently, will be needed to advise on purchasing of capital equipment. Delays in authorisation of such purchases may cause frustration and demoralisation, and the interposing of tendering procedures designed originally for other government departments should be the rule only for the most costly items. In this connexion, I beg to mention that I have taken the liberty of asking the Hospital Centre, a non profit-making advisory service much used by our N.H.S., to put your Ministry on its mailing list.

Recruitment. One must say, with all due respect, that the terms of the recent block advertisements for personnel from Britain were rather unfortunate. In particular, the demand that professional workers should present in groups prepared to sign contracts on the spot drew much unfavourable comment. A draft 'model' for future advertisements is appended, with the addresses of the journals through which the particular specialist personnel might be sought.

Holland and Scandinavia might also provide personnel whose medical thinking is attuned to the British pattern of medicine - the former country having of course a reservoir of expertise in Tropical Medicine. I have, however, no detailed advice to offer in this connexion.

In the United States - not yet, I think, in Europe - a Master's degree is obtainable in Laboratory technology. Such a graduate might well be worth appointing in an 'overlord' capacity as Inspector-General of Medical and Veterinary Laboratory services.

Appendix A.1. Circular Letter (suggested draft).

To: The Secretary,
X Regional Hospital Board.

Dear Sir,

You will be aware that the Ministry of Public Health of Libya has been recruiting staff in Britain. At present, most of its doctors are British trained. It has been suggested that one or more of the Regional Boards in Britain might be willing to consider an "adoptive" relationship with the developing Hospital Services in Libya. The arrangement envisaged is something more 'open-ended' than the academic interchanges which some U.K. medical schools have had with universities in developing countries, for, while the setting up of a medical school is proposed for a later date, the more urgent medical needs of the population require first a build-up of medical and administrative cadres, and short-term help with particular medical problems.

I would be grateful to learn whether your Board, perhaps with others, might see its way to participating in such a scheme. Let it be said at once that neither the Board nor any individual among its professional staff will find the relationship financially disadvantageous. As projects to begin with, the following have been proposed:-

1) At the specialist medical level, visits of, six to eight weeks by (for example) a cardiac surgeon and his team, preliminary selection of material having been made by our own specialists - Libya's nearness to Europe makes such short-term visits practicable. Much capital will need to be spent on library services.

2) Exchange and 'in-service' training programmes, involving hospital administrators, skilled technicians and other para-medical as well as medical specialists.

I would be glad to have a short preliminary note on your Board's views at your earliest convenience.

Assuring your Board meanwhile of my highest consideration,

I remain,

Appendix A. 2.

The Regional Hospital Medical Boards of Great Britain - Addresses -

1. Newcastle R.H.B.- Benfield Road, Newcastle-on-Tyne 6.
2. Leeds R.H.B.- Park Parade, Harrogate, Yorks.
3. Sheffield R.H.B.- Fulwood House, Old Fulwood Road, Sheffield 10.
4. East Anglian R.H.B.- Union Lane, Chesterton, Cambridge.
5. North West Metropolitan R.H.B.-- 40 Eastbourne Terrace, London, W. 2.
6. North East " " " " " "
7. South East " " " " " "
8. South West " " " " " "
9. Oxford R.H.B.- Old Road, Headington, Oxford.
10. South West R.H.B.- 27, Tyndalls Park Road, Bristol 8.
11. Welsh Hospital Board, Temple of Peace and Health, Cathays Park, Cardiff.
12. Birmingham R.H.B.- 146, Hagley Road, Birmingham 16.
13. Manchester R.H.B.- Chettwood Road, Manchester, 8.
14. Liverpool R.H.B.- 55 Castle Street, Liverpool 2.
15. Wessex R.H.B.- Highcroft, Romsey Road, Winchester, Hants.

Scotland -

1. Northern R.H.B. - Reay House, Old Edinburgh Road, Inverness.
2. North-Eastern R.H.B. - 1, Albyn Place, Aberdeen.
3. Eastern R.H.B. - Vernonholme, Riverside Drive, Dundee.
4. South-Eastern R.H.B.- 11, Drumsheugh Gardens, Edinburgh, 3.
5. Western R.H.B. - 351, Sauchiehall Street, Glasgow, C.2.

Appendix B. Draft advertisement to be inserted in special journals.

"The Ministry of Public Health of Libya is proceeding with its programme of recruitment for medical staffs for its services in the Mediterranean littoral. Applications are sought from, ****, ***, ***. Salaries will be higher than those in comparable grades in the National Health Service; there are in addition, "moving-in" allowances, housing allowances, and an end-of-contract bounty. Return fares paid for the appointee and dependent family on appointment, end of contract, and on home leave after 2 years. There are English schools in Tripoli and Benghazi.

Interested applicants should write in detail, quoting present salary, with copies of testimonials and naming possible referees, to Box XXX, by XX/XX/1968."

* Hospital Administrators, Accountants and Records Officers -

"The Hospital" (Published by the Institute of Hospital Administrators)
75, Portland Place, London, N. W.

* Records Officers, Medical Secretaries, Store-keepers, Physio- and Oc.- therapists -

"Hospital and Social Service Journal",
27, Furnival Street,
LONDON, E. C. 4.

*Occupational therapists with an interest in rehabilitation, and Physiotherapists.

Journal of the Chartered Soc. of Physiotherapists,
Tavistock House,
Tavistock Square,
LONDON, W. C. 1.

and

"Occupational Therapy"
251, Brompton Road,
LONDON, S. W. 1.

Laboratory technicians - Gazette of the Institute of Medical Laboratory Technology,
12, Queen Anne Street, LONDON, W. 1.

Appendix B. (continued).

Nursing staff (suggest mention of "special interest in administration, or in the training of ancillary staff, and health visiting".

Nursing Mirror,
Stamford Street,
LONDON, S. E. 1.

and

Nursing Times,
1, Clements Inn,
Strand,
LONDON, W. C. 2.

All these journals are of fairly small format, and it is suggested that quarter- or half-page insertions be placed.