

PHYSICIAN, HEAL THYSELF

Doctors and other health workers suffer many injuries in their workplace and during their routine jobs. These injuries are not limited to musculoskeletal areas, as some have had injuries to their eyes from sharp objects, snapping high-pressure tubing, needle pricks, chemical and thermal hazards and so on. However, musculoskeletal disorders (MSD) are far more common among the surgical workers. The injuries often occur insidiously but may also have acute episodes.

Musculoskeletal disorders are injuries or disorders of the muscles, nerves, tendons, joints, cartilage, and spinal discs. Either the work environment and work performance contribute significantly to the condition, or the condition worsens or persists longer due to work conditions¹. Work conditions that may lead to MSD include routine lifting of heavy objects, daily exposure to whole-body vibration, routine overhead work, working with the neck in prolonged flexion, or performing repetitive forceful tasks. The areas most affected are the neck, shoulders, elbows, hands and wrists, and back.

In 1997, the Centres for Disease Control and Prevention (CDC) and the National Institute for Occupational Safety and Health (NIOSH) released a review of evidence for work-related MSDs. This report identified positive evidence for relationships between work conditions and MSDs¹. The most common MSDs include Sprains, strains, tears, back pain, carpal tunnel syndrome and hernias² but do not include disorders caused by slips, trips, falls, or similar incidents. Musculoskeletal disorders are associated with high costs to employers, such as absenteeism, lost productivity, and increased health care, disability, and worker's compensation costs. MSD cases are more severe than the average nonfatal injury or illness³.

The paper by Macharia and Sitati (4) shows the overall prevalence of work-related musculoskeletal symptoms as 93%. This is an eye-opener, the tip of the iceberg of the problem of occupation MSD in our community of health workers. The unfortunate thing is that most medical workers, especially those who work in public service, are not insured.

If you strain your neck, ha, you know the remedy. Physician, Heal thyself!

Undoubtedly, doctors are treated shoddily and managed suspiciously by insecure administrators and others in authority, many of whom don't hide their gall and disdain. The commonly expressed view is that it is a calling, an invocation of the gods. You have been told repeatedly that they are not supposed to get sick, tired, grieved, or broke. Receiving services for their work is an anathema. They are not supposed to complain about meagre pay either. Their invoices are scrutinised by clerks, accountants, KRA, and God knows who else, with the usual refrain of 'your fees are high'. No one bothers to ask how long the job took, what time of day it was done, or even the hazards daily encountered, such as radiation and exposure to disease.

Doctors may excel academically but, unfortunately, show minimal interest in public affairs, perhaps due to fatigue and frustration. They leave other disciplines to determine their fate and then later complain (remember, devolution of health and medical services?). Compare the medical associations to the Law Society of Kenya, which acts almost as a judiciary branch. That lack of representation at the high table has led to misery, not only for the professionals but also for the patients. And that is why, in one voice and one accord, young, old, and in between, must say no to the mismanagement of the health sector and denigration of the ancient but holy vocation of healing. Doctors must manage health ministries (national and county), hospitals, and health-related organisations. More doctors should specialise in health sector administration, financing, and law. These are small steps, but boldly taken, we will get there. Yes, we can.

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