

TRAVEL AND COMMUNICATIONS: THEIR RELATION TO HEALTH PROBLEMS
IN SMALL STATES

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Many of the new countries in the Commonwealth are small states, small in terms of population and in many instances in land mass and identified resources. Many, like those in the Caribbean, are separated by sea although grouped together. Within these states mountainous terrain, forests or other ecological factors, along with the underdeveloped state of roadways, make internal communications difficult.

These factors are reflected in the health problems of the small states. Thus within the state, the isolation of rural communities is reflected by a maldistribution of health personnel and services, and as a consequence the inability of rural populations to utilise what services are provided in the country.

In addition, because of the underdevelopment of the small states themselves, their national health problems suffer from the deficiencies of rural communities. Thus in small states the services are undermanned, have poorly-developed facilities, and patients may have to travel to other countries for secondary and tertiary care services.

These factors have profound effects, reflected in communications both within the small states and between these states and other, better developed states. Thus in any consideration of the effects of travel and communication on the health services of small states, one needs to consider both internal and external communications, and the variety of such communications, including travel by road, sea and air and communications by letter, telephone, telegram, radio and even satellites.

In considering the influence of travel and communications on health care in the small states, one can easily see the influence that this can have in all areas of health care, including primary, secondary and tertiary care, and in the related educational programmes, particularly those for continuing education. It might therefore be useful to reflect on travel and communications in small states in relation to the provision of the different parts of the health care system.

Primary care

In this sector the factor most frequently complained about is the maldistribution of services. Travel and communications have an important bearing in the production of this maldistribution, in that health care personnel, unless they have other overriding interests in the economic, cultural or political

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field, will not locate themselves in rural or poor urban areas. This is not a problem that has been solved by suggesting to health care personnel that they are unconcerned or even unpatriotic, for often the pressures of family life may determine their attitudes.

In approaching the possible solutions to this problem, it is important to take these factors into account. Such a consideration might lead one into realising that it may not be the best solution to try and provide unwilling resident personnel, but rather to develop travel and communication lines which can help solve the problems in these undermanned areas.

In poor urban communities the travel and communication problem is usually soluble. However, the maldistribution of health personnel in this sector is sometimes aggravated by the reluctance of the most experienced personnel to work in these areas, and there is consequently a lack of a proper role model for more junior personnel. This problem is further accentuated in the rural areas by inadequate travel and communication facilities.

Solutions must therefore be addressed to both these aspects. Systems are needed which will bring both senior and junior personnel into the under-served areas, and where travel difficulties exist the use of modern means of communication must be considered. Flying doctor services are familiar as a means of bringing the doctor to the patient in an emergency, as also is the use of the helicopter for bringing the patient to the doctor. What needs to be explored is the use of such systems for bringing the doctor to patients for routine services. This should involve travel by senior people so that a proper role model is provided for the patient service, and for the proper promotion of on-the-spot education efforts for local health personnel.

It is not uncommon in small states to see health care facilities sited away from usual bus routes, leaving them under-utilised, whilst central facilities are over-utilised because the transportation routes lead to them. Careful planning on siting, or some re-routing of services at special times of the day, could help to solve such problems.

Secondary and tertiary services

It is clearly economic to centralise the expensive facilities required to provide secondary and tertiary services. However, in under-served areas most patients requiring these services present emergency problems. Although this fact reflects inadequacies in both the primary and secondary care services, it highlights the importance of travel and communication services in the provision of health services, particularly for emergency secondary care. Since there is a lack of personnel to travel to emergencies, it is important to provide means of communication between local health personnel and hospital-based physicians, as well as an efficient means of transportation. If telephone services are not available, then one must look to more sophisticated means, such as radio links. It is not unusual where such services are provided to find them under-utilised or poorly utilised since they are seen not as a means of information exchange but merely

as a means to facilitate transfer of patients. Clearly, proper communication can make a lot of difference to the survival of patients in emergencies, apart from any question of obtaining agreement to transfer. In order to achieve effective communication, personnel need to get to know each other, either by periodic visits from the periphery to the centre or the other way around. In some instances, this objective could be achieved by the use of more sophisticated telecommunication techniques.

In secondary and tertiary care in small states, the care of patients, both during an illness and follow-up, is grossly inhibited by a lack of information that may be available elsewhere. Often the health professionals are blamed for not transmitting such information. However, any desire to do so is frequently inhibited by the lack of secretarial help or photocopying services. These simple administrative tools must be seen as a proper expense in the provision of an adequate service for patients.

Continuing education

The kind of movement of senior personnel suggested in the provision of primary care services can play an important role in a continuing education programme. Similarly, benefits in this area can be seen from the information exchange and contact between personnel necessary for the provision of secondary care. With supplementation from audio-visual aids, such exchange and contact can grow into an effective continuing education programme, particularly since senior education personnel would be able to bring a greater local knowledge into the programmes.

Summary

The influence of poor travel and communication links can be seen to be a gross inhibitory factor in the provision of good health care facilities in small states. In many instances sophisticated means of travel and communication are available but are under-utilised or poorly utilised for the purpose. In some instances some simple services are not provided, because their simplicity often makes them seem unimportant. The services should be used to bring more effective communication between personnel in rural and central facilities, including the use of sophisticated means of travel to bring senior health personnel into contact with the under-served areas.

Recommendations

1. Effective communication between peripheral and central services (both within and outside small states) should be promoted in order to improve the delivery of health care and to facilitate the continuing education of health personnel. In particular, modern means of transport should be provided to move patients to central facilities for secondary and tertiary care, and to move senior health personnel to peripheral areas.
2. Secretarial help, including photocopying services, should be provided to assist the effective communication of clinical information.