

Editorial

Malawi's health professionals must understand relevant legislations, terms and norms

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Being a health professional is not for the lazy and the uninterested. While diligence, selflessness and commitment to duty is expected in managerial, leadership, policy and clinical duties, serving health professionals must demonstrate understanding and be conversant with applicable legislations and norms that govern the professions. As much as possible, the understanding of terms of concepts, while leaving room for progress and change, much be as surgical as fixing a broken femur or a blood transfusion. Talking about a blood transfusion, this is one of the most complex medical procedure only the initiated health practitioners should get involved in. Many a patient and guardians would benefit from some understanding of the technical challenges that must be prepared for, and mitigated against before, during and after a blood transfusion is conducted.

In this editorial, I will list and try to flag out only a few key legislations, concepts, documents and terms that I believe can only be disregarded by the careless health professional. Health workers must also know by name and location those civil society and non-governmental organizations whose activities assist the delivery of health services. Of what use, for example, is the paediatrician who does not know where the district social services are, who works there and their contact numbers and what it is that they are able to do or cannot do?

Many pieces of legislation and treaties/conventions are relevant to health professions in Malawi. It is therefore wise for anyone in health practice to try to understand these documents. I will list only a few of such documents. I imagine (but not sure if anyone will pay attention) that health professionals in Malawi will read and re-read these documents, not because I have highlighted them, but because they are critical for their own work: The Constitution of the Republic of Malawi, HIV and AIDS Prevention and Management Act of 2018, The Code of Ethics and Professional Conduct of 2022- 59 pages in total (for the Medical Council of Malawi), The Nurses and Midwives Act of 1995, The Public Health Act of 1948, Scope of Practice documents; The Health Sector Strategic Plan III, The Maputo Protocol (which Malawi ratified/acceded to in 20th May 2005 and has not deposited any reservations) and the Pharmacy and Medicines Regulatory Authority Act of 2019. The latter (the Pharmacy and Medicines Regulatory Authority Act is among the legislations many people suggest should be amended. My response to these calls are: have you read the Act?

Among the important terms which every health professional ought to know are: health professionals, health worker, health

facility, hospital, clinician, pharmacy, drug store, medical practitioner vis a vis, a health practitioner, medical officer, medical assistant, nurse, nurse-midwife, midwife, community midwife, public health specialist, public health practitioner, epidemiologist, medical specialist, consultant and universal health coverage. Other important terms worth reflecting on are: primary health care, health systems governance, health workforce, health financing and financial protection. The community (I was attempted to write, the general public only that I had little idea what I would classify as non-general public) and health professionals must be reminded that the Malawi Government decided a few years back not to train any more medical assistants. Like the mighty Concorde aircraft, this cadre will one day be rested for good; that you for the work you did for Malawi medical assistants! You introduced me to GV paint (gentian violet), BB (benzyl benzoate) pain, pen G (penicillin G), sulphadimidine, cough syrups that were being constituted at the hospital, itchy chloroquine and dental extractions.

A very good friend graduated with a degree in law from the University of Malawi. While he was doing internship and not admitted to the Malawi Bar (they do it at the High Court while sober of course), he resisted being called a lawyer and for sure, not a legal practitioner. He would tell me that there was only one lawyer where he was doing his internship. At first I thought: are you the only one there? In time I learned he was not the lawyer and I was sure he was not a legal practitioner. A few seconds after being admitted to the Bar, he immediately changed his profile and now donned the name: Legal Practitioner. And he added that his scope of work would cover the Supreme Court, the High Court and all subordinate courts. The health sector has not figured out completely, who should serve at a central or referral hospital and at a district hospital. It seems to me that all cadres at least serve at the central hospital. There is a lot more clarity at lower levels.

In health practice, the tendency to liberally use names and terms abounds. The hospital janitor and the grounds man are all "doctors". They all don the white coat, either refuse or are not provided protective gloves and dip into the medical supplies box to get medical examinations' or surgical gloves for their normal janitorial or landscaping duties. And with the erosion of authority that was then characteristic of the olden PNO (Principal Nursing Officer) and Nursing Sister in Charge, it appears to me many people who shouldn't be left to do as they please are just doing exactly that. I was raised in a professional medical environment where all ward rounds

by a medical doctor was accompanied by a nurse and the sister in charge was the ultimate authority. Once in a while, a medical doctor would be removed from either the clinic or the ward by a sister in charge and directed to appear before the Medical Superintendent for a disciplinary chit-chat the next morning. I am not sure whether I would be correct if I suggested that today's PNOs and Sister in Charges have lost their mojo!

In Malawi, the Medical and Dental Practitioners Act identifies who is a medical practitioner, a dentist and other health cadres regulated by this council. The term "medical officer" often used within the Ministry of Health and other places of work designate non-specialist medical doctors. We have in the Ministry of Health for example, Medical Officers, Principal Medical Officers, Senior Medical Officers and Chief Medical Officers- an increasing listing of authority and seniority. The Malawi media is often unguided and uses the terms: medical officer and medical practitioner interchangeably. It (the media) also adopts the often lack of clarity in the health professions itself, the clinician. Who is a clinician, if I may ask? Often, I health this more from clinical officers describing themselves as such, than I hear this among medical doctors. I hardly hear any nurse describing themselves as a clinician. If our medical doctors for instance do not know who is a clinician and who is not, how will they know when to prescribe calamine lotion or BB paint or both?

Those who are called to the health professions have a privilege most other mortals can only dream of. Depending on the specific profession, circumstances and context, they may be the first to announce to a doubting prospective parent that a life has begun, be there to assist when life emerges into the world and sadly but no less important, declare when life returns where it came from. Such professionals expected to guide and have a sense of details and clarity as among the gods.

Disclaimer

The views expressed in this editorial are author's personal. There is no intention to purport that this editorial has the input or endorsement of any of the institutions or organisations to which the author is affiliated with.

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