Sri Lankan doctor speaks out over catastrophic medical crisis

Our reporters
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This week a Kandy Hospital surgical ward doctor contacted the WSWS to voice her concerns about the alarming scarcity of medicines and surgical equipment. Her remarks are published below.

It has been more than a week since the final clip used to send cameras into the mouths of patients suffering from oral evictions of blood due to liver failure has been depleted. This means that many such patients are at a significantly high risk.

Two out of four endoscopes that we use for these procedures are also broken. Apart from these issues, there is not a single vial remaining of Glue, a vital drug used to treat patients with gastrointestinal internal bleeding.

Therefore, in order to save the lives of these patients, they must be either transferred to a private hospital or [we] must import the said medicines externally. But these are very expensive with US$80 alternatives only affordable by a limited number of people.

Similarly, all vials of albumen given to patients via IV have also been completely finished. It is an unbearable economic weight on Sri Lankans to have to pay over US$50 per vial when multiple vials are needed to survive.

Due to this dire situation, many Sri Lankans have been forced to use more affordable alternatives, such as FFP [Fresh Frozen Plasma], which provides blood proteins to the patient. This procedure is difficult. It has to be executed by the medical staff and puts the lives of the patients in danger as it is a risky method of treatment.

It is evident that the rich will survive while the poor perish. With the lack of proper medical equipment, the staff has been forced to watch patients die one by one helplessly. While the workload of our personnel has been increased, US$140 of all doctors' additional allowance salaries has been taken away by the authorities.

As a doctor, I myself have been forced to work from when I arrive at the hospital at 6.30 a.m. and until I depart for home at 6.30 p.m. Due to the ongoing petrol shortage in the country, I had to walk between four and five kilometres for several days. The threefold increase of the cost of petrol has been impossible to afford for many medical staff members here.

These complex conflicts do not seem like they will be resolved any time soon. Apart from these issues, more and more medical personnel have been forced to leave the country, further increasing the workload and need for medical staff, ultimately resulting in the downfall of medical practice in Sri Lanka.

Whilst knowing all these issues, the GMOA [Government Medical Officers Association] and other trade unions have carelessly turned their backs on their own members.

To resolve these issues, I see no other alternative except for the working people to take control of private manufacturing companies and use the billions of dollars gained by this to be put to use toward revitalising the health sector.

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