

# Editorial: More Barriers to the Development of Day Surgery

*Paul Jarrett*

Around the world there are many barriers to the growth of day surgery. These can be found in both developed and developing countries. A number are discussed in Chapter 1 of the International Association for Ambulatory Surgery's book "Day Surgery – Development and Practice" [ 1 ]. Recent experience in a number of developing countries has highlighted further barriers of a political and/or a funding nature which result in poor healthcare returns from the very limited available funding in these countries.

Amazingly, in many countries the provision of overall government healthcare is not the sole responsibility of a Ministry of Health. For example, in one small country the only secondary/tertiary hospital is independently run and directly funded by the Ministry of Finance. It is not bound by the policies of the Ministry of Health which is responsible for the rest of the country's healthcare system. In another country three different ministries, apart from the Ministry of Health, provide secondary/tertiary care and are allocated separate budgets for this from the Ministry of Finance. There is little or no coordination in the provision of services and facilities with each Ministry trying to build their own power bases of large inpatient hospitals. Consequently there is a duplication of facilities resulting in unnecessarily high capital investment and an over provision of services in some areas and an under provision in others. The very limited national budget for healthcare combined with facility duplication results in poor maintenance, a lack of basic equipment and often an inability to staff units. The above two examples of many highlight the uncoordinated and dysfunctional management of healthcare in certain countries. The result is secondary care empire building with little or no concern for the introduction of cost effective and equitable healthcare provision. In such circumstances, there is no stimulus for the growth of

day surgery.

Major international healthcare funders, who loan developing countries money at sub-market rates, and healthcare donors do little to pressurise recipient countries into an efficient use of the finance that they receive. Unified ministerial management of healthcare is not a conditionality of their investment nor often is there proper monitoring of the results of the schemes that they fund. Examples of funded hospitals being built that are, on completion, only partly used because of lack of demand are widespread as is investment being given for a specific agreed project in fact being used for general revenue purposes.

The national advice given on healthcare management by donors often focuses on areas perhaps appropriate to developed countries but not to developing ones. For instance, at present there is a vogue for the introduction of national insurance schemes for healthcare but in developing countries where only a small percentage of the population have taxable incomes one has to question its applicability as the cost of running such a scheme would outweigh any possible benefits.

It is sad that so many major donors do not understand the real needs of the developing countries that they service. Yet if they did and so wished, they could have a powerful influence on the efficient and equitable delivery of healthcare to the populations of their recipient countries. Donors have the potential leverage to discourage the building of large trophy hospitals for local politicians and refocus political vision onto cost effective approaches such as disease prevention, access for all to primary care and basic medication, outreach clinics, a "hub and spoke" approach to secondary care, mobile high cost/high technology equipment, avoidance of duplication of facilities and, of course, a move from inpatient

surgery to day surgery. With respect to the last of these, it is essential that the International Association for Ambulatory Surgery and national day surgery associations promote to international and national funding agencies the benefits that day surgery can bring to the provision of healthcare in developing countries.

P. E. M Jarrett

Joint Editor-in-Chief.

## References

1. Jarrett PEM, Staniszewski A. The development of ambulatory surgery and future challenges. In: Lemos P, Jarrett PEM, Philip B, Eds. **Day Surgery: Development and Practice**, London, UK. IAAS, 2006: 21–34.