Name of the study area: Tongi .

Data Type: IDI with Government Doctor

Length of the interview/discussion: 31:27

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**Demographic Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Gender | Age | Education | Seller/prescriber | Category | Year of service | Ethnicity | Remarks |
| Male | 35 | MBBS | Qualified Prescriber | Qualified | 10 Years | Bangali |  |

**Interviewer:** Assalamualaikum, brother. Brother, I want to know for how many days you are in this profession? When did you start this? How you have started this?

**Respondent:** Okay, I have passed in 2006. So, since then, I am working as a doctor for more than ten years. My posting was in different places at different times. At present, I am working at Tongi hospital for more than three years.

**Interviewer:** You are specialized in which field? Means ….

**Respondent:** Actually, I am studying on pediatric and preparing for exam after completing my MBBS course. Actually I didn’t get that much degree still now. Basically, I am working here as an emergency medical officer. And I look after emergency department.

**Interviewer:** Is it for the last ………….

**Respondent:** For the last three years.

**Interviewer:** You are looking after for the three years. So brother, as you are looking after for the three years as a general physician and you are giving service as a pediatric doctor, in that case, I want to know a little bit from the point of view of a physician, what is the extent of the use of antibiotic?

**Respondent:** Actually, so far I understand, as regards use of antibiotic, there is lack of awareness about use of antibiotic amongst the people here in our place. Here when we get any patient with stomach pain, then we think that we will give such medicine which is pain reducer. Meanwhile, we see that he has few medicines in a polythene bag along with him. Then we also see that already he has taken antibiotic before coming to me. Already he took antibiotic like azithromycin, ciprofloxacin, even cefixime which belongs to third generation. These kinds of high dosage medicines he has taken from medicine shops of his locality. Ultimately we feel hesitate to give treatment to this kind of patients, because after taking high dosage antibiotic they have come and they did not complete its full course. It is not possible to give them any medicine without knowing their current situation. So, if a patient comes to me with fever, then firstly I ask him, since when he has been having fever? If fever remains less than seven days, normally we give simple paracetamol and sometimes anti-ulcerant is given along with paracetamol and advice him to continue these medicines. But when such patient who comes suffering from fever and cough for more than seven to ten days, even though already he has taken antibiotic, then I have to give some tests and I change the antibiotic and shift to other antibiotic. Because, when a patient comes to me and I think that I shall start with amoxicillin, then I find that already he has taken first generation before coming. Even sometimes we give first generation. It is seen that improvement of the patient can be seen after giving that. This is the fact. Gradually use of antibiotic is being increased. That’s why we are very much disappointed about this matter.

**Interviewer:** Then, use of antibiotic has increased.

**Respondent:** Yes. I think antibiotic is being misused. It is given where it is needed. Again, it is given where it is not at all needed. Those who are doing this, they are not realizing that which antibiotic is used for which disease. It is seen that high dosage antibiotic is given for normal stitches instead of normal antibiotic. Even though it was not necessary. Actually this ………….

**Interviewer:** What is the reason, sir? If we think that a general patient goes to a prescriber or drug shop with his disease, wherever he is going, high dosage antibiotic is given to him. What is the reason behind this? What do you think?

**Respondent:** Now, not only high dosage antibiotic is given, it is given for two days or three days. It is not full course of a patient. Maybe they are doing this to obtain financial gain from business point of view. If they give medicine consciously then they might give flucloxacillin or cefradine (3:42). Such high dosage antibiotic is not needed for skin’s soft tissue injury. So it is seen that patient becomes financially looser also for taking high dosage of antibiotic. His main damage is done when he is not completing the full course and also because price of medicine is much more. He stops taking the medicine after two to three days. They also think that I am feeling better. And why shall I take more medicine? So antibiotic is becoming resistant. Ultimately it is seen that when they come to us here in hospital or chamber or where we practice, the medicines are not working which are given by us. It is happening. At that time we are bound to give higher dosage of antibiotic after doing some examinations of the patient.

**Interviewer:** You are telling about resistance, sir. Would you please tell a little about resistance of antibiotic ………….

**Respondent:** Resistance of antibiotic is, suppose antibiotic is applied in case of germ. If it is applied then germ will be destroyed by a specific course. After giving antibiotic, it is seen that the germ is not being killed. Temporarily it becomes inactive. Means, antibiotic makes the germ inactive. Since the germ has become inactive because of the use of antibiotic, the patient stops the use of antibiotic without completing full course. As because the patient stops taking antibiotic without completing the full course, …..(5:02) the germ will create a protection system by itself against this antibiotic. The germ ……..

**Interviewer:** Against the germ.

**Respondent:** No, the germ will create a protection system by itself against the antibiotic. Again when this antibiotic will be applied later on, the germ will create a protective shell against that antibiotic. That’s why antibiotic will not work on that germ. Now the thing is, if we apply the full course of antibiotic then the germ will be destroyed. It will not be able to create protection. It will not be able to spread. So, in that case it will work. But when an antibiotic is applied, few germs are destroyed after applying half of that course. Few germs still exist and these will be able to create protection unless the full course is applied. When the patient stops the antibiotic at the middle then the germ create a protection system by itself. Again when the same medicine is applied later on, then it recognizes the medicine that it was applied before. So, it will have no effect on the germs. Because the germs have already created a protection system against that antibiotic. Do you understand what I said?

**Interviewer:** Yes.

**Respondent:** A conflict happens in our human body like a war. Antibiotic may be compared with a missile. When I invent a new drug or a missile and I have thrown it to the war field, then the soldiers will die. Why they will die, because they don’t know what type of missile is it. But later on when they will understand that how the missile kills, then the opposite party will make an anti-missile device. This way the germ creates a protection system and later on same antibiotic doesn’t work on it. This is resistance.

**Interviewer:** Thank you. Normally which antibiotics you prefer to prescribe more?

**Respondent:** Normally we give those antibiotics which belong to first generation or second generation. Before giving the antibiotic firstly we think that whether my patient needs it or not. Whether normal medicine is sufficient or here antibiotic is to be applied. Now, actually it is true that normal drugs don’t work on patient without antibiotic. It is my personal opinion.

**Interviewer:** What is the reason?

**Respondent:** Normally I can’t understand one thing. Suppose, a child patient suffering from nausea and cough comes to me. Normally I give anti-histamine in this case and I have given that. I have given medicine of fever. I have told to keep him under observation for three days. After three days mother of that child usually comes and says, ‘the child is not recovering’. But, when I start antibiotic along with those medicines, then I see, he is recovering. Maybe the immune system of human has declined than before. And the second thing is, resistance is developing against antibiotic. For this reason I think so.

**Interviewer:** That you are telling about first generation, in that case, which antibiotics you prescribe more? Or which are prescribed more from second generation ……….

**Respondent:** There is amoxicillin. Then there is sefradin. Besides this, we prescribe ciprofloxacin also. Along with these, there is cotrimoxazole. Means cotrim. Basically, we prescribe those medicines which are available here in our place. If we see the disease isn’t being cured with those, then we prescribe azithromycin or cefixime, which belong to third generation.

**Interviewer:** When do you apply this third generation?

**Respondent:** Look, it depends on diseases. Suppose, it is seen that you have typhoid. Sometimes it is not cured with amoxicillin. Then we have to go for third generation. Typhoid or different types of broad spectrum, broad spectrum means, suppose the body has severe infection. The patient has come with severe injury which has become infectious and ulcerated. In this case, either dressing has to be done or he has to be given higher dosage of antibiotic. Normal antibiotic will not work in this case. In such a situation, we normally give higher dosage of antibiotic. That’s how he becomes well soon.

**Interviewer:** Do you apply this from the beginning?

**Respondent:** No, no. We don’t apply from the beginning. But in some cases, if we find typhoid or septicemia in the blood after diagnosis, the child has pneumonia, comes with pneumonia……………

**Interviewer:** Yes.

**Respondent:** This is happening due to respiratory tract infection. Then we have to apply high antibiotic. Or in spite of operation, sometimes it is seen that post operative patient has infection.

**Interviewer:** Yes.

**Respondent:** Suppose a patient has come with infection, where it is ulcerated. Already he has taken normal medicine and then he has come. The medicine which was applied before, is not working. Already it is ulcerated. Then we have to shift to antibiotic. One from another.

**Interviewer:** Sir, when you prescribe prescription, then how do you advice them that what are the dosage or the dosage are for how many days?

**Respondent:** We write these things. We write these in Bengali. We make them understand that they should follow the advice about taking medicine. And tell them to come for follow up. Such as, dosage of fifteen days is allowed during typhoid. When we prescribe such antibiotic, then we tell them, ‘don’t take this for thirteen days. You will have to take this for fourteen days. Because dose turns into double in typhoid. And also we say that take the medicines in proper way. Don’t stop the medicine’. This way we tell them. …..10:00 though it is seen that the patient stops taking the medicine after seven days. Maybe he doesn’t take this due to his negligence. Again he might have financial problem. Many people don’t take medicine because of many reasons or they might forget. Means, they don’t take the medicine giving that much importance. By giving importance the patient comes to the doctor when he is suffering from illness, by giving importance he is taking the treatment, but I have seen that mostly the patient has tendency of negligence as regards taking medicine. He thinks that it is duty of a doctor to prescribe more medicines, but he has right to take less medicine. Many patients think like that. Many patients think that it is the habit of doctors to prescribe more medicines. If they take less medicine then it will be okay.

**Interviewer:** Do they understand that the dosage which is recommended for us, if they don’t complete that dosage then their body ……………..

**Respondent:** We do counseling to the patients. But actually it is seen that the doctors remain so much busy that they don’t have that much scope for counseling. Again, you will see that hundred percent patients don’t listen to counseling properly when counseling is given. Definitely at least 20% patients will be there, who will never listen to any counseling.

**Interviewer:** What is the reason?

**Respondent:** The patient thinks, it is the duty of doctor to tell this, so that he has told. He has told what he has to tell. But the patient will act according to his wish. This happens also. In many cases, antibiotic becomes resistant due to negligence of patients, and side by side, due to ignorance. He will come here to the doctors nearer of this place, but he will not take treatment from the MBBS doctors by collecting a ticket of govt. with only three taka. Suppose, he is suffering from fever and cough, he gose to the shop which is located on the ground floor. He goes to the pharmacy shop which is located on the ground floor. The shopkeeper gives him an azithromycin, a cotrimoxazole and a syrup of cough and he takes these medicines. After having these he becomes well. The matter ends there. But later on, he couldn’t understand that resistance is developing in his body. He should come to the govt. doctors, because free treatment is available in govt. hospital.

**Interviewer:** Yes.

**Respondent:** We supply those medicines which are available here in our place. If one or two medicines which are not available here, we prescribe those medicines. We also tell that you will get these medicines inside the hospital compound and you will have to take this medicine from outside. Actually, people don’t like to come in time.

**Interviewer:** But in that shop, the shop beside it ………..

**Respondent:** Yes. Basically, at present, people have become too lazy. Suppose, if you get paracetamol nearer to your house, then you will not go to market place for paracetamol. It is like that. At present there are many pharmacies. There are so many pharmacies are there that the shopkeepers of those pharmacies misguide the patients. And the people go to them mostly. So we don’t get opportunity to do primary treatment. We get a less quantity of such patient. In maximum cases, normally the patients which we get, either they have come after having medicines from nearer pharmacies and they are not becoming well by taking those medicines, or they have come after taking treatment by different quack doctor and their resistance is being developed.

**Interviewer:** Then, sir, what can be done in that case?

**Respondent:** Awareness will have to be created amongst them, especially among the shopkeepers of the pharmacies. I think that if they are called and merits and demerits of antibiotics are briefed amongst them and if a new rule can be made, such as, yea (Expression used when an appropriate word is not forthcoming or is not proper to utter) will not be done without registered MBBS doctor ……………..

**Interviewer:** Antibiotic …………

**Respondent:** Antibiotic will not be allowed to prescribe or sell. So I think that there will not be yea (Expression used when an appropriate word is not forthcoming or is not proper to utter) regarding this matter. And I also think that if the government gives attention to it and if the big officers of directorate of health think about these things, then starting from general people all will be yea (Expression used when an appropriate word is not forthcoming or is not proper to utter).

**Interviewer:** Sir, when you prescribe a prescription, in that case, whether you are concern in what situation you will give antibiotic or you have any anxiety why you are prescribing any antibiotic?

**Respondent:** A doctor examines his patient. He listens to his patient. After listening to the patient he makes a mindset, that in what process he will give the treatment and how the patient will be beneficial. If antibiotic is needed according to his treatment, then of course he will prescribe. Side by side he will do all the things which are needed after prescribing. Look, sometimes we think about the financial condition of the patient. When we see after thinking all these that there is no other alternative, then we tell the patient, you will have to take these medicines managing somehow. Because, if you take these medicines then you will become well. Otherwise you will face yea (Expression used when an appropriate word is not forthcoming or is not proper to utter).

**Interviewer:** How do you know about his financial condition?

**Respondent:** We ask the patient that what he is doing or what her husband is doing? Or ask them that I am giving this medicine, are you able to take the medicine buying from outside? Many patients say that all right, I will do this. There are many patients who say that I am not able to do this. Then considering all these things we give the medicine.

**Interviewer:** When it is about buying antibiotic from outside, then we hear about the price of antibiotic. Does a consumer get expected level of utility from the medicine for which he makes the payment? The price of an antibiotic ………..

**Respondent:** Actually price is determined by the drug association. Doctor is not that much concern about the price of medicine. …15:00

But what we feel that he will have to take the medicines. Considering this, I think that if the price of drug is within limit, then maybe the people will be benefited. If a patient takes medicine for seven days and if he spends two taka less per day, then his fourteen taka will be saved. He can buy and eat egg with this fourteen taka or he can do yea (Expression used when an appropriate word is not forthcoming or is not proper to utter). That’s it. Always I am against about increasing the price of medicine. So the medicines what we have from the government, we give those surely. And those which are needed from outside, amongst them mostly we prescribe those which are good and price of which are within limit.

**Interviewer**: But whatever the price that prevails in the market?

**Respondent**: But I will have to look after the financial condition of my patient. I cannot over look this issue. I will not be able to prescribe such medicine for which my patient will suffer and misuse will happen.

**Interviewer**: The price that prevails in the market, suppose the price of one antibiotic such as azithromycin or we know that the price of these types of medicine is approximately above forty taka.

**Respondent**: I have heard it is thirty five taka. Per tablet worth thirty taka to thirty five taka, like this.

**Interviewer**: By spending this amount of money, as a patient means as a general patient do they get expected benefit from that medicine?

**Respondent**: Benefit means do the patients actually get benefits or not, usually they give feedback while coming to us. For example, I prescribed an antibiotic worth thirty five taka for three days. Sometimes it is also prescribed for five days. Now after five days that patient will come to me and definitely he will give his feedback. He might tell that doctor, after having this medicine my fever decreased or cough decreased. But still I am not absolutely cure or yea (Expression used when an appropriate word is not forthcoming or is not proper to utter) did not happened. In this situation usually we might ask that patient, did he take his medicine properly or not? Then we tell the patient, please continue your rest medicines and you will be cured. Now if patients do not get cured then they will not come again. They are getting cured by having antibiotic. But benefit means do you want to know that how much antibiotic works for diseases?

**Interviewer**: Hmm, hmm. Yes.

**Respondent**: Definitely it works, otherwise how do the patients become well? Now when I prescribe normal medicines to a patient for fever or cough. But if that patient does not cure with those medicines then I will have to prescribe antibiotic in this situation. I will have to consider the benefit of the patient. Patients usually say that sir, please give me some pathological tests or prescribe good medicine or prescribe antibiotic, so that I become cure quickly. Because when a person stays at home for one week due to illness, during that time actually he suffers from the different sides. One is, he suffers financially then second is, his family also suffers due to his illness. And thirdly he faces trouble in case of his job. For that reason now people don’t want to sit at home with their illness. Now people are conscious. Now people think that I am sick, but I should get well fast. It is necessary. Now how it happens? First he will go to a doctor. Then he will have medicine. And then he will be cured. Then he will join his job or he will go back to his normal life. Now people don’t want to live with disease months after months or stay at home with sickness. Or they won’t wait for long or they don’t try to cure by themselves. Because now people are so impatient that they want to recover so fast. Now people do not want to observe the pattern of his fever, whether it is normal fever or it is viral fever. Even they don’t want to wait for a week. They don’t think that their fever will go without having medicines. But now people think that first they will have paracetamol, if it will work then all right. Otherwise they will cure fever by having antibiotic.

**Interviewer**: You have told about good medicine, which medicine is called good medicine by the patient?

**Respondent**: Suppose those medicines which work well and cure quickly, patients try to call those medicines as good medicine. And we think that pressure…….. (18:30 minutes not clear). Those medicines which are supplied by the government, the quality of those medicines are hundred percent ok.

**Interviewer**: Yes.

**Respondent**: Besides these if any antibiotic is needed then maybe we prescribe. If those are available here then sometimes we give. Or they have to take from outside.

**Interviewer**: Sir, when you usually prescribe medicine in the prescription, do you give more priority to the antibiotic rather than other medicines or not?

**Respondent**: Actually when we prescribe a prescription, at that time mainly I consider which medicine is required by the patient. At first I will prescribe that medicine. Now in case if antibiotic is required then I will prescribe antibiotic as number one medicine in the prescription. Sometimes that patient has other sign and symptoms. Such as, he is suffering from fever and pain too. Now I will give him medicine for fever. If require then maybe I will have to give an anti-ulcerant along with that medicine. That’s it. There is no reason to prescribe any other medicine unnecessarily. Though some patients say that they have weakness, they are not able to have food. Or they are unable to do yea. At that time by seeing the condition of the patient, sometimes we give one or two vitamins. But it is my personal opinion and that is, it is better for a patient if he gets vitamins from the normal food rather than gets vitamin by having tablets. But sometimes it is seen that patient does not have that psychological support. He thinks that doctor is prescribing a vitamin along with medicine. Now there are some issues means sometimes we might have to prescribe one or two vitamins by considering patient’s psychology……………………20:00 minutes and sometimes patient says that “ doctor, after having vitamin now I can have my food or I am feeling better or I am feeling yea, like this”. Actually it is psychological. Now who will make them understand?

**Interviewer**: Sir, what is the difference between antibiotic and other medicines?

**Respondent**: Antibiotic is antibiotic. It will work against germs. And other medicines will work as sign and symptoms. Suppose anti-ulcerant, we prescribe anti-ulcerant for gastric ulcer. Then prescribe paracetamol for fever. Pain killer works for pain. But antibiotic works to kill germs of the body. For any bacterial infection means mostly antibiotic works against bacteria. But antibiotic doesn’t work if virus attacked. So when we think that he is attacked by this germ then we have to prescribe antibiotic. Whether it is an antibiotic of first generation or second generation or third generation.

**Interviewer**: You have told about the resistance of antibiotic. As regards what are the challenges for having antibiotic? Means people are not having medicine in a proper manner or they are not being able to follow the rules and indications. What is the reason?

**Respondent**: The patient will have to understand that an antibiotic is prescribed to him and he will have to take this medicine in time. After having this medicine he will get this benefit. Or if he doesn’t take this medicine in a proper manner then this and that problem would arise. We should make him understand about both the good side and the bad side. After that if he agrees then he will start having antibiotic, otherwise he will start other medicine. It is not right to start antibiotic like this situation. For example, suppose I have prescribed an antibiotic for seven days to a patient. Now suppose he takes that medicine only for two days. Now the situation is, he takes that medicine but does not complete the course. So if you brief him in detail then no confusion remains. As a registered doctor, I think any patient has no possibility of resistance if he follows the prescription of the doctor. Because the doctors who prescribe prescription most of them are MBBS or consultant or registered doctor.

**Interviewer**: But people ….

**Respondent**: But when people start having antibiotic by the advice of shopkeeper of the pharmacy, actual problem starts from there. And we found many patients, when we check their resistance of antibiotic then it is seen that maximum medicines are resistant. Why the body is resistant? Because they have taken different medicines for fever or cough or other physical problems in different times. Most of the times they don’t take advice from the doctor and when their problem increases more at that time they come to the doctor. Means when the medicine doesn’t work which is given by the shopkeeper, then they go to the doctor and says, sir please take some initiatives to cure my disease.

**Interviewer**: Hmm.

**Respondent**: Now what initiative can we take in this situation?

**Interviewer**: When do you send for diagnosis about resistance? When you understand that his …..

**Respondent**: After giving any medicine when it does not work means fever is not cured. But this medicine is used for fever. Then we shift into another medicine. But after using that medicine if it is seen that this medicine is also not working in his body, then we send him for diagnosis about resistance. Through the report of blood culture and sensitivity, we are able to know that which medicine is working in his body and which medicine is not. If blood culture is done then it can easily be understood that if a germ is found in the blood then which antibiotic will work. It is clearly understood. If it is seen in the culture report, this antibiotic will work in his body, then that antibiotic is prescribed. And if all are resistant, then that is actually a bigger problem. And in future such a time will come when most of the people in the world will become antibiotic resistant. At that time no antibiotic will work.

**Interviewer**: Does it happen only due to medicine or is there any other effect?

**Respondent**: Actually I don’t know. It might be known through proper survey. But what I feel that antibiotic is not working due to resistance of antibiotic. Then there are some patients who suffer from different types of diseases, due to those diseases sometimes antibiotic does not work. For example, a patient who is suffering from Tuberculosis, in this situation if I prescribe other antibiotic then it will not work in his body. Because already he has tuberculosis. Then it is seen that sometimes antibiotic does not work for those patients who have Aids. Then patients of multi drugs resistant as well as patients of different types of immunity …… these are the problems.

**Interviewer**: Sir, now I want to know a little bit and that is, is there any such authority for monitoring these drugs or any organization or association? Those who …..

**Respondent**: Yes, we have drug association. They monitor our drugs. But I think, we should increase more awareness rather than monitoring and protection. In such a way people are using drug in Bangladesh. So if you do not increase awareness here, then you cannot control this situation through protection. We will have to do massive work on this issue. We will have to understand and we will also have to make understand the people. Side by side those who are related with drug business; they will also have to understand this. In a whole actually a …..

**Interviewer**: Is there any such government rule and regulation for using antibiotic or not? Do you know anything about this or not?

**Respondent**: Government rules and regulations means ………………. 25: minutes definitely there is an authority. That is drug association, though I cannot tell the entire rules and regulations now. But definitely there are rules and regulations which can be used for any purpose. Now the first condition of the rules and regulations is, it is not right to use any antibiotic or any drug without taking advice from the registered doctor. But now you can get paracetamol, pain killer then medicine for curing headache in a small mobile shop like betel shop. And you must also get these in the pharmacy.

**Interviewer**: Exactly.

**Respondent**: This is happening.

**Interviewer**: Do you think that a rule and regulation or an ethical code of conduct is required for selling antibiotic?

**Respondent**: Definitely. A proper rule and regulation is required. And it is not only for the doctors, it is for them who are associated with drug business or who are related with the production of drugs. It should be known by all. And you will have to create mass awareness. So that people can understand that if any shopkeeper or salesman of a drug shop gives any antibiotic then people will not have that medicine all on a sudden. At first they will have normal medicine for headache or fever. If that medicine doesn’t work then they will go to the doctor. And they should take that antibiotic which will be prescribed by the doctor.

**Interviewer**: All right Sir, we have come to the end. Now I will ask you last one or two things. Which I want to know that there are many people from different drug producing companies, but do they ask you to prescribe their products in different places or not? Is there any such scope for influencing the doctor or not? As regards, do the doctors prescribe medicine for the profit of the company, would you please tell about this matter?

**Respondent**: No, I think this allegation is not completely true. Where what happens means one or two anomaly might happen. But mostly it is seen that companies’ people come to the doctor to promote their products.

**Interviewer**: Exactly.

**Respondent**: For example, they say while coming to us that sir, new drug of our company has been launched in the market. This drug works against this disease and these are the side effects. This is advantageous for the doctors. They are able to know that a new drug has been launched for this disease.

**Interviewer**: Yes.

**Respondent**: And when patient will come who is suffering from this disease, then the doctor will think about the drug which is newly launched for this disease. In that case he can prescribe that medicine. But if any doctor will prescribe any medicine for the satisfaction or benefit of any company or he gets influence by the representative of any company, so he is prescribing their drugs. Then I think these are absolutely unethical practice.

**Interviewer**: This is for the doctors. But in case of patients, do the representatives of the companies try to convince the patients for having their any medicine or antibiotic. Do they request the patients that please have this antibiotic; this will work for your disease. Do you ever get this type of case or does this type of incident happen or not?

**Respondent**: No, no. I don’t believe that patient will have medicine by the influence of the people of any pharmaceutical company. Because at least patient knows that he will have to go to the doctor, if he wants to get cured. He also knows that it is not right to take medicine without doctor’s advice. That’s why patient takes that medicine which is prescribed by the doctor. So far I think that still the patients of Bangladesh relay on the doctors. And doctors are also prescribing prescriptions and providing health service to the patients on that basis. And at present the development of the health service is increasing in Bangladesh. And it is actually happening due to doctors as well as due to the people means development is also happening due to the awareness of the people. And it will increase more in future.

**Interviewer**: One last question Sir, I want to know about your hospital. As you are duty doctor in emergency. For example, if I say about the waste of this hospital or different types of drugs or waste management of this hospital, as regards how these are removed and where? Ultimately what is the destination? How do you remove these?

**Respondent**: Are you talking about incineration? Here there are some drugs, there are some waste those which we usually incinerate. And there are some wastes for those dustbins are needed. |And it is the responsibility of the powroshava (City Corporation) to make dustbin. Now those are being made. And mostly we manage by ourselves. We remove this type of wastes in such a way so that those cannot make harm for nature or people. We maintain it. But sometimes it is seen that it is not possible to maintain hygiene and cleanliness due to patients. Because when people come to the government hospital, they don’t maintain this. Such as, they never spit in the floor at home but they do this in the hospital. We have less manpower and there are some limitations, though we try to keep our hospital nit and clear as much as possible.

**Interviewer**: Yes.

**Respondent**: If any problem will arise then gradually we will overcome those problems.

**Interviewer**: Those medicines which come from the government ……

**Respondent**: Yes.

**Interviewer**: As regards any type of expired dated medicine, is there any ……. 30:00 minutes … expiry date means the date is expired of those medicines …….

**Respondent**: Yes, yes. There is a store keeper who updates the record of all medicines. And he knows the duration of all the products means which product has duration upto which date. And he searches in every month that which medicines have short duration, which medicines have long duration. Those medicines which have short duration, we usually supply first those medicines to the patients. And the medicines which have long duration, those we will supply later on and in every month we search medicines based on duration. And still if any medicine expires, then we keep those separately. Or maybe drug association or we do yea in other way.

**Interviewer**: Does the drug association take back or do you dispose?

**Respondent**: There is a thought of dispose off. Civil Sergeant Sir does this yea. Means he looks after this matter. We keep those medicines isolated and separately by informing our Civil Sergeant Sir.

**Interviewer**: Isn’t there any scope of disposal of those medicines by taking own initiative?

**Respondent**: That is, means I am unable to give you proper information. Because I don’t know. But it is right that there no scope to give any expiry medicine from here. I don’t deny that some medicines are not available here.

**Interviewer**: No, you are not giving to the patient. If any medicine expires then …..

**Respondent**: To know this matter you will have to contact in the office, because I cannot give you this information. Sorry.

**Interviewer**: All right, brother. Thank you. It is pleasure to meet you. Those information which you gave us, I hope those information will enhance our research more. Assalamualikum.

**Respondent**: Walikumasalam. Thank you. ………………………… 31:27 minutes.