Name of the study area: Rural, Mirzapur

Data Type: IDI with Govt.practitioner

Length of the interview/discussion: 43min.

ID: IDI\_AMR105\_SLM\_PQ\_H\_R\_28 Oct 17

Demographic Information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Gender | Age | Education | Seller/prescriber | Category | Year of service | Ethnicity | Remarks |
| Male | 45 | MBBS | Prescriber | Qualified | 17 Years | Bangali |  |

**Interview starts:**

**Interviewer**: Assalamualikum, brother. I have come from Cholera Hospital, Mohakhali, Dhaka. I would like to know for how long you are working here?

**Respondent**: I am working here for about four to five months.

**Interviewer**: [Closing door a little bit.] Well, you are working here for four to five months. But would you please tell me, for how long you have been in medical service?

**Respondent**: In medical service means actually I passed MBBS in the year 1999 and I completed my internship in the year 2000. After completing internship I am in medical service.

**Interviewer**: For almost eighteen years you are …..

**Respondent**: For eighteen years.

**Interviewer**: You are specialized on what yea (Expression used when an appropriate word is not forthcoming or is not proper to utter)?

**Respondent**: Actually I have not yet completed any specialized course. But it is about to be completed and it is a course on pediatrics.

**Interviewer**: Course on pediatrics, all right. Have you done any special training on health service, would you please tell about any course?

**Respondent**: I am doing a course of MD on pediatrics.

**Interviewer**: Doing this course.

**Respondent**: About to be completed but it is not yet finished.

**Interviewer**: Well, I would like know about pediatrics means about child health. Normally our Bangladesh government or different donor agencies give focus on child healthcare on different occasion especially those who are under five years. And on many occasions it is seen that child healthcare is in a very fragile condition. That’s why it is also seen that they suffer more from different diseases. For that reason antibiotic is given on many occasions. As you are in this profession for so many years, means almost eighteen years. In that case what have you seen means are the use of antibiotic increasing or decreasing? Would you please say something on this topic?

**Respondent**: Definitely the use of antibiotic has been increasing more and misuse of antibiotic is also happening in many cases. Those who are not supposed to give antibiotic or those who are not supposed to prescribe antibiotic in any prescription, they are prescribing antibiotic. I think, there should be some restrictions about this matter, ok. What type of doctors will prescribe which type of medicine or which type of antibiotic can be prescribed; definitely there should be some restrictions on this.

**Interviewer**: So sir, as you have told that antibiotic is used carelessly and also told about anyone’s right to give any medicine. So as a child doctor what do you think and what type of antibiotics usually you prescribe or give?

**Respondent**: Actually what type of antibiotic will be used depends on the type of bacteria by which a child is attacked. Now it is seen that when a child comes with signs and symptoms, we will examine that child clinically. We will take history of that child. Then through laboratory test we will ensure whether it is required. Then we can understand whether any type of antibiotic is required for that child or not.

**Interviewer**: So sir, as you are prescribing prescriptions, now if we think about one day then you have to deal with how many patients per day? In case of children?

**Respondent**: Actually I see patients at outdoor. I see both adult and children. In that case I have to deal with sixty to seventy patients which includes both adult and children.

**Interviewer**: A large portion of the people in our country comes here. What do you think in case of prescribing antibiotic means what do you think when you prescribe any prescription? Is it a challenging thing or do you feel anxious while prescribing antibiotic or not? Or do you think beforehand when you give antibiotic? What is your opinion from doctor’s point of view?

**Respondent**: In case of prescribing antibiotic definitely I mean it is an important issue. Because if antibiotic is misused or mal used then there is possibility to develop resistance in human body. That is a problem. And not only antibiotic but every medicine has side effect. It is not right if I give antibiotic unnecessarily or for nothing. Sometimes it is seen that a patient might come with viral disease. Maybe he has viral infection. Antibiotic is given here but in this case antibiotic is not needed at all. Definitely we should take care of these matters. Sometimes it is seen that we get some prescription through patients. They say, this prescription has given by such and such doctor. Now who is the doctor? You will find that he is a shopkeeper of a pharmacy. Shopkeepers of drug shops also prescribe prescriptions. And it is seen that every day they give different types of antibiotics. Even they give cefuroxime of third generation upto cefuroxime of fourth generation of antibiotic. They don’t follow the protocol or they don’t have any E (Expression used when an appropriate word is not forthcoming or is not proper to utter) to maintain any protocol. Actually they don’t know about the protocol. So they don’t maintain it. It is seen that they give course combined with different types of antibiotics. In that case it is seen that no antibiotic is needed or some antibiotics are not needed, like this. All right …. Again there is another issue and that is, their rights to give antibiotic. Means actually they don’t have any right to give antibiotic, but still they are giving. That’s why it is seen that misuse happens in many cases and patients are mal treated more. For these reasons resistance develops later on and this is a big problem.

**Interviewer**: As you have told about a child or an adult, when they come to you means at which stage or what type of patients you usually get or at primary stage do they ……

**Respondent**: Actually patients of all stages come here. For example, there are some patients who come directly to the doctors at primary stage. They come to us with minor problems. Again there are some patients especially those who live in the village, at first they go to the shopkeepers. When they go to drug shop, shopkeeper gives treatment. After that treatment it is seen that if those patients do not become well then they come to us. At that time we might see that they were some treatments which were not needed. Again the treatment which they needed, they didn’t get that treatment. Actually the main thing is, they don’t know about medical science. These types of problems are happening due to lack of proper knowledge of medical science. They are giving medicines only by knowing the name of the medicines, ok. But they don’t have any idea about any disease or any type of signs and symptoms. That’s why proper treatment is not done. Patients are not taking proper antibiotic which is required and patients are getting that antibiotic which is not required. Patients are not getting those medicines which are supposed to be given. These types of things are happening.

**Interviewer**: You have told about mal use. Now it is seen that at first our child goes to that doctor who is available near our house. In that case when a child comes to you, particularly what steps you usually take at that time? Means when a child comes with illness and village doctor has already given antibiotic of third generation to that patient then ……

**Respondent**: At that time first we check, which antibiotic has been given to that patient, is it actually necessary or not.

**Interviewer**: Yes.

**Respondent**: If it is seen that it is necessary then we continue that medicine. And if any more medicine is needed then we add that medicine. And if it is seen that it is not necessary but was given, then we discard that medicine.

**Interviewer**: You discard that medicine. Well sir as you are prescribing medicines, what types of information do you give to a patient? Suppose medicine has to be taken for how many days, what quantity, how many dosage, like these. How do you tell these things, would you please tell a little?

**Respondent**: It is seen that many people cannot follow the right dosage in case of pediatric. Because several drugs are there and sometimes it is tough to remember all the dosages. Or those who are pediatricians ………

**Interviewer**: Yes.

**Respondent**: When they give dosages sometimes it is also seen that they prescribe wrong dosages. In that case I do one thing. Actually I use software for dosage of pediatrics….

**Interviewer**: All right.

**Respondent**: If I have any confusion of any dosage then immediately I check in the software and ensure whether I am giving correct dosage or not. Because it is very impotent to prescribe right dosage. I try to solve this problem by using software.

**Interviewer**: What type of software is it? Wherefrom you got this?

**Respondent**: It is a kind of software. I developed a small software by myself.

**Interviewer**: All right.

**Respondent**: I developed this software as per my need, is it all right?

**Interviewer**: All right.

**Respondent**: It is helpful for me. You can also get many free software at online.

**Interviewer**: What software is it? For what reason?

**Respondent**: This software is for calculating the dosage of pediatric drug.

**Interviewer**: Ok, ok. This software only serves your purpose. Suppose when your are prescribing prescription at that time you might not recall which dosage or which one you will prescribe means we cannot remember all the things for all the time. Suppose a person comes to you with his child or any attendant comes with his child to show you. In that case which medicines you prescribe to them, do you tell them how many dosages they will have to take for how many days or is there any side effect or not, or do you explain about resistance or do you give any such indication or not?

**Respondent**: Actually more or less all medicines have side effect.

**Interviewer**: Yes.

**Respondent**: If any medicine has any major side effect means if there is possibility of any kind of anxiety due to that medicine then definitely we tell this to the patient. And besides this we also tell them, which medicine will have to be taken, how much dosage will have to be taken for how many days. As well as these instructions are clearly written down in the prescription in Bengali.

**Interviewer**: Sir another thing is which types of patients come more? They come here with what types of diseases?

**Respondent**: Here I have seen that most of the time patients come with pneumonia then come with viral infections, cough and cold. Then many patients also come with skin diseases, in that case antibiotic is not needed. Again sometimes it is seen that patients come with skin infection. At present I have seen patients of these types of diseases means more patients come with pediatric problems. Few patients also come with bronchitis problem.

**Interviewer**: As these patients come to you then which group of antibiotic usually you prescribe them more?

**Respondent**: Antibiotic, actually I prescribe antibiotic of penicillin group in most of the cases.[08:35 minutes not clear] I also prescribe antibiotic of macrolide group in some cases.

**Interviewer**: Well, as you have told about penicillin then which group of antibiotic is it or it belongs to which generation?

**Respondent**: For example, there is ampicillin, amoxicillin of penicillin group. At present I use these medicines more.

**Interviewer**: If I would tell about generation then first generation means which generation you usually ……..

**Respondent**: Actually penicillin has no generation but cephalosporin has generation.

**Interviewer**: Which generation of cephalosporin you use now a days?

**Respondent**: Actually according to the necessity we prescribe first generation of cephalosporin, sometimes prescribe second generation, third generation. Actually we use all.

**Interviewer**: Which generation you prescribe more?

**Respondent**: Actually it depends on the need of the patient.

**Interviewer**: All right, that means which one is needed for the patient, which type of medicine will have to be given to the patients, you consider this thing.

**Respondent**: Yes, it depends which one is needed for the patient.

**Interviewer**: Well, how do you take decision whether you will prescribe antibiotic to a patient or not?

**Respondent**: Actually most of the time we take decision clinically, whether I would prescribe antibiotic to a patient or not. But if there is any scope for investigation or if patient bear the cost in that case we do further investigation. But very limited scope is available for this type of investigation here at thana level.

**Interviewer**: All right. But how is the price of different antibiotics, because huge antibiotics are used here and there.

**Respondent**: Actually price of antibiotics depend means different antibiotics have different prices … all right. But I feel that the price is a little high. It would be better if it remains within patient’s affordability.

**Interviewer**: Do you think that the benefits which the patients get, do that commensurate with the money they spend to buy medicine? [10:01 minutes]

**Respondent**: Actually this also depends on the company, all right. This is not right to tell that the medicines of all companies are good, all right. It is seen that one company is doing one good thing; another company is doing another good thing, like this. Whether appropriate quantity of ingredient exists in every drug or not that is supposed to be controlled by the government. There is no way to understand by seeing from outside or there is no way by which doctors can understand. There is no way by which you can understand that medicines of this particular company are good or medicines of that particular company are bad. Because government has given license to all the companies for doing business. But there is no way by which doctors can understand or patients can understand whether this antibiotic will work well or this medicine will work well. If right amount of ingredients exist in the medicine then definitely it will work. Actually there is no way to say anything by seeing from outside, government is supposed to control it. Those drugs which are available in the market, are those drugs produced correctly or not, whether right amount of molecule exists in every drug or not, definitely government should control this matter.

**Interviewer**: Sir, when you prescribe prescription to a patient, at that time you give dosage of medicine. As regards, in that case lowest dosage is given for how many days or highest dosage is given for how many days?

**Respondent**: Lowest dosage is given for five to seven days.

**Interviewer**: And highest?

**Respondent**: Here actually it doesn’t take more than seven days. Yes, mostly it takes seven days.

**Interviewer**: Dosage of antibiotic?

**Respondent**: Yes.

**Interviewer**: All right. As you give dosage for seven days, here you are giving prescription to them.

**Respondent**: Yes, yes.

**Interviewer**: When they go to buy medicine, in that case do they buy medicine for seven days or not? How much antibiotic people take to consume? What do you think?

**Respondent**: Actually most of the time they don’t come to us when they buy antibiotic. After buying medicine they leave the place. Well in this regard we also get one or two feedback. It is seen that all of them don’t buy full course of medicine for seven days at a time. They buy medicine for three days or for four days or for two days. Maybe at the moment they don’t have enough money. Later on they buy again. This type of thing happens.

**Interviewer**: That means do they complete the course? As you have prescribed for seven days that …..

**Respondent**: Some people complete the course and some people don’t complete.

**Interviewer**: What is the general practice? Suppose I am a village boy and I have come to you. Now I am also not that much educated. In this situation you prescribe prescription for me and maybe I went away.

**Respondent**: No, I usually tell them, this medicine is given for seven days. Now if you feel better from before then don’t stop taking medicine. You will have to take the full course of medicine. That means, you will have to take the medicine for all those days for which period the medicines were prescribed.

**Interviewer**: Do they follow this?

**Respondent**: Now if one or two patients come for feedback then we see that some of them follow this and some of them don’t follow. All patients don’t come for feedback. Mostly it is seen that when they become cured from disease, they don’t need to come further means they don’t feel to come to the doctor further. In that case we also cannot know whether he has completed his course or not.

**Interviewer**: Then how do you get feedback? As one or two patients come back then why do they come back?

**Respondent**: No, in some cases means the patients who come with serious condition we tell them to come for follow up after such and such days, all right. We tell them to come after seven days for follow up and when they come for follow up then we see what is the condition of that patient. And there are some patients whose condition is not that much serious, all right. I hope they will be cured after completing the course of medicine which is given for seven days. In that case they don’t need to come again. If they feel better then they don’t come further.

**Interviewer**: In that case does it happen that the patient didn’t complete the course and he doesn’t become well. That’s why, does he again come to you to give feedback?

**Respondent**: Those who come for feedback or for follow up, some of them are very conscious. They willingly come to us, all right.

**Interviewer**: Yes.

**Respondent**: Again there are some patients who say, my problem is not decreasing, what to do? Then again I examine those patients. After examination if I find that antibiotic will have to be continued then I tell them to continue that antibiotic. Or if I see, it is not responding, in that case if I feel that the antibiotic should be changed then I change that medicine.

**Interviewer**: You change that medicine, all right. Sir, as they take medicine which you prescribe means when they come to take medicine at that time do you start antibiotic at the beginning or how do you give medicine to them? Or do you give more priority to antibiotic rather than other medicines?

**Respondent**: Whether antibiotic will get priority or not that actually depends on diseases. If my patient has bacterial infection but all patients don’t come with bacterial infection. Suppose if any asthma patient comes then I will not give him antibiotic if he doesn’t have severe infection, all right. Then if any bronchitis patient comes, I will not give him antibiotic, all right. To whom I will give antibiotic that depends on what type of patient he is. Whether he infected by the bacteria or not, it depends on that. I will just give antibiotic if they come, it is not like that.

**Interviewer**: All right, all right. What is the difference between antibiotic and other medicines?

**Respondent**: Antibiotic is used against germs means if anyone is infected by any kind of bacteria then antibiotic is used against bacteria. And we do treatment with other medicines based on other signs and symptoms.

**Interviewer**: What about normal drugs?

**Respondent**: Antibiotic is different from other drugs. Different antibiotic works in different ways. Antibiotic works against bacterial infection.

**Interviewer**: All right.

**Respondent**: Ok, again if there is bacterial infection then we give antibiotic. Otherwise we don’t give antibiotic.

**Interviewer**: In that case sir, at first you start with medicine of which generation? If we tell about generation or which group of medicine you usually prescribe?

**Respondent**: Actually it depends on the condition of the patient means how much serious the condition of that patient is, means patient is at which stage? If the condition is very serious then it is seen that we directly use cephradine of third generation instead of commonly used drugs. Again if it is seen that the patient’s condition is not that much serious then we might use medicine of first generation or second generation.

**Interviewer**: Which one you usually prescribe from first generation and which one you usually prescribe from second generation?

**Respondent**: Well, it is not possible to say specifically. It varies from patient to patient.

**Interviewer**: Then sir, which drugs of second generation is commonly used? Would you please tell a little about this matter, because I have a very little knowledge about it.

**Respondent**: For example, we usually use cephradine of third generation, all right.

**Interviewer**: It is from which generation?

**Respondent**: It is most probably first generation.

**Interviewer**: All right.

**Respondent**: Then we use cetraxate of third generation, then we use septadine.

**Interviewer**: This is from third generation.

**Interviewer**: In that case sir, are the medicines of third generation used more or the medicine of first generation and second generation are used?

**Respondent**: This also depends on the patient’s condition.

**Interviewer**: Depends on the patient’s condition, all right.

**Respondent**: Signs and symptoms of first generation exist, third generation ….

**Interviewer**: Sir, what is meant by resistance of antibiotic?

**Respondent**: Resistance of antibiotic means actually sometimes we give antibiotic to kill bacteria. It is seen that an antibiotic works continuously for a certain period. But after few days that doesn’t work. That means bacteria builds self resistance against that antibiotic which does not work even if it is given. This is called resistance of antibiotic.

**Interviewer**: For what reason this resistance happens?

**Respondent**: Actually this is a matter of many molecules, this is an internal matter. You have to analyze at micro level.

**Interviewer**: Well, this is a matter of micro biology. But when we are giving to a patient, if we think from the patient’s perspective then what would be the reason for him? If we think generally.

**Respondent**: In case of resistance of antibiotic, a common term is used for patient’s perspective and that is, resistance might happen if anyone doesn’t complete the course of antibiotic.

**Interviewer**: Yes.

**Respondent**: Few days ago I have seen an E (Expression used when an appropriate word is not forthcoming or is not proper to utter) ..

**Interviewer**: Article …

**Respondent**: In that article I have seen that it doesn’t matter whether course of antibiotic is being completed or not. It has no relation with resistance of antibiotic.

**Interviewer**: All right.

**Respondent**: Is it ok? Actually still it is a matter of more research …. That’s all.

**Interviewer**: Well, now what can we do to prevent this?

**Respondent**: Actually to prevent this means a doctor can give right treatment to a patient.

**Interviewer**: Yes.

**Respondent**: Those who are not doctors, they should not give treatment. Is it ok? But in our society what is happening, doctor is available in every house. All right. When patients come with prescription then usually we ask, who prescribed this prescription? Then they say, doctor prescribed this. Again we ask, which doctor? Then they replay, such and such shopkeeper of drugs shop. Now doctor is available in every house, starting from the shopkeeper of drugs shop to all. They also prescribe for themselves.

**Interviewer**: Hmm, hmm.

**Respondent**: He becomes a doctor who knows the names of the medicines. And that is a big problem. For that reason it has to be ensured that no pharmacy can give any medicine without doctor’s prescription.

**Interviewer**: Well sir, as you say doctor means all claim themselves as doctors ….

**Respondent**: For that reason you will have to be a registered doctor of the BMDC, all right. We can call anyone as a doctor who is a registered doctor of Bangladesh Medical Dental Council. Those who are not registered doctor by BMDC, definitely they will not be allowed to practice. Is it ok? They don’t have any right to prescribe medicine.

**Interviewer**: All right.

**Respondent**: In that case definitely he will have to be registered by BMDC.

**Interviewer**: As people are taking antibiotics, in this regard what is the main challenge? If I would say about a consumer or a patient then why they don’t follow the rules or why they don’t take medicine by follow the rules?

**Respondent**: Actually some people are there means there is a proverb that empty vessels sound much, all right? They use their own knowledge.

**Interviewer**: Yes.

**Respondent**: All right. But this is not right to use anything without any advice of doctor. There are some drugs which we call over the counter drugs. Those are different things. Anyone can buy to have these from the pharmacy and anyone can give these. But those drugs which are not over the counter drugs, definitely these should not be taken without any prescription of doctor or one should not use these drugs. And it is also seen that maybe a patient is suffering from loose motion or dysentery and he is taking metronidazole. Then it is seen that if he stops takiing metronidazole after two to three days. Again, maybe he will be suffering from blood dysentery and he is taking ciprocin. Again after taking two days he again stops taking medicine. He is doing it by himself means by using his brain or applying common sense. But medical science is not a matter of common sense for all the time, it is a pure science.

**Interviewer**: Yes.

**Respondent**: You will have to do it exactly in that way which has come out from the research or which instruction has been given or which method has been given for this, is it ok? Yes, but it is seen that many people apply common sense.

**Interviewer**: Why they are using this common sense? Why don’t they come to us?

**Respondent**: I would say lack of consciousness, all right. It happens due to lack of consciousness.

**Interviewer**: Lack of consciousness, but is there any other reason? Without going to a qualified doctor why we are doing treatment by ourselves? Why we are taking medicines by ourselves? In that case what type of problem might happen to us?

**Respondent**: It might be E (Expression used when an appropriate word is not forthcoming or is not proper to utter) means if you take medicine by yourself then one thing might happen and that is, which medicine you have taken that might not be the right medicine. Every medicine has side effect and he might suffer due to side effect. And it is seen that the dosage of medicine might not be appropriate or you might take over dosage. In that case due to over dosage it becomes poisonous. Every drug becomes poisonous if over dosage is given, all right. In that case patient might face different types of problems.

**Interviewer**: You have told about over the counter drugs, which types of medicines we usually get or we usually consume or we take over the counter? [20:00 minutes]

**Respondent**: For example, paracetamol, antacid these are mostly the common over the counter drugs. Again many people use E as over the counter drug but exactly I don’t know. Many people use antibiotic, such as moxacillin, ciprofloxacin. But I am not sure whether these are in the list of over the counter drugs or not. Paracetamol, antacid, these are over the counter drugs.

**Interviewer**: Which one we are trying to say over the counter?

**Respondent**: Over the counter drugs mean those drugs which can be used by anyone without taking advice from any doctor and that is called over the counter drugs.

**Interviewer:** Over the counter, what arrangement can be made, so that antibiotic is not used anywhere and resistance is not developed in human body? What do you think?

**Respondent:** Number one thing is, the shopkeepers of the drug shops should not sell any medicine without prescription. Is it all right? The patients should not take any medicine without doctor’s advice. All right? These two things will have to be maintained. And there is a tendency to write the title ‘doctor’ beside the names of all and they start practice. This tendency has to be stopped. Practices by the rural practitioners have to be stopped. This type of rural practitioner has become doctor after taking training of two months. All right? It is seen that they are prescribing cefixime even upto third to fourth generation. All the higher antibiotics are good. The antibiotics which are reserve antibiotics, we don’t use these at primary stage. We use these later on. We use these if there is any severe case. The rural practitioners are using these at primary stage. All right? So, the way the other countries are behaving, such as, in foreign countries all are following the prescriptions of the doctors and the shopkeepers are also not selling the medicines without prescriptions. The shopkeepers are qualified persons. All right? So, this system should be practiced in our country. The rural practitioners or registered doctors who don’t have registration in BMDC, they should not practice as medical practitioner. They should not practice as doctors. And they also should not prescribe medicines.

**Interviewer:** What arrangement can be made, so that the mass people can get these messages? Which way this can be done?

**Respondent:** There are two types of media by which mass people can get these messages. One is television and the other is radio. The issue of advertisement and awareness program shall have to be increased through television and radio to create people’s awareness on mass scale. Then awareness might be increased by short play or some small programs. All right? Then, one more thing will be needed. Of course, the doctors will give counseling through their patients in every hospital, but side by side, if there exists other counselors who will give counseling to those patients separately on a limited scale and if such system can be made, then the people will be beneficial.

**Interviewer:** Gradually the people will be conscious.

**Respondent:** They will be inspired.

**Interviewer:** sir, is there any governmental controlling authority in our country to observe the use of antibiotic or general medicine?

**Respondent:** I have never seen any controlling authority who has come to observe the use of antibiotic. Isn’t there Bangladesh Drug and E (Expression used when an appropriate word is not forthcoming or is not proper to utter)?

**Interviewer:** Chemist?

**Respondent:** No, no, not that. Means, those who give drug license in the market. They give license to the companies. Plus, those who are policy makers for drug …….

**Interviewer:** Maybe they are called drug inspector or ……..

**Respondent:** Right now I cannot remember that. Whatever it is, they do the E(Expression used when an appropriate word is not forthcoming or is not proper to utter) of this thing. Their duty is to control the quality of the medicine. All right? Suppose, I have given a license to a company ……..

**Interviewer:** Yes.

**Respondent:** But whether the company is maintaining the quality of those medicines or not, who is responsible for looking after this? Is it the responsibility of the doctors? Look, whether the molecule of the medicine is in appropriate proportion or not, there is no way to understand, when you will see the medicine only with eyes. Of course, help of the laboratory will be needed to ascertain this thing. In that case, they will have to come forward. There are many who allege that the doctors prescribe medicines which are produced by bad companies.

**Interviewer:** Yes, yes.

**Respondent:** But the licenses of those pharmaceutical companies are given by the government. Whether it is right or wrong?

**Interviewer:** Yes.

**Respondent:** So, this way the companies will supply good and quality products in the market, and of course the government will have to ensure that.

**Interviewer:** There exists yea (Expression used when an appropriate word is not forthcoming or is not proper to utter) which is called in drug administration.

**Respondent:** Of course these will have to be controlled and maintained by the drug administration. It is not possible to control this by the doctors. Because, whether the medicine is a good medicine or a bad medicine, a doctor cannot go to the market and ascertain this by only seeing the medicine with his eyes.

**Interviewer:** Is there any such kind of organization or any other type of organization active in your upozila (sub-district)?

**Respondent:** So far I know, no such thing like this.

**Interviewer:** Is there any controlling authority? Do you know about any government rules and regulations which are related to the use of antibiotic? .. 24:49 (Not clear) ..Somehow they have some kind of registration. How much do we follow and practice these rules and regulations?

**Respondent:** I think that it is not followed at all.

**Interviewer:** What is the reason?

**Respondent:** Actually the reason is, there are some rules and regulations, but those are not being followed. Because, I think, a tendency of pretending himself about this matter works here. He has no right to prescribe those but he is prescribing.

**Interviewer:** Hmm, hmm.

**Respondent:** All right? In some cases, he has no right to prescribe but he is prescribing. He might get good benefit from the companies. He has no right to prescribe but he is prescribing.

**Interviewer:** Okay.

**Respondent:** There is a matter like this.

**Interviewer:** Well, sir, would you please clear the concept as regards good benefit from the pharmaceutical companies?

**Respondent:** Suppose, someone has come and he has proposed that please prescribe such and such medicine. Maybe a gift is given to the prescriber. He gets the gift and prescribes a product of him. It might happen like this. Many persons may prescribe like this.

**Interviewer:** Do you think that there should be rules and regulations and code of conduct for selling the antibiotic?

**Respondent:** Of course, it should be.

**Interviewer:** Why, why?

**Respondent:** Because, if this is not maintained properly then misuse or mal use of antibiotic will be increased. All right? Then, those who don’t need antibiotic, they will get antibiotic. Till now we know that if the full dosage of antibiotic is not applied or if full course of antibiotic is not completed, then resistance will be developed. All right? Then, there is misuse of antibiotic, yes, suppose, I don’t need antibiotic but antibiotic is being applied on me. It is seen that antibiotic is being misused, because those who are not supposed to be allowed to prescribe antibiotic, they are prescribing antibiotic. That’s why, antibiotic is being misused. Of course, there should be rules and regulations in this regard.

**Interviewer:** Well sir, one thing you have told, means there are different people from different companies. I like to discuss a little about this thing. Those who are selling medicine here and there, or those who are giving services to the mankind, do they illogically prescribe antibiotic? What do you think?

**Respondent:** There are many amongst them who do prescribe.

**Interviewer:** How do they prescribe? Why do they prescribe?

**Respondent:** Because, those who are prescribing, most of them are not doctors.

**Interviewer:** Hmm.

**Respondent:** All right? Such as, there are rural practitioners. All right? There are shopkeepers of the drug shops. They are not doctors …………

**Interviewer:** Yes.

**Respondent:** Look, actually a patient comes when he suffers from any disease. But they are not able to diagnose the patient. Is it? They are not able to differentiate clinically that whether the patient has bacterial infection at all or not. They don’t know why antibiotic is needed for their patients. They don’t know, whether there is need for proper culture sensitivity test or not. All right? Actually they know the names of some medicines. Therefore they are prescribing prescriptions depending on those. This is not the right manner.

**Interviewer:** Then, why does he give antibiotic in that case?

**Respondent:** He gives, because the patient has gone to his medicine shop, that’s why he gives antibiotic. If he can sell the medicine, then he will be able to make profit.

**Interviewer:** Hmm, hmm.

**Respondent:** He makes profit by selling the medicine. That’s why he sells this. He is doing this E () for selling the medicine.

**Interviewer:** Then, why do the patients go there instead of coming here?

**Respondent:** Look, not that many of them are not coming here. But there is lack of awareness amongst the patients. All right? There are many patients who think that there are medicine shops near their houses, then why do they take trouble of coming here? Because this place is a little far away from their residence. They think that they are also doctors. That’s why they are going to them. All right? But those people who live near this Thana Health Complex, they all come to this place. Those who live a little far away from this Thana Health Complex, they are taking assistance from the rural practitioners who stay beside them. But they don’t understand this thing that when they go to them for taking help, they are doing harm to themselves instead of getting benefit.

**Interviewer:** Well, sir, I like to hear a little about those pharmaceutical companies who come to your place for marketing their products. They visit you. In that case, those who prescribe like you, do they prescribe antibiotic for financial benefit of those pharmaceutical companies instead of benefit of the patients?

**Respondent:** Absolutely not. Of course, we examine the disease of the patients. After diagnosis, we see that whether the patient needs antibiotic at all or not. The people from the pharmaceutical companies come to us to introduce their medicines. All right? They introduce new molecules in the medicine market and it is necessary for us to know about those new molecules.

**Interviewer:** Hmm. Which one has come to the market, isn’t it?

**Respondent:** Yes. If we are not informed or if we don’t keep updated information that which has been launched or which has not been launched in the market, then how will we prescribe? All right? Because, many new products are being launched. I have passed MBBS in 1999. I read about which antibiotics at that time, more new molecules are being introduced along with those till now. I need help if I want to know these. They are helping us in this regard.

**Interviewer:** What is to be done for keeping update ……..

**Respondent:** Yes, yes. We have books for updating our knowledge. All right? We get update knowledge from those books. All right? When a book is updated with new information, then it is found in new edition. All right? We also get few updates from the literature, which is found in the internet. 30:11 We are getting information from these updates.

**Interviewer:** What do you think? Is it sufficient for you? Or there should be more arrangement by the government. Or private sectors might take initiative as regards these, so that the doctors like you can get more update information?

**Respondent:** Yes. If government can provide this, suppose government can provide us with a journal for updating our knowledge. Then all the medical updates might come to different sectors through that journal. Or links of those might be given to us, by which we can get update about the new information of such and such antibiotic. And then, we will be able to find those updates through those links by the internet. If such a thing exists then of course it would be better.

**Interviewer:** It happens, because if it is outside our guideline then it is difficult for us to cope up. For example, think about garment sector, where a worker works only in a particular field throughout his life. If we want to put him in another place, he cannot do the job. Now our …..

**Respondent:** No. It is a little bit different when it is about us. Always we have to keep update our medical knowledge. Different books are being launched with new editions for updating our knowledge.

**Interviewer:** Yes.

**Respondent:** Those newer editions show whether there is any new changes or not, whether there is any changes for giving treatment or not, whether any new drug is launched or not, whether any new medicine is launched or not for such and such disease. Those updates are shown in this book. And definitely, we are getting E (Expression used when an appropriate word is not forthcoming or is not proper to utter) from that book.

**Interviewer:** Wherefrom you get those books? You are a first class government officer, isn’t it?

**Respondent:** No. We have to buy these personally.

**Interviewer:** You have to buy these personally.

**Respondent:** We have to buy.

**Interviewer:** Is there any governmental resource from which if I wish ………

**Respondent:** No, no. there is no such resource of the government.

**Interviewer:** There is no such resource of the government. What can be done for this? The updated knowledge that we have, the updated medicine that is launched, new antibiotic that is launched, how can we share this from a platform?

**Respondent:** Look, a library can be made for us and that should be operated by the government. If it is not possible to make such a library in every upozila (sub-district), then there should be a library at least in every district. The updated knowledge of medical science, the journals, the new edition of medical science, these should be kept there. Then of course we will find a way out. But nothing is here like this. All these things are done by personal initiative.

**Interviewer:** Well, sir, if we think from the perspective of the patient, means consumer, then would you please tell a little about consumer right?

**Respondent:** Whatever I understand about consumer right, that is, the thing which I shall buy or I shall use, I have full right to get information about that thing and I have right to get that thing. That’s it.

**Interviewer:** Well, my patient is my consumer, how do you describe this thing?

**Respondent:** No, my patient is my consumer, means he has come to me with his problem. I have right to get information in detail about his problem. And he has full right to get the information about those medicines which I have prescribed him. This is his right.

**Interviewer:** Do we provide them these things rightfully ………

**Respondent:** We try.

**Interviewer:** Do we give them proper direction?

**Respondent:** We try.

**Interviewer:** Sir, if we talk about a prescription, then which type of prescription you normally use and which prescription can be termed as an ideal prescription?

**Respondent:** There are separate tickets for the patients in this hospital. All right? Seal is given there. We do E (Expression used when an appropriate word is not forthcoming or is not proper to utter) how it is given.

**Interviewer:** What is it?

**Respondent:** Name, age, sex, all these things are written there.

**Interviewer:** Well, when you prescribe a prescription, then what do you do, would you please tell the procedure a little?

**Respondent:** In that case, name, sex, these things are written by them from that place. Date is also written there. We need patient’s weight. Then we write clinical sign and symptom side by side. Sometimes we write the findings which we get. We write advice for the diagnosis. All right? Then, we write the treatment which is needed. And at the bottom, we advice the patient to come after such and such days or write advices appropriate for respective patients.

**Interviewer:** Do you think that it is an effective and standard prescription, if we consider the worldwide perspective? The thing which we have in our country, is it ……….

**Respondent:** Actually, prescriptions are being prescribed by different doctors in different ways in our country. Now, it is very difficult to tell this properly without proper survey or without doing proper research. All right? But of course, there should be a worldwide standard and we should follow that standard.

**Interviewer:** Do you know about any such prescription or any such policy?

**Respondent:** I don’t know about any policy for the prescription. But sometimes we do analysis for making a standard prescription.

**Interviewer:** Yes.

**Respondent:** All right? We have seen in our books, how prescription should be prescribed. What are the essential parts of a standard prescription. Usually we see these. And we organize these as per our convenience.

**Interviewer:** At present which is in your health complex.

**Respondent:** No. It is just a white paper which is in hospital. A seal is stamped on the top. All right? Actually E (Expression used when an appropriate word is not forthcoming or is not proper to utter) is not done like that way there. We write there with hand as much as possible.

**Interviewer:** Maybe some prescriptions are given there on small slips.

**Respondent:** Actually those are not prescriptions which are written on small slips. We write names of those medicines on those small slips which they will take from here.

**Interviewer:** From here, means?

**Respondent:** From hospital. The medicine which is given to the patients from the hospital, this will have to be taken from the pharmacy.

**Interviewer:** Okay.

**Respondent:** If medicine is to be taken from the pharmacy, then we write the name of the medicine along with how much milligram of that medicine he will get. We put his ticket number also on that slip.

**Interviewer:** Okay.

**Respondent:** It is seen that if this is done, then the medicine will be given from there.

**Interviewer:** Would you please tell about this dispense system? Normally how much medicine a patient gets from the hospital? And normally how much medicine he buys from outside?

**Respondent:** It is very difficult to tell. All right? Now, the medicines which are available in the hospital, we are getting all those medicines from the hospital. All right? The medicines which are not available in the hospital, those have to be bought by the patients from outside.

**Interviewer:** The government, means actually this is not in my guideline. I want to know this for increasing my knowledge. I think, this is not needed now. I have almost come to the end. Now I want to hear a little about the people from different pharmaceutical companies who come to you and wait outside your chamber. During this waiting period, do they anyway try to influence the patients for taking their medicines? Or do they tell that their medicines are good? Do they try to influence like this?

**Respondent:** Actually they don’t influence the patients like that way. But many times I have seen that they see the prescriptions. They see that whether their medicine is written or not. Definitely this is not appreciable at all, because prescription is a secret document of a patient. Isn’t it? None has right to see this.

**Interviewer:** Yes. Sir, you were telling that it is a matter of secrecy. And the yea (Expression used when an appropriate word is not forthcoming or is not proper to utter) is their secret document. Now, why they, means what happens if it is read? Where is the problem? As we see in different times, the prescription that they ………………..

**Respondent:** No. if it is done then there is problem. We write many things in a prescription. All right? Prescription is a secret matter for every patient. He might have a disease. Maybe he doesn’t want to express this to others. Maybe he wants to keep this secret from another person. Therefore, another person should not be allowed to see this prescription. Or there are many things that we write in the prescription for the females. Only the patient is able to know this. Another person has no right to know this thing until the patient tells or until he shows this.

**Interviewer:** In that case, when the patient goes away, at that time, does the person of that company come again and tell that sir, my medicine ………………

**Respondent:** No, no.

**Interviewer:** Is there opportunity to exert any influence like this?

**Respondent:** No, no. There is no opportunity like this. Whatever we write, that is all.

**Interviewer:** We see when we go there, they take photo of our prescription. I don’t know, why this happens? What do they do after taking that photo?

**Respondent:** Maybe it is their survey of marketing department. As this is their business, so how much share of their medicine is in the market, maybe they figure it out by doing this kind of market survey.

**Interviewer:** They take this for this reason. Okay. Normally, in which place people like to go mostly or feel comfortable for taking the antibiotic?

**Respondent:** The question is not clear to me.

**Interviewer:** Suppose, there is a person who is sick. If I think about general people, then where do they come for taking antibiotic?

**Respondent:** If antibiotic is given, then it will have to be taken orally. It is not necessary to go to any place for taking this. He himself can do this. All right? And in those cases where injection of any antibiotic will be needed …(something is said by a third person) an interview is going on. He will get injection antibiotic, if the patient is hospitalized. Our sisters will be remained there. And if he is not hospitalized, in that case, he takes help from outside, such as from any medicine shop or someone who knows him, or any nurse who knows him.

**Interviewer:** Sir, if we think about this hospital, then it is seen in different times that there exists wastage or left over injection items or left over expired medicine, as because a pharmacy exists here. What are being done with these things? Would you please tell a little about this disposal system?

**Respondent:** Means, the medical wastages which are produced here?

**Interviewer:** The medical wastages which are produced here. We call this medical wastage. And there are expire dated medicines. Those expire dated medicines ……….

**Respondent:** There are different containers for dumping different types of wastages. These types of containers exist here. These wastages are being dumped in those containers. All right? Then, those are disposed off after collecting those.

**Interviewer:** Suppose thousand types of people exist here. There are many patients who come with different diseases. When all are together in a hospital or in a clinic, then we call it factory of diseases. On the one hand I am getting treatment for one disease, at the same time there is the apprehension of getting contaminated by another disease.

**Respondent:** There is the apprehension, yes, there it is.

**Interviewer:** Now, as they collect these medical wastages from here, so what is the ultimate disposal system? What is the ultimate destination of these medical wastages?

**Respondent:** What is the ultimate destination how these are disposed off, actually, I don’t properly…………..

**Interviewer:** What is this disposal system? The medical wastages that are produced here, ultimately these are being dumped in which place?

**Respondent:** These are being kept here in the containers. And where and how these are being dumped, right now I cannot tell the system of this place properly.

**Interviewer:** Well, all right. Not only from the perspective of a doctor, even when you think this from the point of view of a conscious citizen, then you may feel that these can contaminate the environment. In that case there exists many types of antibiotic, there is possibility to create infections by different types of germs. Would you please tell me this thing from your experience which you have gathered by doing practice for a long time?

**Respondent:** Yes, of course it is. There are few things which are being burnt. All right? There are few things which are being dumped under the soil. All right? There are few systems which are applied here. If you want to know this elaborately then you may talk with the sisters who exist at the top floor, because they handle these things. Then you will be able to know this better.

**Interviewer:** Do you know? Do they burn these things or they dump these things under the soil, means whether they ensure this or not? Whether they do this properly or not?

**Respondent:** I have come here a few days ago. Therefore, I have never noticed, whether they are doing these things in proper manner or not.

**Interviewer:** Except this hospital, for a long time you ………….

**Respondent:** Yes. It is being done.

**Interviewer:** If you think about other hospitals?

**Respondent:** I have seen this in my medical college hospital.

**Interviewer:** In medical college hospital, means in this case, what do they do?

**Respondent:** Those which are to be burnt, those are being burnt. And those which are to be dumped, those are being dumped.

**Interviewer:** Well. In that case, did you face any trouble when you remove these wastages?

**Respondent:** Of course, I have faced trouble.

**Interviewer:** Which type of trouble?

**Respondent:** Such as, enough manpower is needed when these wastages are being removed or when these wastages are being collected or these wastages are being cleaned. Everywhere there is manpower crisis. There is manpower crisis for cleanliness.

**Interviewer:** Well, all right, sir. A lot of thanks, I have taken much of your valuable time.

**Respondent:** A lot of thanks to you also.

**Interviewer:** Keep well in your busy life. Assalamualaikum.

**Respondent:** Walaikumassalam.

The end