Letter to the Editor

IN RESPONSE TO ‘AN OVERVIEW OF TRAINING AND DEVELOPMENT NEEDS’ (EBENSO, J. LEPROSY REVIEW. JUNE 2012)

It was interesting to read Ebenso’s article stressing the need to maintain expertise of health professionals on managing leprosy patients, encouraging them to become ‘facilitators who help people affected by leprosy and their families and communities to help themselves.’

I conducted a small research project on the outskirts of Delhi in May-June 2011. I formally interviewed twelve leprosy patients and four healthcare workers (physiotherapists and a counselor) at Shahdara Referral Hospital associated with ‘The Leprosy Mission.’ I also spoke to some family members and conducted a focus group with three in-patients. The research was aimed at identifying the main delay in starting Multi Drug Therapy, not dissimilar from that of other studies. The main delay was in commencing compliant treatment (13-17 months), rather than presentation delay (2-83 months) or diagnosis (4-08 months).

Patients attending Shahdara Hospital had previously sought advice from private doctors, traditional healers, and government hospitals. Patients often visited numerous services in the search for alternative diagnoses, or different medication.

Ebenso references the Enhanced Global Strategy, which emphasises the need to equip health professionals “with the right knowledge, skills and understanding to enable them to function effectively.” She stresses the need to think beyond the clinical approach, moving to facilitate patients “to help themselves.”

Interestingly, I found that most patients implied that had they had a full explanation of the disease, they would not have engaged in this behaviour: “You listen to us... and share information with us... if only this was at all hospitals” (quote from a leprosy patient). When patients saw early improvement, they did not understand the continued requirement to take the treatment regularly for its full duration. Furthermore, patients interpreted the leprosy reaction wrongly and stopped treatment. In brief, the main finding of my study was the need for improved counselling of patients at diagnosis. Counselling and patient education are well documented across medical specialities as important throughout management, including at diagnosis.

Ebenso also mentions the importance of facilitating families to help patients, this was similarly reflected in my findings: “Thank goodness we have done this together. If I had not met the doctor I would have left my wife” (quote from leprosy patient’s husband).

Shahdara Hospital research team are currently conducting research involving practitioners at government hospitals, to gain an insight into their understanding of both the clinical and social aspects of leprosy, since the integration of its management into the general health system in 2004. It will
be interesting to see if the findings demonstrate healthcare staff’s recognition of the importance of such training.

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References


