

WHAT HAPPENED TO RESEARCH IN PAKISTAN?

Common sense may well be the most rare commodity elsewhere, in Pakistan, it may be sadly noticed, that the most rare commodity is probably research. Although a broad based Meta analysis of all the research papers published in our journals is beyond the scope of this article, and I suggest that someone out of the scientific community should come forward to carry out this prime task, generalizations can be drawn;

1. Original research is scarce in this country. If we talk of the specialties of anaesthesiology and intensive care, it is even the most rare entity.
2. Most of the research papers published in our journals comprise of a few categories, e.g. compilation of the macro data, comparisons between two entities (some aspects of the drug actions, small scale data about two procedures, or techniques etc.). In fact the most common and the easiest method to 'make' a paper is understood to be a comparison-based study. Even very senior and highly placed health professionals have been found to be indulged in making or 'fabricating' (as I call it) papers out of little data provided by their postgraduate trainees.
3. It is a common practice to collect data from a limited number of patients and then to multiply it by a factor of x. The resultant paper is more likely to be accepted for publication by the paper-starved journals. I know some authors who successfully managed to get their 'work' published without seeing a single patient or performing a single procedure. You may call it 'ghost paper', but it is really a worth-praising trait in some of our colleagues.
4. Internet has delivered a whole new breed of authors. I do not doubt its usefulness in searching the relevant data and compilation of your studies. It is in fact mandatory to search the net to prove your point in the discussion part of the paper. It presents a wealth of knowledge about every aspect of the human life. You present a new discovery, finding or observation, and may like to prove or disprove it through your paper. You will have to consult the net, browse through a series of relevant web sites, download what is pertinent and then formulate and tabulate, as the case may be. I want to point out here the class of authors, who never bother to indulge in genuine research methodology, and just browse through the net to 'make' or 'manufacture' (the term I prefer for this category) their papers. Even whole papers have been copied with some minor alterations in the subject heading and the text. The number of patients studied may well be multiplied or divided at your convenience.
5. Another category comprises of surgical techniques or procedures, which were introduced a long ago in the developed countries and are firmly established there, but were late to be introduced here. These procedures in a few patients may well make up the substance of a paper.
6. The bulk of the journals are made up of case reports and review articles. Review

articles are accepted despite declared policy of the journal of only accepting it from an author, who had authored at least three original articles on the same subject.

7. Epidemiological surveys often fail to serve a useful purpose. These may have been conducted without keeping their usefulness for the community in mind.
8. Most original articles are written by pathologists, as they have the advantage of having ample spare time, as well as data collection and computer facilities at their disposal. Most modern laboratory appliances have data storage capacity. It is your convenience to retrieve data about a particular reading or a test etc. You may come across papers like 'Prevalence of Flan in Flan City', 'Incidence of Flan in our population.' These surveys have tremendous epidemiological values, but these have to be put in their right perspective. We have to draw lines between surveys and micro research. This latter category is the one that requires larger emphasis at university levels.
9. If you want to know the real extent of research in this country, just inquire about the amount of funds allocated by our universities and colleges and institutions for research. See the nominal rolls of these institutions for statisticians. Find out about the number of research fellows. Go through the personal merits of allocating and sanctioning authorities and the protocols of Pakistan Research Council. Browse through the projects already funded by the council. Try to know about the possible existence of 'Medical or Hospital Ethics Committee' in any of the medical institution. You will find that although there may be light at the end of the tunnel, *this* tunnel is absolutely endless.
10. Another parameter of research is the time spent by our professors and our students inside the institution, in the libraries and laboratories in a single day. Perhaps, one day someone will come forward with a research paper about this aspect too.
11. There are fields in which research is funds-hungry, but there are also fields where little money is required to produce good results. No costly laboratories are required for research in mathematics and physics. In fact this was the reason quoted by an Indian entrepreneur in a recent BBC program for excellence by Indian Scientists the world over in the fields of mathematics and physics. If our neighbors can do it, why cannot we do it?
12. The state of apathy is such that despite competing in all fields of science and technology, despite having long and outstanding experience profile, hardly a professional could be found who might had kept constant record of his performance throughout his career. Who might be able to boast, 'I have performed 4521 appendicectomies up till now. I have administered 52136 GA's in 15 years. I have come across 155 patients with perforation of small gut due to ascariasis. 14 patients of mine died due to bleeding from a slipped ligature. To illustrate further this point I would ask the following simple questions;
 - a. What is the incidence of silent regurgitation in elective Caesarean section under general anaesthesia in our population?
 - b. How many operating room assistants in our hospitals are aware of Sellik's maneuver? How many times this maneuver is being performed in Caesarean section or other potentially full stomach patients undergoing general anaesthesia in our institutions?
 - c. What is the ratio of various classes and grades of McCormic and Lehane as well as Mallampatti scores found in different popu-

- lation groups of our country?
- d. How many victims of hepatitis B or C do not report to any government or private medical facility for treatment? What is the incidence of silent carriers in school children?
 - e. What is the most common cause of death other than police muqabla in our beloved country?
 - f. How many patients are being looked after at private clinics by qualified anaesthetists? What is the fate of those who are denied this facility and put into the hands of unskilled or semi-skilled medical or even para-medical staff?

Let us look onto another parameter of research. Scientific journals. There are only three Pakistani journals indexed and abstracted by Medline. These include Journal of Pakistan Medical Association, Journal of College of Physicians & Surgeons Pakistan and Journal of Ayub Medical College. Local indexing portal Medlip has a list of 54 journals, but it only provides indexation facility, without having the abstracts online. You cannot retrieve anything out of it other than a list

of articles. It has 23 entries under the heading of 'research', from 1999 to date. Another indexing service Pakmedinet has been temporarily out of service due to server up gradation process. It is of course the best available indexing and abstracting service, and covers more than fifty journals. And there we stand. The registration by Pakistan Medical & Dental Council (PMDC) is supposed to be the first stop. Much needs to be done at that level.

We must have a deeper look into it and ask ourselves, where are we heading to? We must embark upon a nationalistic approach in the broader sense to tackle this issue. We must harbour the basic traits of honesty and sincerity if we have to turn the tide other way round. These traits are the core of an original research. Our long-term goals must get priority over our short-term ambitions.

Col Tariq Hayat Khan
Editor 'APIC'
Asst Prof of Anaesthesiology
IIMC, Rawalpindi (Pakistan)

