MHC (Makkah Health City): A Futuristic Approach

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Abstract: A Health City, to be known as Makkah Health City, is in the process of being established in Makkah, Saudi Arabia. It will be composed of a health promoting hospital, and a college of medicine and health sciences that would aim at training doctors and other members of the health team, whose practice of medicine would be holistic. Our ultimate goal is for MHC to be a model for other health institutions to emulate.

Key words: Medical education, health promoting hospitals, comprehensive health care, health in the Middle East.

1. Introduction

The following story is a narrative of events that influenced the course of my life and probably determined the basis of my unwavering interest in medical education and health promotion [1, 2]. After obtained my basic medical education in Egypt in the early 60s, and a diploma in Tropical Medicine in Germany, I was in my way to the USA to study Public Health. I stopped for a two-week vacation in my country, Saudi Arabia. Adjacent to the house I had rented in a rural area not far from Taif City, was a dispensary where I spent a couple of hours every day attending to the patients who came there for help. Most were young children suffering from diseases related to poor environment, poverty and ignorance. I had to treat them with whatever medications were available, and refer some cases to the general hospital in Taif. With the day’s work of seeing an average of 30 patients done, I would go back home quite satisfied and content with what I had achieved.

However, after studying public health, I realized that whatever sense of fulfillment I had was false. It had never occurred to me when I was studying medicine in Egypt or Germany. Instead, I was simply prepared to take care of people after they become sick. Of course I had studied the basics of disease prevention but never really internalized them, or taken them seriously. In this, I was not alone. That was the pattern of medical education and practice.

As a first year medical student, discussions I had with my classmates on our future dreams as successful doctors could be summarized in five words, each of which starts with the Arabic letter ع. A private clinic, a house, a car, a ranch and a wife (a husband for the girls). Before us were pictures of our glorious professors! There was nothing wrong with these dreams except for the absence of something vital: They lacked social
accountability and the will to promote the health of the community.

Hospitals, with all their resources, concentrate on the treatment of people when they are sick. Countless Health Centers already labeled as Primary Health Care Centers have not much likeness to the PHC advocated by Alma Ata [3] or Ottawa charter [4, 5]. They are places where medicines are dispensed for sick people. To use David Morley’s words, they are “disease palaces” [6].

Since most of the health problems global wise are preventable, the question remains: “Do we need to change the present curative medical practice to comprehensive health care?” If the answer is “yes”, as I expect it would be, the next question would be, “how do we do it?” The solution, which is multifaceted, is replete with obstacles and hurdles along the way. In brief, I believe we have to do the following:

1. New generations of health personnel should be trained to provide comprehensive health care to people. To achieve this, preventive medicine should be integral to every discipline in the medical curricula. It should be represented vividly in group discussions, continuing evaluation and final examinations. At a recent meeting held by the WHO Regional Office in Cairo to discuss ways and means of strengthening medical education, the issue of relating medical education to the needs of the society was highly emphasized [7].

2. CME programs should be made widely available to existing health personnel. This is not only to update their knowledge and practice, but also to reorient them to their role as health promoters. Besides.

3. Health should be on the agenda of decision makers in the society. Health is not only a social and humanitarian goal, but also a means for socioeconomic development.

4. Resistance to the change is expected from educators, health authorities and practicing physicians. Maintenance of the status quo by keeping to current practice is more convenient. Such resistance should be handled by creating role models and legislations.

5. Insurance companies should not underrate the cost effectiveness of disease prevention and the financial rewards it brings. Prevention and health promotion should, therefore, be part of their system.

6. The gap between Health Demands (expressed by the people) and Health Needs (expressed by professionals) should be reduced to a minimum. Well-designed health education and other health programs should set the trend.

It is our hope that MHC, will contribute to this vital undertaking.

2. Conclusions

Makkah, the main Holy City for Muslims, has a population of about 2 million. However, the city is visited every year by no less than 10 million people from all over the world to perform the Islamic rituals, Al Haj and Al Omra. We are in the process of establishing Makkah Health City comprising a health promoting hospital and a college of medicine and health sciences, the aim of which is to produce members of a health team whose aspiration would be to provide comprehensive health care for the people. MHC could serve as a model for educators, planners, executives and entrepreneurs to replicate elsewhere.

References


