

Primary Health Care Approach in ENT.

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Otorhinolaryngology is that surgical specialty that deals with the management of Ear, Nose and Throat diseases. It is a very interesting specialty where practice is not limited by age or sex. The Otorhinolaryngologist attends to a wide range of medical and surgical cases. In addition, a good number of patients with Ear, Nose and throat problems are seen by primary care physicians.

“Primary health care is an essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally assessable to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination”. It is a model of healthcare that focuses on prevention and early diagnosis in all situations.

In a world where economic consideration influences practically all human activity, there exists a great disparity in the distribution of resources including healthcare between rural and urban centres. Consequently, specialist medical and surgical cares are in short supply in rural settings and the third world. A good number of patients with ENT problems are patients with problems related to quality of life rather than life threatening illnesses, therefore ENT care can be safely incorporated into primary health care.

In Nigeria, there is a great gulf between available specialties and the population, and so a good number of patients with ENT problems are not seen by otolaryngologists. This in addition to the poor exposure of medical students to Otorhinolaryngology and the easy access to alternative practitioners has led to avoidable morbidity and sometimes mortality.

It is a generally known fact that prognosis and outcome in third world patients are worse compared to western countries; this is largely due to late diagnosis which is a result of late presentation or initial wrong treatments. It therefore follows that incorporating ENT care into primary care setting will go a long way in improving our health indices.

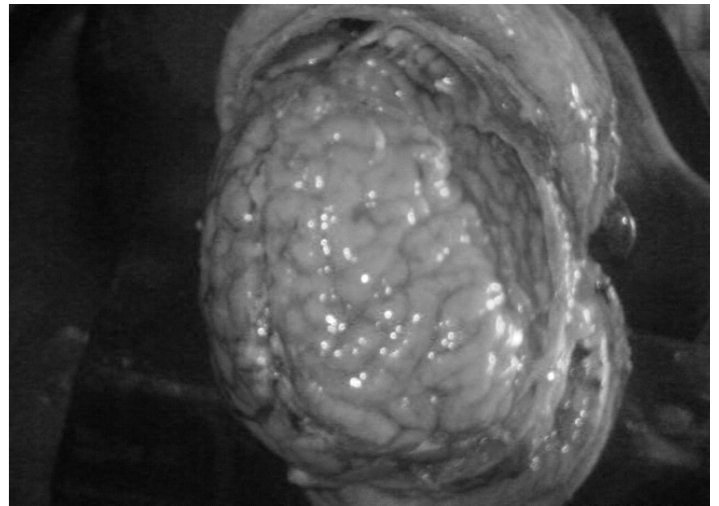


Fig 1. (neglected rhinosinusitis leading to fatal intracranial abscess)



Fig2. Advanced nasopharyngeal carcinoma with cervical node metastasis (initially wrongly biopsied at referral centre)

Organisation of quality primary ENT care will have to follow careful planning and political will for it to be successful and sustainable. First, there is a need to develop a medical education curriculum that will emphasize the importance of ENT in routine medical practice and improve medical student contact with ENT Practice. This will in the long run produce a pool of Doctors with a good basic knowledge of ENT practice from which a new generation of ENT surgeons can emerge. This will go a longway in

providing the manpower needed for incorporating ENT practice into primary health care.

Public enlightenment is also important as a counterweight to entrenched taboos and superstitions. Similar commitment and effort to that put into HIV/ AIDS and malaria control is needed in the production of an acceptable ENT practice at the primary care level.

Finally, government must be willing to provide the institutional and infrastructural framework for the production of an acceptable primary ENT care.

The benefits of incorporating ENT into primary care

are plentiful: aside from the improvement in the general well being of the populace, it will in the long run lead to a net economic gain to both the individual and nation.

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