The Need for Setting Up Tuberculosis Hostels

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Tuberculosis, as is very well known, is one of the major public health problems that faces India. The national sample survey conducted during 1955-58 has shown that there are about five million tuberculous patients in this country, and that the problem is not only confined to urban areas as it was thought previously, but it is prevalent in rural areas also.

A decade ago, the generally accepted methods of tuberculosis control were mainly confined to a clinical approach in which the chief concern was the individual patient, his diagnosis and treatment. The latter was usually done in a hospital or in a sanatorium.

It is now fully realized that if we confine ourselves to this method, there is little hope of controlling the disease and its spread in this country. There are at present only 224 clinics and about 30,000 beds in various tuberculosis institutions in India, and there are hundreds of thousands of patients who are in need of treatment. The chance of providing beds for even a small percentage of these patients therefore is remote.

The discovery of antibiotics and other chemotherapeutics as well as the progress in chest surgery, has made it possible to work out a new approach to deal with this gigantic problem, namely to tackle it on a community basis, where prevention and social aspects have a prominent place. Treatment is carried on mainly in the homes of the patients. The facilities of home visiting and the provision of other requisites are provided from a base, the tuberculosis clinic. Patients suffering from acute illness or some dangerous complications are admitted to the observation beds at the clinic.

Domiciliary treatment is a practical and promising attempt to compensate for the inadequate number of beds for hospitalization of every case of pulmonary tuberculosis. However, if this service is to be used efficiently as one of the weapons in the eradication of tuberculosis, it should be developed properly by establishing more and more clinics all over the country. The national plan is to have at least one clinic for every district in the country during the next plan period.

Even after achieving the target of fully equipped and staffed clinics with a reasonable number of observation beds in each district, we will only be able to handle patients in the towns where the clinics are situated and from an area within five to ten miles around the clinic. Home visiting service, which is important in proper organization of domiciliary treatment, cannot be made available beyond such a distance.

Therefore, a large number of patients suffering from tuberculosis and living in villages situated long distances from a clinic would not be able to get any benefit even from this approach.

We know that tuberculosis is now also quite common in the villages. There is no facility for early diagnosis in their neighborhood. These patients are ignorant about the early symptoms of the disease and only seek treatment when the disease is advanced.

On reaching a clinic, they find that it would take at least two days to investigate the disease thoroughly and they find themselves in great difficulty as to where to stay even for these few days. Consequently, they have to undergo much misery and spend a good deal of money. Even after diagnosis

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is established, they cannot get immediate admission because of non-availability of beds. They must return again to their villages with only a prescription. It therefore becomes imperative that something be done to help these patients from rural areas. One of the ways in which these patients can be helped is to build tuberculosis hostels in towns where there are tuberculosis clinics and the rush of patients from rural areas is heavy. By hostel I mean neither a sarai nor a hospital, but a sort of colony which may have cottages for patients and their attendants (provided with one bed, bedside locker, tea table, easy chair, basin, commode, bedding, sputum cup, thermometer, soap dish, bowl, for the patient; and a bed, a tea table, chair, a small water bucket, a mug, a lantern, and utensils for the food of the attendant). A canteen should be on the premises from which they may buy their food, and a pharmacy dispensing medicines on non-profit basis. There may also be arrangements to give medication and medical services to those who need them. There should also be facilities for proper cleanliness and arrangements for the disposal of sputum. This colony would serve the patients as a rented space for temporary stay ranging from a few days to four weeks. During this period patients may be treated as others who are under domiciliary service scheme. In this way the hostel, on one hand, would bring great relief and ease to the patients, and on the other hand, the chances of spread of infection would be greatly reduced.

Functions

1. Admission of patients coming from villages for diagnosis. Their stay would be from a few days to one week.
2. Admission of diagnosed cases from the villages who need immediate treatment, on account of their disease when no bed is available in the clinic at that time.
3. Admission of patients who have been discharged from the observation beds of a clinic, but who still require active medical supervision.
4. Admission of patients who are carrying on treatment in their own villages and come to the clinic for periodic check-up.

On discharge from the hostel each patient may be provided with a pamphlet, written in the local language, which may contain all instructions for home treatment which are given by the health visitors at the time of home visiting.

The hostel or colony may have 25 to 50 cottages, storage facilities for furniture and linen, a pharmacy, canteen, incinerator and quarters for the staff living on the premises.

Management

As to management, it may be run by a voluntary organization, such as the local tuberculosis association, social welfare department or any other such agency having a sound managing committee, in which the majority of the members should be women. In no instance should it be run by medical men or a medical agency because it would be looked upon as a hospital and thus it may defeat its purpose.

I may also submit that a project of this type was recommended in one of the documents of the World Health Organization.\(^2\)

To begin with, these hostels may be started in towns in different areas, where there are good tuberculosis clinics and where the rush of patients from far off rural areas is heavy.

References


\(\text{**An inn in which people from villages may stay for a day or two on payment of nominal rent for a small room or a part of a room.}\)