

Nephrology in Pakistan

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It is expected that the population of patients with kidney disease will significantly increase in coming years as a result of a growing elderly population, increasing diabetes incidence and prevalence, and other factors. The trend has raised concerns about whether the nation will have sufficient nephrologists and other kidney care specialists to keep pace with—and provide quality care to—this expanding population of complex patients. If the demand does increase, however, the country may not have enough young doctors entering the subspecialty to meet it. There are around 160 qualified nephrologists in the country at the moment. In a population of around 0.2 billion every 10th person will develop kidney disease in Pakistan. Furthermore the rising trend of diabetes is alarming in our population. Keeping this huge demand for nephrologist on mind the number of medical residents filling nephrology fellowship positions has been declining.

Reasons for the relative lack of interest in nephrology are varied and speculative. First, nephrology may not be viewed as an innovative field, at least not like such popular subspecialties as oncology and cardiology. It might be perceived by applicants that nothing really has happened in nephrology for a long time. Even though dialysis has improved, it is has not changed dramatically in decades. It is a perception that fewer “breathtaking” trials take place in nephrology, and many yield negative results.

Another reason for nephrology's relative unpopularity may be the view that nephrology does not measure up to other subspecialties in terms of income. This may be perceived due to the limited interventional procedures in nephrology as compared to cardiology and gastroenterology. Young physicians may see nephrology as particularly demanding, with obligations to travel to different dialysis units and hospitals to provide care, as well as frequent call duty. It is perceived that the income does not match up to the heavy workload and the limitations as it pertains to lifestyle.

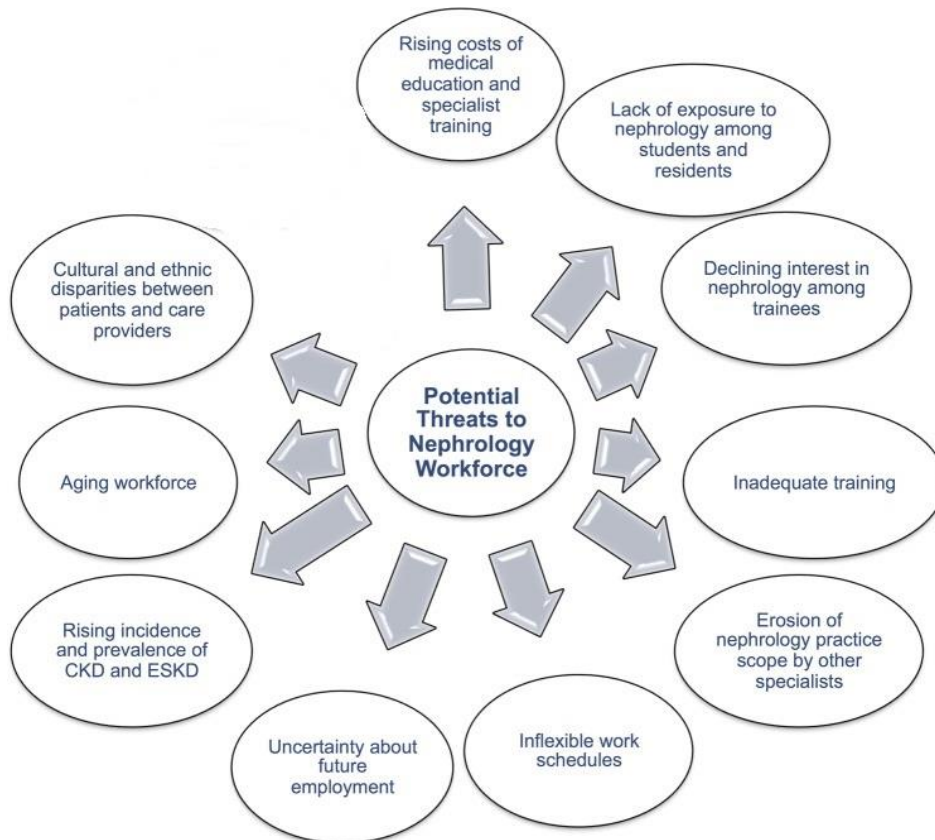
It has been seen that the content of nephrology education and perceptions of the balance between professional obligations and personal life contribute to a negative view of nephrology. Students and residents are getting a skewed view of a day in the life of a nephrologist. Many institutions are giving students and residents narrow clinical experiences, exposing them mostly to acute care inpatients and dialysis populations, especially subsets of those populations that were most critically ill and frequently using acute care services. Students and residents are not really seeing the full breadth of what we do in nephrology in the outpatient realm, in the transplantation realm, and interventional nephrology realm.

For today's students, adult nephrology presents a unique set of perceived negatives. In a survey medical students conveyed that renal pathophysiology classes were too complex, lacked relevance, or simply failed to stimulate interest. This finding should trouble nephrology educators. Is nephrology being taught in an outdated fashion that no longer stimulates medical students? Many students report minimal nephrology exposure during their clinical rotations. As hospitalists care for the majority of inpatients at teaching hospitals, nephrologists will have fewer opportunities to mentor students directly. Students also perceive that nephrology patients have an excessive illness burden, posing an extraordinary work- load and emotional strain for their physicians. Students cite disheartening experiences in acute care with chronic dialysis patients and have few opportunities to gain perspective on other aspects of a nephrology

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career, including acute kidney injury (AKI), hypertension, and transplantation. Even fewer are aware of the procedural work in nephrology, a feature that often attracts students to other specialties.

These dilemmas are worsened by the recent introduction of Central Induction Policy (CIP). CIP will result in untrained and incompetent nephrologists in years to come. Recognizing these challenges, PSN should take necessary steps to stop the imminent threat to the community. This should include developing creative educational rotations that focus on often-overlooked areas in nephrology, such as AKI, critical care nephrology, hypertension, interventional nephrology, and transplantation. Strategies should be implemented for increasing interest among students and residents.



PSN should produce an annual report on the state of the nephrology fellowship programs and should use social media to highlight the positive aspects of nephrology careers.

Moreover, government must also play its part in providing state of the art health care facilities as far as the field of nephrology is concerned. All hemodialysis units in the country must be supervised by a qualified nephrologist. Pre transplant workup and post-transplant follow up of patients must be done by a nephrologist. This will help to avoid complications and prolong graft survival. Each district must have its own nephrologist. All health care professionals must be encouraged to refer patients with kidney problems to the nephrologist at an earlier stage. This will help the nephrologist to identify and treat the disorder when it is reversible.