Seeking behaviour for medical information among physicians of the primary health care centres in Baghdad Al–Karkh in Iraq

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Dear Editor

Reeda and Al-Musawi have conducted a fascinating study of the knowledge-seeking behaviours of physicians in primary health care centres in Iraq.[1]

The good news is that physicians working in these centres are continually updating their knowledge and that patients' clinical problems are largely driving their behaviours. However, there is still need for improvement. A clear message from the paper is that physicians regularly use print resources – and, in the modern world, this is an unsatisfactory state of affairs. The problem with print resources is that they are out of date by the time they are published; they are not always evidence-based; and they are often more academic than practical in their purpose. This is almost the exact opposite of what healthcare professionals need from a knowledge resource. The evidence is clear that healthcare professionals want and need resources that are continually updated, evidence based and practical.[2]

Online resources are the best way to deliver this. In the study, Iraqi physicians stated that part of the attraction of print resources was that they were familiar with the texts and so could find an answer quickly. However, with time physicians can become familiar with online resources – especially if such resources are accessible and easy to use. The other barrier to using online resources included "poor ICT infrastructure and frequent power cuts". But once again modern apps can work offline on a mobile phone and therefore do not need continuous access to the web and can be charged when there is electricity. Online resources are also scalable. Unlike textbooks, a single online resource can be made available to a large number of users and so it quickly becomes cost effective. In cost-constrained times, the value of clinical decision support and e-learning will come increasingly to the fore.[3]

BMJ Best Practice is the clinical decision support resource of the BMJ. It offers continually updated and evidence-based knowledge – both online and offline. We are keen to make it useful to all healthcare professionals in different countries and are equally keen to find out what healthcare professionals in Iraq want from such a resource. If you have ideas of how such resources could be of more help to physicians in Iraq, we would be delighted to hear from you.

Yours Sincerely

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AUTHOR'S REPLY

Dear Dr Kieran,

Thank you for your letter and comments on that article. The research as you have noticed has clearly demonstrated the reliance of most of the physicians on paper based resources for their queries. We are tried in this study to make the case for our next step which is the difference in finding the answer to the medical query comparing the online source with paper based source. In this stepwise approach we think we will be more convincing to the ministry of health to make eLearning for doctors' part of its future educational strategic planning. I have designed previously an learning model which shows how the online sources has inherent capabilities to make bigger impact in resolving queries and finding answers not just in medicine. We believe that we are having two main problems in facing the physicians in Iraq in this regard; one is the non-availability of reliable

online source, and two is e Learning illiteracy. In modern world both are easy to solve to a great extent. I think collaborating with BMJ in providing the e-source will provide solution to both problems. This should be done after efficient educational need assessment to choose the target population and to tailor the material towards their needs.

Kindest regards,

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Renal Transplantation in Iraq: History, Current status, and Future Perspectives

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Nephrology and Renal Transplantation Services in Iraq

I read with interest few papers about the nephrology and renal transplantation services in Iraq published in your journal, and I would like to share some ideas with Iraqi nephrology colleagues through your journal.

The paper by Ala Ali, et al in 2016,[1] reveals that there is no deceased donor program for transplantation in Iraq. Considering that the pioneer of transplantation had impressive achievements, non-existence of deceased donor transplantation in Iraq, is very disturbing and need immediate policy and action.

Two of your transplant centers, Al-Basra and Al-Najaf; accept just related donor, still many accept live unrelated donors (LURD). I am afraid with your policy, no one can be sure who is donating for money and which donation is altruistic? It is not clearly stated who is altruistic donor who is a paid donor? I did not find any evidence? How many of LURD were above poverty line how many under poverty line? Any doctor or engineer were among LURD or 100% were indigent? If the answer is most of LURD were poor it means that donation was for earning a price for organ. Anyhow, at present there is no deceased donor program. After establishing a registry for renal transplant in Iraq,[2] the first step, if possible; should be done by stopping transplantation of living unrelated donor to recipients as was done since 2008 in Shiraz-Iran.[3] The next step is by distributing donor cards for general population to advocate using brain dead organ for transplant. Using brain death is the big step for transplantation of other organs such as heart, Lung and etc. While hard work and achievements of those who are involved in kidney transplantation is admirable, the question of using deceased organ should be given priority in Iraq. To start using organs from brain death, I would like to suggest a cooperation between Transplantation center of Medical city hospital in Baghdad and Shiraz university hospitals, Iran.

A month ago, I've met young Iraqi nephrologists and transplant physician from Baghdad and Kurdistan at a medical meeting in Sulaymaniyah. I would like to emphasize that with the knowledge and enthusiasm I noticed in all those young Iraqi nephrologists, the job of establishing a deceased donor program is quite possible.

Sincerely yours,

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Permanent member of Iranian Academy of Medical Sciences.
Past president of Iranian society of Nephrology.
The 2015 first ISN Pioneer Award Middle East region.
Associate Editor Transplantation Journal, 2013-2019.

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Acknowledgments: I deeply appreciate the kind invitation of Sulaymaniyah University for giving me the opportunity to meet my colleagues in Iraq and Kurdistan specially Dr. Ala Ali and interact with them.

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AUTHORS' REPLY

We thank Dr. Broumand for his comments regarding our view about the practice of renal transplantation in Iraq.

Organ transplantation in Iraq is lagging behind the international standard mainly because of the non-existence of deceased donor (DD) program. Since 1980s, Iraqi legislations and regulations clearly stated about brain death definitions and deceased donation. Unfortunately, this had not reflected in to practice because of no implementation of infrastructures and poor religious and community support. This has led to the sole dependence on live donors as the main pool. We should confess, that at certain points of time, Iraq was regarded as one of the hubs of commercial transplantation specially at 1990s and early 2000s. After 2003 and with altered geopolitics with many displaced peoples and refugees, the need for a legal act was mandatory. For this the central committee for donor approval at the MOH was established. This is to ensure that there is no commercial transplantation with no donor exploitation.[1]

As stated in a letter from the central committee members in May 2019, 1118 donors had been evaluated since the establishment of the committee in October 2014. Kurdistan-Iraq has its own committee. The central team in Baghdad evaluated all donors from other governorates. Non related donors comprised only 24.23% of all donors. From all donors, 76% were educated and 10% of them were college graduates. Certainly, we should enhance altruism through more recognition of altruistic donors. Community awareness about organ donation should positively impact this rate. The recently established registry should include more detailed data about donors' characteristics.[2]

Adoption of DD program is necessary addition to the health system in Iraq. The ever-increasing need for more kidneys and other organs for end stage organ diseases should make it a priority for health policy makers and the society. We have ongoing discussions with religious bodies, governmental and nongovernmental organizations to call for a national act for building dedicated teams at different level of organ donation and transplantation services. This include ICUs, coordination, organ procurement and transplantation logistics. The adoption of experiences from nearby countries like Iran, KSA, and Turkey will add a lot to our experience. [3,4]

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