

Treatment

A certain treatment, especially complicated procedures, is advised when it is judged that its possible benefits outweigh its possible harms for the patient concerned. Consequently, it should be judged according to the situation in the place of practice. It should not follow the instructions of the book blindly. Those who write book chapters usually work, as stated earlier, in advanced institutions with higher expertise and better facilities.

The results of various therapeutic procedures and their complications are not the same as they are in less developed places. Consequently, the balance between benefits and risks is different. So, a treatment, which according to the book is indicated in a particular situation, may not be indicated for the same situation in the place one is working in. Dialysis is an example. In a place where maintenance dialysis is good with few complications and a reasonable quality of life of patients, one may advise patients with chronic renal failure to go on maintenance dialysis when their creatinine clearance comes down to 10ml/min. One would expect their life on dialysis to be better than it is without it and their long-term prognosis better.

In another place where the quality of maintenance dialysis is poor and complications are many, one tends to wait longer until the patients' condition becomes severe enough so that their life on dialysis in spite of its poor quality and frequent complications represents an improvement on their life without it. The policy may then be to wait until creatinine clearance comes down to 5 ml/min. before putting the patient on maintenance dialysis as it is indeed the case in less developed parts of the world^[2].

References

1. Hovsrpian R, Al-Haddad M, and Abdulla K:
Comparison of blood pressure measurements in bare arm, clothed arm and forearm. J Fac Med Baghdad, 1996; 38: 221-4.

2. Swyter J: International ESRD experience: An anthropological perspective. Dialysis and Transplantation, 1985; 14: 328-38.