

One Patient, One Attendant: An Overlooked Necessity for Better Patient Care in Pakistan's Tertiary Care Hospitals

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Massive footfall of patients in tertiary care hospitals across Pakistan has become a chronic challenge. These hospitals are overwhelmed not only by patients but also by large groups of attendants accompanying each patient, turning wards into congested, chaotic spaces compromising patient care. An article of DAWN mentions about Non-cooperative behaviour of attendants, who insisted on staying with their patients, also contributed to the overcrowding (1). Although, "one patient, one attendant" policies are being displayed in most of the wards, but enforcement of this very policy remains almost nonexistent. Most patients are accompanied by several attendants who crowd the bedside, restrict staff movement, and interfere during rounds and procedures.

One of the major precipitating factors in Pakistani doctors' burnout and over exhaustion in an already over worked environment is the unwarranted and unnecessary presence of a patient's attendants in, sometimes, a critical life threatening scenario where either you manage the attendants or save a life. Such encounters lead to arguments, delays, and sometimes violence (2), further highlighting the urgent need for strict policy enforcement. The influx of unnecessary attendants disrupts doctors' and nurses' workflow, increases infection risk and compromises patient privacy and adds to hospital waste and resource strain.

Cultural and social norms often perpetuate this issue. The dilemma of Pakistani attendants is the lack of awareness or should I say a stubborn attitude (1) towards point scoring that they have visited the patient, considering it is a religious as well as moral obligation to see and comfort the ill, but the number of attendants at bedside should be no more than one at a time. To overcome this issue, administration of hospitals should revisit policies, keeping in consideration the ethics and having an empathetic approach towards patient-attendant care (3). Awareness should be spread among families of the patients for which health message by loud speaker announcements and video based educational intervention in waiting area to improve awareness could be of use (4).

Strict implementation of the policy 'one patient one attendant' requires security and administrative oversight. Unless hospital authorities prioritize patient safety over visitor convenience, quality care will continue to suffer despite best medical efforts. Audits should be run to account true implementation as this policy is already a part of most hospitals' SOPs but just to the extent of files and notice boards. A comparative study between (ICMED) and (NEDOCS) suggests tools like (NEDOCS) can be applied and could prove to be helpful in assessing the attendants influx in hospitals (5).

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