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**Medicine and Society**

# A letter from 2035. Will We Act in Time? A Portrait and a Path to a Successful Transformation

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Cameroon, with many of the essential ingredients in place to save hundreds of thousands of lives by the 2035 horizon, a skyline of: An Emerging, Democratic and United Country in Diversity. In the medical arena, the vision hinges on identification of population needs, research, and in particular, synchronizing these findings with strategies being put in place by the government. Our view of 2035 is fascinating, lots of amazing breakthroughs, innovations and an array of socially engaged healthcare workers as opposed to the erstwhile paradigm. Information Technology (IT) carries amazing promises. It's beguiling to see how e-health digital systems are revolutionizing healthcare delivery. Lots of nations around the world referring to Cameroon for delicate medical procedures, and we are becoming a worldwide reference. Thanks to the sharp innovations made by the Cameroon healthcare system in concordance with the distinct and yet interwoven roles of government institutions, such as the Ministries of Education, Public Health, Scientific Research and Innovations, Communication, just to name a few, their radical change of strategy has led to the birth of this transformational Cameroon of 2035.

Now, that's the virtual image of 2035, the big question is: What can we do *now* that will secure this vision, and what are we currently doing or allowing that precludes its realization? I don't have the answers, 2035 has the answers but I have a close friend, famous Dr J the C of N who knows everything about 2035. These are some of His recommendations:

Medicine should be reserved only for those who are truly motivated by the passion to serve the healthcare community, people who are inherently called and have the commitment and stamina the profession demands. The mess remarked in the provision of healthcare all over the world is due to the graduation of doctors with an MBA\* rather than an MD\*\*. *The role of physicians in the community has always been*

*known to be triple fold: healthcare provision for the patients and general population, research and education (patient education and junior staff development) and lastly administrative functions.*<sup>1</sup> The centering of doctors on the latter is the origin of the horrendous mismatch observed in our healthcare system. Without inherent dedication and loyalty, the 2035 skyline would not be feasible.

Therefore, the national medical training curriculum should screen those getting into the healthcare domain and those about to join the professional arena. It would be great to have students in secondary and high schools exposed to a feel of what it is like to be a medical doctor (MD\*) through symposia and other community educational programs. Thorough rigour must be put in the medical training curriculum nationwide to ensure that nothing but the best of physicians and healthcare workers graduate from our training institutions.

We suffered severe loss of medical personnel to foreign countries. If emigration can be part of a fruitful exchange framework, for Cameroon, it rather looks like brain drain which seriously hamper development ambitions because it deprives the country of part of its human capital for which the country has invested huge sums of money in terms of training.<sup>2</sup> Though mobilizing the diaspora presents a number of constraints, we can implant a give back ethos in the mind of present medical students and create a framework that appeals to those in the diaspora to invest their skills in Cameroon as opposed to foreign countries. I am talking of the distinctive spirit in the culture of giving back, which is critical not only to the revitalization of our healthcare system but would also contribute in a significant way to the African resurgence, in line with the Millennium Development Goals (MDGs).

Human resource misallocation has been one of the biggest challenges to the Cameroon Healthcare System. Government should openly discuss options for health funding and substantially scale-up resources for training programmes and also retention of health workers in the public sector. 2035 should witness an overhaul of these constraints, but *will we act in time?*

Our healthcare system should make use of Information Technology which presents remarkable promises. The integration of internet with healthcare (e-Health) is not only a technical development but also represents a global way of thinking, to improve healthcare locally, regionally and worldwide. By linking computer networks all over the world using service networks that provide an integrated communication system. Such a health provider network should be set up whereby, patients have access to specialists via video-consultation and telemedicine, extending this technology to underserved populations would reduce the professional isolation of physicians in rural areas and also provide timely healthcare services from an array of national and/or global providers. Products of our National Schools of Engineering can make these possible with the development of Medical Informatics. I am reminded of a recent graduate of the National School of Engineering in Yaoundé, who developed a digital application tool for monitoring patients with cardiovascular problems (CardioPad). It is this kind of innovative thinking that needs to be harnessed in order to spur us into our era of unlimited possibilities.

The IT would go a long way to harmonize research findings and recommendations made by medical students by the end of their training, with the Public Health strategies, which is not only a cost-effective use of our resources, but would improve healthcare dramatically. There is a need for us to focus on what we know works. Seize the moment, translate policy into practice, secure health while confronting disease, and save the future.

We owe it to our country to tackle all the healthcare challenges for a healthy future. Some of these healthcare challenges include: lack of managerial skills within health institutions; failure to cut on identified deficiencies; delayed response to quality improvement requirements; unsatisfactory maintenance and repair services; poor technological management; poor supply chain management; inability of individuals to take responsibility for their actions; poor disciplinary procedures and corruption; significant problems in clinical areas related to

training and poor attitude of staff; and lastly inadequate staffing levels in all areas.<sup>3</sup> The big challenge is for us to move from rhetoric to action, and action at an unprecedented strength and intensity.

Between the healthcare we have and the healthcare we could have, lays a chasm. The wealth of a nation is the health of its people. Our health is the number one wealth that God has given us and we owe it to ourselves to set up efficient and effective health services which calls upon all involved to provide selfless service.

\*MD: *My Devotion (Medicinae Doctor)*, \*\*MBA: *My Business Account (Masters in Business Administration)*

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