Reflections

Bosnia and Herzegovina

The challenge of change

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Bosnia and Herzegovina (BiH) is a small country that is part of the former Yugoslavia. The population (about 4 million) is composed of Muslims, Croats, and Serbs, ethnic groups that have also divided geographically into various areas. The country is now notorious for the three-way war between these ethnic groups that destroyed BiH between 1992 and 1995.

During the war, violence and war atrocities occurred in all parts of the country in a pattern similar to the conflict that is now happening in neighbouring Kosovo. Sarajevo, the capital city of the Federation of BiH, was surrounded by Serb troops and isolated from the rest of the world for more than 1000 days. The Dayton Peace Accord, signed in 1995, stopped the fighting, but now, about 35 000 international troops are posted in BiH to maintain peace at an estimated annual cost to the international community of $9 billion. Billions more have been spent by various international agencies to help restore and rebuild Sarajevo. Without this international aid, BiH would be bankrupt and probably lapse into further ethnic conflict.

Thousands of refugees are still scattered throughout the country. These are local people who were driven from their homes by opposing sects and who cannot return to live there for fear of harassment or injury. They might live as squatters in houses or apartments deserted by others during the war or in crowded refugee camps. The unemployment rate in BiH is reported to be about 60% to 70%, although it seems that many people work part-time and do not report income to avoid paying taxes. Wages for those who work are low (200 to 500 DM per month). The best paying jobs are those of interpreters or administrative assistants with the numerous international projects.

Patient-centred medicine: *A family medicine resident interviews a patient at one of the teaching centres in Tuzla.*

Canadian Family Physician invites you to contribute to *Reflections.* We are looking for personal stories or experiences that illustrate unique or intriguing aspects of life as seen by family physicians. The stories should be personal, have human interest, and be written from the heart. They are not meant to be analytical. Writing style should be direct and in the first person, and articles should be no more than 1000 words long. Consider sharing your story with your colleagues.

Lagging behind Western society

Like many other facets of society, the health care system in BiH is about 40 years behind Western standards. Health care has traditionally been dispensed by a doctor-centred, specialist-driven system. General practitioners work in offices with little equipment and seldom even examine patients. They fill out forms, write prescriptions, and refer patients to specialists. There is little continuity of care, and patients' records are fragmented and incomplete. Often patients carry laboratory reports, x-ray films, or specialists' notes in their pockets. General practitioners work with only partial information and with the expectation from both patients and specialists that they will refer almost everything for consultation.

No appointments are made, and patients shuffle from hallway to hallway, crowding outside the

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Less than optimal way of life: *Despite working 13 hours a day, 7 days a week, this young baker usually has a friendly greeting for his customers.*

doctor's door and jostling with others to be first in line. Although some medications are available for pensioners and refugees through humanitarian pharmacies, they are in short supply and are often prescribed inappropriately. Practising GPs have little opportunity to access up-to-date medical information. Some GPs working in small villages have likely widened the scope of their activity to be more like that of family practitioners.

Reorganizing the health care system

In an attempt to upgrade the primary care system in BiH, the Department of Family Medicine at Queen's University in Kingston, Ont, started a 3-year project in March 1997 to develop family medicine in BiH. Funding for the project comes from the Canadian International Development Agency (CIDA). This initiative was in response to a request from the University of Sarajevo and the Federal Health Ministry to help reorganize the out-of-date and inefficient primary health care system. The goals of this development project are:

- to assist with health care reform that will support introduction of a specialty of family medicine,
- to review and upgrade teaching of family medicine principles in the undergraduate medical program, and
- to start family medicine training centres for postgraduate training of residents who will specialize in family medicine and to help with faculty development for these sites.

Initially the project was to involve universities in Sarajevo and Tuzla, but in 1998 the grant was extended to involve the university at Mostar and also in Banja Luka, which is in the primarily Serb Republika Srpska.

In all of these sites, specific training in family medicine (general principles and specific clinical topics) will be incorporated into the undergraduate curriculum. The Federal Ministry of Health has declared family medicine a legitimate specialty, paving the way for developing departments of family medicine at the universities. Family medical teaching centres are being established in each city with learning resources, including books and computer equipment made available to residents and students. An appointment system will be an integral part of the family medical centres, and comprehensive, problem-oriented records will be kept for all patients. The hope is that, gradually, patients, specialists, and government will realize that an accessible and well-trained primary care sector can help provide better, more efficient care. The new family physician specialists will have a wider scope of activity than the current GPs and will be able to provide comprehensive care to patients of all ages.

Overwhelmed by the damage

I am a Canadian family physician who became involved with the project in March 1998 and am now spending about half my time in BiH helping to teach residents and assist with faculty development.

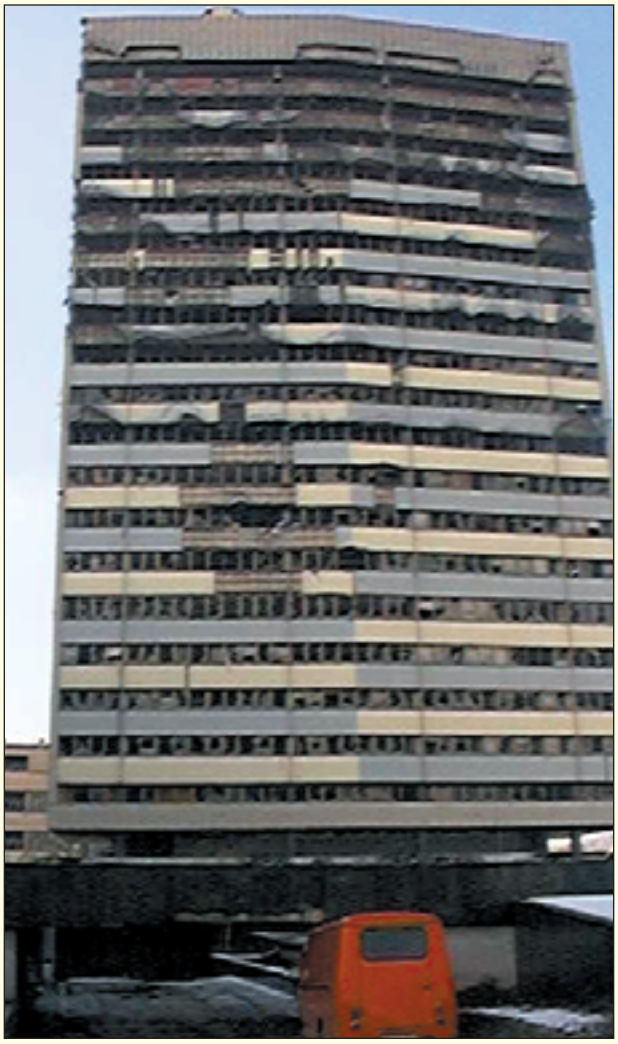
While in BiH, project staff live in Sarajevo, traveling to the other sites as necessary. Sarajevo, the site of the Winter Olympics in 1984, is a city of 300 000. The centre of town has busy narrow streets crammed with illegally parked cars and a main central walking mall that is always full of people of all ages strolling and talking. In the summer months many outdoor cafés can be found, with friends chatting over coffee or a beer. On first glance it might appear to be an average European city. But on further observation it is clear that many of the people have a fixed, stoical look on their faces. They seldom make eye contact with strangers. They look worn and appear to be resigned to a less than optimal way of

Tangible reminders of war: *Buildings damaged during the war remain that way due to lack of funds to repair or tear them down. Homeless people from other parts of the country often live in these buildings.*

life. And if you look around you see many buildings that remain damaged from the war. Some have been repaired, but many still remain in ruins. There is no money to repair them and no money to tear them down.

On my first visit to Bosnia, I was overwhelmed by all the damage that remained even though the war had ended 3 years earlier. I was both drawn to take pictures and embarrassed that I was doing so. I wondered how the people of this city could live surrounded by constant reminders of the trauma they suffered during the 1992-1995 siege. How could they ignore or block out these memories when they were still surrounded by tangible reminders? I heard stories from every person about their own traumatic experiences during the war, and I began to wonder whether BiH was a whole country suffering, to some degree, from posttraumatic stress disorder (PTSD). And like patients with PTSD, the people have successfully repressed memories of many of the experiences and feelings they had during the war. I know it is below the surface for many of these people, and I wonder how that will affect their health and well-being in the future.

A young friend of mine, a soldier on the front line in Sarajevo during the war, was looking at pictures of the war in a book. He usually talked about the war in a rather matter-of-fact way and seemingly without emotional connection. But on this one occasion, he abruptly became upset and said that he didn't understand what was coming over him. He was feeling all the fear, sadness, and anxiety he had experienced during the war. How many others experience those flashbacks or suffer from PTSD? The triggers must surround them daily. The recent conflict over neighbouring Kosovo, with the steady rumble of NATO planes overhead, has reopened memories



for many Bosnians. In Canada, we would encourage these people to seek counseling or treatment. It is impossible to provide treatment for a whole country. And virtually no one here has missed experiencing or witnessing some personal tragedy during the war. This is just one area where skilled family physicians could improve care.

International troops: *Armed peacekeeping soldiers from around the world are commonplace in the city streets and along the highways.*

Change is difficult

It is a challenging time for international aid workers in all areas of work in this society, and the medical system is no exception. Government officials might appear to support progressive policies or new ideas, but old regulations and rampant inefficiency complicate the process by which these policies will be implemented. The government structure is complex and multilayered due to the need to include representatives from all three ethnic groups at each level. The people are used to the old socialist regime where they simply followed orders from the top. There was little room for initiative or problem solving, and the people here still do not believe they can change things even if they see the need.

This resignation to accept the status quo is apparent even in physicians who are reluctant to be proactive in changing the system. Even though they realize they are working in an antiquated system and are convinced of the need to update it, they still hesitate to make changes. Transitions are always difficult, and patients, specialists, university professors, GPs, and government officials must agree to participate if reform is to take place. The goal is a more efficient, patient-friendly, competent, accessible primary health care system.

Canadian physicians might be able to relate to these challenges because they are similar to those we face in Canada regarding primary care reform. In BiH this challenge is amplified by the realities that the system is, in many ways, already 40 years behind, learning resources are scarce, and government money (and thereby motivation) to support change is limited.

Despite these restrictions and hurdles, the Queen's University program has been able to initiate reform in all four sites, and we hope the core of physicians being trained to practise and teach the principles of family medicine will be able to continue the transition once the project is completed.

Lost history: *Buildings along the east bank of the river in Mostar, which were once tourist attractions, were demolished during the recent Bosnian war. Reconstruction is under way, but many of the original structures were ruined, along with the historic bridge from which the city gets its name.*