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EDITORIAL

Intensive caring

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Almost 20 years ago I coauthored a book entitled "Intensive Caring" which focused on the advances in the care of high risk and complicated obstetric patients which led to my own subspecialty of maternal–fetal medicine, also known as perinatology [1]. Today, maternal–fetal medicine has become a tertiary and now quaternary specialty that has undoubtedly improved the medical care and outcome of women at risk of complicated pregnancy around the world. While many women with complicated pregnancies now receive improved care, I believe that obstetricians/gynecologists around the world need to pay greater attention to the care received by *all* pregnant women, particularly those patients who might be considered "normal" and whose care, I believe, is too often inadequate and substandard.

With increased emphasis now placed on women's health and primary care, attention must be paid to patients with limited income whose medical care may not represent the comprehensive care they deserve. The modern approach to medical health care is no longer paternalistic, but one that includes respect for patients, their autonomy, and attention to issues of family and social justice. Unfortunately, in many parts of the world, in both low- and high-income countries, some patients do not receive the care that their humanity requires. At times, the care received in hospitals is more dangerous than giving birth at home. Patients who require cesarean delivery can face delays not as a result of inadequate physician capacity, but through a lack of other human resource capacity, institutional capacity, or access to essential needs, including emergency cesarean kits, anesthesia, and basic medicines. This issue contains a list of the essential interventions necessary for an obstetrician to adequately provide basic services in low-resource settings; these recommendations were prepared by FIGO's Safe Motherhood and Newborn Health Committee and were approved by the FIGO Executive Board [2].

Medical education in the United States has developed a series of "competencies." One of these emphasizes that physicians must be taught to look at health system improvement, patient safety, and quality of patient care. Physicians can be leaders or catalysts for improvement of care, and sustainers of these safety and quality activities. By physicians, I mean not just consultants and specialists, but students, medical officers, and postgraduates. What do I mean by this? In many cases, labor and delivery units are simply not clean. There is no excuse for caked blood on operating tables, human and medical wastes on the floors, cluttered space, and dirty walls. Elbow grease is required, as is attention to basic public health and medical practices and policies if we are to provide appropriate care. Years ago, WHO described the essentials for obstetric care and basic medical needs; and FIGO now reaffirms these basic needs [2]. Unfortunately, too often they are not available. There also needs to be an adequate staff of nurses, technicians, food service workers, and housekeepers to ensure that the medical care, the health system operations, and not least the environment (back to cleanliness) will lead to the best outcome for our patients.

Patients have a right to dignity and autonomy, and their care should be attentive and compassionate. It is simply not acceptable for patients to be abused physically or verbally by any staff in any healthcare environment. The basic human rights of patients require respect for autonomy, participation in decision making, and the presence of caring partners. I believe that women in any healthcare entity or institution would benefit from the care and attendance in labor provided by one or more family members that are allowed in high-income countries. The presence of a husband, mother, sister or other partner, whichever is appropriate in the cultural context, would allow (and require!) those providing healthcare services to do so in a way that is compassionate, respectful, and constitutes the type of care that puts "patients and families first." I believe that obstetricians/gynecologists, as members of the caring professions, need to ensure humane and respectful environments—clinical environments, psychological environments, as well as the medical environment for their patients. We as obstetricians/gynecologists, indeed all physicians, are important members of the team, often leaders; and as role models we can demand nothing but the best that is available for our patients.

The January issue features several articles relevant to this topic. The essential intervention recommendations from FIGO [2] are a

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nice complement to the joint ICM and FIGO recommendations for prevention and treatment of postpartum hemorrhage [3]. Institutions without high technology, or even every bit of equipment desired on the list, should strive even more to provide the highest quality of basic amenities, including cleanliness and attention to individual personal care. This issue also contains an article from Nigeria describing the unacceptably high rate of intrapartum stillbirth, which occurs in too many tertiary hospitals in low-income countries [4]. Why should patients go to the hospital where they fear the opposite outcome of what is expected: safe passage for mother and baby. Health centers and clinics are often not attended because women dread the lack of care more than they fear the outcome of an unattended delivery. A paper from Afghanistan also in this issue describes a hospital in chaos, in a system in chaos, due to a society in chaos [5]. Perhaps attention to the little things is the way to start, and the only thing humanly possible to do or to be expected.

There are many opportunities for obstetricians/gynecologists to work with healthcare systems, not just to improve medical care but to improve patient care. We must become advocates for our patients. We must become leaders and team players. Obviously, this can be important nationally and politically, but nowhere more so than in the hospitals, health centers, clinics, and offices where we practice. Our care must reflect our humanity, and the humanity, dignity, and human rights of our patients.

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