

Editorial

Professionalism in medicine and hyposkillia

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Commitment to the highest standards of excellence both in practice of medicine and in knowledge generation and dissemination form the cornerstones of “professionalism” [1]. Recently, a surge in medical professionalism has emerged reflecting the conflicts of interests regarding commercialization of healthcare and its influence on medical practice. The current issue of the Sudanese Journal of Paediatrics (SJP) highlights this in a Review Article which gives an account on the definition of “professionalism”, why is it important to teach professionalism in medical schools and a road map to do that. Nevertheless, with societal changing values, deficiencies in medical education and training resulted in deficiency of clinical skills required to deliver adequate health care, a phenomenon recently known as “hyposkillia”. In a special communication, Dr Khalifa A. Adam, one of the pioneer paediatricians both in Sudan and Saudi Arabia, addresses this sign of a sagging medical profession. The article emphasizes that teaching of medicine must be patient-centered and medical schools and teaching hospitals are expected to instill value in teaching basic clinical skills.

In an elegant way, Dr. Khalifa A. Adam reflects on nine of his patients where the diagnosis and proper management couldn't have been achieved without residing on accurate history taking, comprehensive physical examination and critical interpretation of

the gathered investigations. These cases included pulmonary tuberculosis (first suspected by recognizing the associated phlyctenular conjunctivitis), pulmonary hydatid disease, idiopathic pulmonary hemosiderosis and missed foreign bodies!

In a previous issue of SJP [2], Dr. Khalifa A. Adam highlighted the professional role model which one of his teachers reflected on him through the biography of the Late Professor Salah Abdelrahman Ali Taha, a pioneer in pediatrics both in Sudan and the Arabian Peninsula. This role model, which is vital for a thriving “professionalism”, has been emphasized in several SJP articles which highlighted the lives and contributions of several paediatricians, physicians and scientists who laid the foundation of health care in Sudan and worldwide [3-16].

Current Highlight addresses rheumatic heart disease [17] which still has a high incidence in Sudan. A new program, which started in 2012, is highlighted which utilizes both primary and secondary prevention together with increasing awareness and surveillance [18]. Another cardiac problem which is covered as Review Article is patent ductus arteriosus (PDA). In a study from King Khalid University Hospital, King Saud University, College of Medicine, Riyadh, Saudi Arabia, the prevalence of PDA ranged between 25% at ≤ 28 weeks gestation and 12% at 28-32 weeks. The Article deals with the basic pathology, clinical

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assessment and line of management of PDA. Another common neonatal problem with high morbidity and mortality is neonatal respiratory distress (NRD). An Original Article determines the frequency, causes and immediate outcome of NRD in Omdurman Maternity Hospital (OMH), Sudan. Established in 1957, OMH stands out as the first specialized hospital in Sudan [19].

Cystic fibrosis (CF) is considered to be the most common life-shortening genetic disorder in children of Caucasian origin. The first report of confirmed cases of cystic fibrosis in Sudanese patients is detailed in an Original Article where the clinical and radiologic features of 35 cases are described. The incidence of the disease, which is inherited as autosomal recessive, is much lower among African Americans (1:15000) and Asian Americans (1:32000), compared to 1:3200 in White Americans [20]. Parental consanguinity was reported in 25 families emphasizing the contribution of consanguinity and its high impact on genetic disorders in Sudan [21].

The role of adequate nutrition in growth and development has been emphasized for decades in several publications that appeared in SJP [22,23]. Macronutrients were addressed and nutritional foods made of ingredients available in local communities and cooked in the traditional manner were described [22,24]. The role of micronutrients (including iodine, magnesium, zinc and vitamin D) was also highlighted [25-29]. An article in the Current Issue of SJP, describes a novel way of vitamin A supplementation suitable for the traditional non-governmental boarding school (Khalwa) in Sudan. A new porridge was made formed of sorghum flour, peeled, chopped and boiled pumpkins in addition to the traditional stew. Each meal was calculated to supplement a student with greater than the recommended daily requirement of vitamin A. Another original article deals with the other side of "caloric imbalance" namely, the influence of fast food intake on the prevalence of

obesity. The study found that obesity among children in Riyadh City was significantly associated with fast food intake ($p=0.0280$). The majority (72.5%) of overweight or obese students consumed fast food at least 4 times /week, whereas another 15.5% were taking fast food 1-3 times/week. On the other hand, the increased incidence of type 2 diabetes worldwide has been linked to the rising problem of obesity and physical inactivity. In a recent study [30] including 38 children and adolescents with type 2 diabetes mellitus, who attended a pediatric and adolescent diabetes clinic in Khartoum, consumption of fast food was the major risk factor of obesity (84.3%).

An Original Article deals with the quantity of life (QOL) among Sudanese children with epilepsy and their care givers. Recently, there has been a progressive increase in the appreciation of QOL especially among patients with epilepsy. The study explored the impact of epilepsy and treatment, impact on child development, and impacts on parents and the family. A significant decline in the QOL was ascertained among Sudanese children with epilepsy and their family care giver.

Another Original Article explored physical methods used by Sudanese mothers in rural settings to manage a child with fever. This community-based study, conducted in a rural area of Gezira State, found that the common physical treatment method for fever used by mothers was tepid sponging, but with inappropriate application.

Crimean-Congo hemorrhagic fever (CCHF) is one of the most widely distributed viral hemorrhagic fevers. The disease is asymptomatic in infected animals but has a high mortality rate (30-70%) in humans. A Case Report details the clinical features of an affected 9-year-old male who was referred from a village near Kadogli in South Kordofan to the Emergency Military Hospital in Omdurman. The diagnosis was made following blood investigation by polymerase chain reaction (PCR) and enzyme-linked

immunosorbent assay (ELISA) for yellow fever and CCHF. These were performed at the Central National Health Laboratory (Stack Laboratory) in Khartoum [31]. South Kordofan is also known for outbreaks of yellow fever [32] and the Late Professor Mansour Ali Haseeb [13] was pivotal in a historic sero-epidemiologic survey trip to the region which started from the Central National Health Laboratory (then known as Stack Laboratory).

An extremely rare neonatal syndrome, with incidence of 5.5 to 7.9 per million live birth is described in a Case Report. The typical features of Pentalogy of Cantrell which manifested in a Sudanese baby were detailed, together with the antenatal ultrasound findings.

Education and Practice deals with traumatic brain injury (TBI), a major cause of death and disability in children. Through an illustrative Case Report, this article discusses different worldwide-accepted approaches for managing children with TBI, and places special emphasis on the indications for a

cranial computed tomography (CT) scan.

Historic Perspectives is dedicated to the outstanding work of Albert Chalmers, his contribution to tropical medicine worldwide and to the development of healthcare in Sudan. Albert Chalmers became the Director of the Wellcome Tropical Research Laboratories in Khartoum (WTRLK) in 1913, succeeding Andrew Balfour, where he managed to establish a solid base for research in tropical medicine. In his memory, the Royal Society of Tropical Medicine and Hygiene (RSTMH) offers the Chalmers Memorial Medal which is rewarded to young investigators (≤ 45 years) in recognition of outstanding research contributing to knowledge of tropical medicine and tropical hygiene. His life is a prototype of altruism and professionalism reflecting the couplet included in a letter by his wife (Alice Chalmers) [33] to RSTMH "Races are many, but Health is one, And includes them all.."

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