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President of the Algerian League Against Rheumatism and leading rheumatologist discusses the state of the education sector with relation to the training up of medical specialists and raises the fact that the quality of healthcare services is inconsistent across different regions.

Can you introduce yourself, and introduce rheumatology, your heart activity?

I specialized in rheumatology, and as you could expect, my activities revolve around it. Since 1999, I am the president of the Algerian League of the Associations for Rheumatology. I am also head of the largest rheumatology service in Algeria – 50 beds- and have been for a few years now. And of course, I occasionally participate in international conferences on rheumatology, and in international research programs.

Rheumatology deals with all bone and joint diseases, of which osteoarthritis is only one among many. Contrary to popular belief, these diseases affect people of all ages, and most of them have unknown origins, which is why rheumatology is a subject of extensive research: we still have so much to learn in this field. Lately though, we have made tremendous leaps in terms of treatment, I am talking in particular biotherapy, and treatment plan. All this makes it a very attractive specialty.

Algiers and its hospitals appear to drain the majority of patients, why? How could health be decentralized?

Algeria is facing a population distribution problem, mainly for cultural reasons: Algerians think that the capital concentrates the best ones in all areas. But this is not true, a lot of my students went back to work in their region of origin. But the problem lies with good doctors usually officiating in private practice, because hospital infrastructures lack, and cannot provide them with the best conditions to practice, nor with the wages likely to honor their work. Also, working relationship are more cordial in private centers.

In order to decentralize efficiently, the government would have to play its role: it should encourage physicians to settle elsewhere than in the capital, via wage, housing or vehicle advantages, so they would take over. Another solution could be to create quality university hospitals that would attract young professors and faculties where training of physicians would be much better than it is now. Once these centers of excellence created, the next step could be the signing of agreements between hospitals, so that treatments would be provided in the region of origin.

What are the needs in rheumatology in Algeria?

With increasing life expectancy and epidemiological transition, we have changed a lot in recent years, and rheumatology treatments must keep pace! Paradoxically, Algeria is a country of sun, but the population is sorely lacking in vitamin D, which has direct impacts in terms of bone diseases.

We also have big issues in terms of access to prostheses, while all generations are affected by rheumatic diseases. Our goal? Improve early diagnosis and lower prosthesis needs. To do so, we have to work together on continuing medical training, and on patient education. It would also require that students be in more frequent contact with patients.

What about the issue of lack of specialists?

In Algeria, we have a lot of general practitioners, even though not always well trained, and few specialists: many of them go to live abroad, and the others work in private practice. Moreover, while some of them are brilliant, the majority is poor. We have to improve higher education and find the courage to go back on the bad reforms that were passed, to implement a new model of evaluation, more effective that the current MCQ one.

What is the current state of research in rheumatology in Algeria?

Not everyone is a researcher. To become one, you would need to have mastered your field, and be willing to go further into it. As of yet, a lot of research programs in Algeria are bogus.

Algeria is not a country of research, except for clinical research, which is developing. To overcome this situation, we need to encourage young people to turn to this field, and we need to train them. We must also encourage them to stay and gather research teams, to ensure coherence and consistency to our patients. Last, we have to cooperate between hospitals, despite geographical distances and incomplete or sometimes inefficient technical equipment. We must as well allocate a bigger budget to research.

Algeria is currently building new university hospitals. What impact are you expecting?

Algeria needs new structures, but to be useful, staff numbers and quality must follow. However, we lack paramedics, physicians, and teachers.

Algeria is a Mediterranean, African and Occidental country. We are simultaneously modern and behind the times, particularly in the field of medicine, a delay accumulated over years of terrorism. These years of un-wellness and emigration prevented us from moving forward. Yet today, we are working on treatment management, etc. And I personally wish to take a very active part in this change.

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