

CLINICAL HEMATOLOGY IN KHYBER PAKHTUNKHWA, PAKISTAN: A CRISIS OF WORKFORCE, INFRASTRUCTURE, AND ETHICS

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Abstract

Khyber Pakhtunkhwa (KPK) faces a dire hematology crisis with only 3 specialists for 40 million people—0.075 hematologists per million, 85% below WHO standards. This paper combines workforce analysis, policy review, and patient outcome data to expose systemic failures: (1) non-specialists ("pathology mafia") controlling 72% of hematology care, (2) zero dedicated bone marrow transplant (BMT) units, and (3) Rs. 0 allocated for hematology in KPK's 2019 health plan. We propose a 5-year action plan including immediate OPD expansions and long-term BMT center development.

Keywords: Hematology workforce, Pakistan healthcare corruption, thalassemia care, health policy reform

Introduction: Hematology is a specialized branch of internal medicine and pathology that deals with the diagnosis and treatment of blood disorders. In high-income countries, hematology services are well-structured, with dedicated departments staffed by trained specialists (Hoffbrand & Moss, 2022). However, in Pakistan—particularly KPK—the specialty remains underdeveloped due to workforce shortages, lack of infrastructure, and unethical practices by non-specialists.

The Hematology Gap in Pakistan

Pakistan has 35 hematologists (0.016/million) vs. India's 2,100 (1.5/million) (PMDC 2023; WHO 2020).

KPK's thalassemia patients travel 400km+ to Lahore for transfusions (Rehman et al. 2023).

Research Framework

Quantitative: PMDC workforce data, mortality statistics

Qualitative: Interviews with KPK hematologists

Comparative: Punjab/Sindh vs. KPK infrastructure

2. Current Status (2023 Data)

National Hematologist Distribution

Province	Hematologists	Population	Ratio/Million
Punjab	15	127M	0.12
Sindh	12	55M	0.22
KPK	3	40M	0.075

Table 1: Pakistan's hematologist shortage (PMDC 2023)

2.2 KPK's Hematologists

Dr. Irsa hidayat (DHQ Mardan): Only FCPS+FRCPath specialist

Manages 120 thalassemia patients/month in 1-room OPD

Drs. At Lrh (Peshawar): MTI-appointed, no inpatient beds

Dr. Yousaf: On leave since 2025 (33% workforce gap)

Systemic Challenges

Infrastructure Deficits

0 BMT units vs. Punjab's 6 (PBS 2023)

Leukemia mortality 28% higher in KPK (KTH Oncology 2023)

The Pathology Mafia

Key Issues: Pathologists without clinical training handle 72% of cases (KPK Medical Council 2022)

Financial incentives:

Rs. 500–2,000 kickbacks per lab test

Private clinic referrals to affiliated labs

Policy Failures , 2019 KPK Health Plan: Zero Rs. for hematology (Govt. of KPK 2019)

No training programs: 0 FCPS seats in KPK vs. Punjab's 8/year

Case Study: Thalassemia Crisis

Current Reality

8,000 thalassemia major patients (Hematology Society 2023)

Mardan DHQ: 0 transfusion chair for 9-15 daily patients

4.2 Outcomes

Metric	KPK	Punjab
Median age at death	14 years	22 years
Families bankrupted	63%	29%
Access to iron chelation	18%	55%

Table 2: Thalassemia disparities (Ali et al. 2022)

Reform Proposal

Short-Term (2024–2025)

Intervention	Cost	Impact
3 Hematology OPDs (LRH/KTH/Mardan)	Rs. 120M	50,000 patients/year
Ban non-specialists from Rx	Policy	Reduce unethical practices

5.2 Long-Term (2026–2028)

BMT Center at LRH (Rs. 850M)

FCPS Scholarships (10 seats/year at KMU)

Conclusion

KPK's hematology crisis demands urgent multi-sector action. Our plan addresses:

Immediate care gaps through OPD expansions

Workforce development via training programs

Systemic corruption through stricter regulation

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