

Scapegoating medics will not fix supply shortages



There is a painful disconnect between what the public is told and what actually happens inside our public hospitals.

Government officials speak in confident tones about drug availability and functional health systems, yet the reality tells a very different story—one marked by shortages of essential medicines and basic supplies, and impossible choices forced upon frontline health workers.

In many government hospitals today, essential supplies are simply not available. Not occasionally, but routinely. Painkillers, antibiotics, intravenous fluids, gloves, and other basic supplies are often unavailable.

This is the daily reality for those of us who work in these facilities. Meanwhile, patients arrive believing what they have been told—that government hospitals have everything they need.

They expect care to proceed normally, even when we lack gloves to handle bleeding wounds, because an area Member of Parliament or RDC assured them that “everything is in place.”

Without basic supplies, what exactly is a health worker supposed to do? And without a functional X-ray machine, how is a surgeon expected to assess the extent of bone injury?

Instead of confronting this failure honestly, we are increasingly witnessing a disturbing trend of performative accountability by authorities. They descend on hospitals, with cameras in tow, eager to demonstrate that they are “working.”

In the process, individual health workers are singled out, interrogated, arrested, and humiliated, not because they have stolen drugs, but because they dared to improvise in order to save lives.

Health workers are bound by ethics to protect life. They cannot turn away bleeding patients because gloves are unavailable, nor can they ignore pain because analgesics are out of stock.

When the system fails, they are forced into impossible moral positions: to either beseech the patient to provide a pair of gloves and risk punishment, or do nothing and risk the patient’s life.

In a situation where supplies have run out, if a doctor requests a patient’s family to buy a painkiller, or a midwife asks for gloves so she can safely attend to a labouring mother because the hospital has none, are these crimes or acts of necessity in a broken system?

Should such decisions be framed as diversion, corruption, or misconduct? How does a government justify criminalising health workers for responding to shortages that the same government has persistently failed to prevent? This is like a household head berating a housemaid for failing to cook, having provided neither food nor firewood.

What is most troubling is that these theatrical arrests and investigations do nothing to fix the actual problem. They do not restock stores. They do not repair supply chains. They do not reform procurement, budgeting, or distribution.

Instead, they breed fear, silence, and demoralisation among an already overstretched workforce. If accountability is genuinely the aim, it must begin where power resides: in procurement systems, funding priorities, supply chains, and policy failures. Until then, punishing frontline workers for improvising in the face of scarcity is not reform. It is scapegoating.