



## A Preventable Crisis: Overhauling Healthcare for Pakistan's Scorching Future



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The mercury is rising, and so is the loss of life among humans. The current and future seasons of Pakistan are not only a meteorological event, but a systemic failure that has been revealed. Today, the healthcare system lacks adequate resources and funds, and is in short supply, as the temperature regularly exceeds 49°C in cities such as Karachi and Peshawar, and this is the final line of defense in survival. This heatwave crisis needs more than a seasonal warning; it's a call for a swift and drastic restructuring of public health systems, ranging from the emergency ward to urban design [1].

The numbers put on a dark picture of an approaching collapse. In the past one season, thousands of patients with heatstroke have been reported and admitted at hospitals in Sindh and Punjab, which have been unable to cope with huge number of patients as they were overrun by the number of patients and lacked basic facilities for quick cooling [2]. A study on heat stroke in Karachi revealed that a total of over 6 thousand heat strokes had been reported, but this is a conservative estimate, given that only 5% of deaths are registered officially in the country [3]. No heat-related illness (HRI) ward or special cooling areas are available in KP, and up to 60 patients are brought to major public hospitals every day for heat-related illness, and critical patients are treated in general emergency bays. It is not because patients don't have resources; it's because patients don't prioritize them [4].

The effects of this lack of preparation are deadly, especially for the most vulnerable. Those who are elderly, children, pregnant women, and workers in the open fields, who have no other way to make a living except under the hot sun, are severely affected [5]. Chronic power shortages (otherwise known as load-shedding) and acute water scarcity combine to make homes into furnaces and people into dehydrated individuals in the fight for survival, with acute kidney injuries being just one of the many life-threatening illnesses that result. A new Amnesty International report revealed that the deaths of victims of heatwaves are often not recorded in official statistics, meaning that they are not registered as heatstroke victims. One resident of Karachi reported that his 65-year-old father died after his body overheated during a power outage when he was not able to go to an overcrowded hospital [6].

So, what is the solution? It begins with acknowledging that this is not a natural disaster but a public health emergency that demands systemic change.

First, hospitals must be engineered to be heat-resilient. This is not limited to the provision of IV fluids and ORS. There should be dedicated heatstroke wards in all major public hospitals with A/C cooling centres and crash carts that have all the necessary intubation equipment for heatstroke. Water and electricity are two critical infrastructures in hospitals that are in short supply and must be taken as an emergency failure since cooling is crucial for hospitals to operate and maintain life-saving systems. A recent advisory issued by the National Institutes of Health (NIH) for "dedicated heatstroke centres" is a positive move, but it needs to be followed by fast funding and implementation.

Second, frontline staff must be empowered with the right knowledge. Heat-related illness has long been a marginal problem

in the medical curriculum. A recent study of undergraduate medical programs in Pakistan identified no dedicated courses on climate-health connections. Emergency physicians must learn to recognize and treat heatstroke in a proactive rather than a reactive manner. In Karachi, the "Heat Emergency Awareness and Treatment" (HEAT) intervention proved that a structured training program greatly enhanced the diagnosis rate and management practices. This blueprint needs to be scaled up nationally.

Third, prevention must start long before a patient reaches the emergency room. Effective public health measures involve creating early warning systems and conducting awareness-raising campaigns in the community to educate citizens about the signs and symptoms of heat exhaustion, including dizziness and confusion. The relief camps set up by the local administration in Sukkur, where ORS and chilled water were distributed, should be replicated in all cities. Moreover, long-term resilience needs urban greening: planting trees and using reflective surfaces to counteract the so-called "urban heat island" effect.

Pakistan is on the front lines of the climate change crisis, but its healthcare system is still in reactive mode. Heatwaves remained alarming during 2024 and 2025. Pakistan cannot afford to wait for another crisis to act. The decision is stark: invest in a health system built to withstand the climate crisis, or keep tallying preventable deaths. It's essential to the health of this country.

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