ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

1. Describe the pattern of disease/illness of interest in the population with which you have worked and discuss this in the context of global health

Emergency medicine is a relatively new specialty in India, with many doctors taking the UK based FRCEM as a recognised qualification. Even at Hinduja, the ED is a single small room on the ground floor that is staffed by two junior doctors, a registrar and consultant. This very loud and very busy corner of the hospital employs an impressively effective traffic light triage system. Red patients are seen immediately, and may be bought in by ambulance, or walk in from the street. Examples I observed included a life threatening asthma attack, subarachnoid hemorrhage, and a extremely severe hyponatremic patient with a sodium of 99. I did not anticipate the commonplace practice of patients first attending government EDs with complaints, which were often triaged to Hinduja by transfer if deemed too complex - a number of 'orange' patients presented to the ED in this way. 'Green' patients were discharged to the walk in clinic at the outpatients department. A combination of factors lead to this somewhat chaotic space functioning effectively with a rapid turnover of patients.

Firstly, the large ICU capacity has a positive impact throughout the hospital. A number of the patients on any of the 3 ICUs would struggle to be a candidate for tightly controlled ICU/HDU beds in the NHS. This lead to patients receiving close attention, often catching deteriorations early and in a setting in which specialist help is sought quickly. Secondly, the lack of specialty wards removes pressure on teams to expedite discharges and shirk admissions, creating better flow throughout the hospital for the acute care teams. This however, I am sure comes at the cost of perhaps a greater hospital stay. And finally - a small department of 6 bays will by its nature require rapid turnover if you are to see an adequate number of patients!

The pattern of disease in the Mumbai ED compared to London ED were similar. Both large, urban international cities, with the most common presentations for both cities being injury and trauma. Up to 20% of ED attendees are trauma in urban India, and this is set to increase with more and more road traffic collisions being reported each year.

Country wide however, the pattern differs. The UK sees an exponentially increasing aging population and many of its patients now present with complex, multifactored medical and social deteriorations which require time to sort. As such the role of the Emergency Department in the UK has grown and evolved from a triage centre (like in Hinduja) to that of a mini hospital of itself; assessing, treating, and discharging patients before they even set foot on the ward. Seeing how Hinduja operates makes me question whether this is a change for the better, or simply an overly complex solution to a familiar problem - too many patients!

2. Describe the pattern of health provision in relation to the country in which you have worked and contrast this with other countries, or with the UK

India comprises nearly a fifth of the world population, and if it continues to grow at its current rate may become the most populous country in the world. There is enormous demand for healthcare, which is currently catered for by public provision and a larger private domain. Public healthcare was realised in 1946 on recommendation from the Bhore report, and a three-tiered system devised to allow healthcare for all people irrelevant of income or status. Inadequate capacity for this public system lead to the rise of private options, which now dominate in urban areas. This feeling of inadequate care in public hospitals continues today, and is a chief reason patients cite when deciding to pay for private care. Despite the majority of patients in urban areas opting for private care, a 2014 estimate suggested only 17% of the population are covered by health insurance, leaving many patients to pay for their care directly.

Hinduja hospital is a private tertiary centre in Mumbai. A well recognised institution, this hospital sees a wide variety of patients from across the city and wider country. It is a modern, clean and well run centre that I have found to run comparably, and in many cases, better than UK National Health Service hospitals. Instead of specialty-specific wards, this hospital sees patients according to their room type, and doctors attend to patients all over the hospital. Patients are often their own record keepers, attending the hospital with large bags full of imaging studies and reports stuffed into binders. While this may occasionally lead to misplacement of paperwork, it does bring benefits. Most noticeably, I have found patients to be much more informed of their own care, especially in the clinic setting. This allows for a natural joint decision making process between clinician and patient. The reverse of this is also true; patients may unduly worry over small changes in blood results ("Doctor my sodium level is near the upper end of the normal range - what should be done?"), but in my brief experience this was not a common occurrence.

Much more commonly and to my surprise was the practice of many doctors to give their personal mobile phone numbers to patients - leading to continual calls throughout clinics and ward rounds - the majority of which are swatted away quickly. I wonder if this is due an expectation in the private sector, or a practice more widely in India?

3. Describe the pre-hospital care of patients in urban mumbai & contrast with London

India lacks a co-ordinated emergency medical service. It is a fragmented area run by various agencies, goverment and non-government organisations, and often each hospital has its on ambulance service. Furthermore it requires a country wide EMS telephone number - these can differ by state. Lastly a formalised paramedic training program is required, currently most ambulances complete non-urgent hospital to hospital transfer services, and attend relatively few medical emergencies. When they do attend, staff are often poorly trained to deal with these emergencies and so the first thorough medical attention many patients receive is at the ED. Current transportation to the ED in mumbai is as follows: 40% transfer by taxi/private vehicle, 30% autorickshaw, 20% ambulance, remaining walk/other.

4. To become more adept at interacting with a wide variety of patients from different backgrounds across language barriers in an unfamiliar environment

Observing medical practice in India has been a fantastic experience. I have found both patients and doctors to be incredibly helpful and both have taught me many new lessons. There is an excellent rigorous approach to the knowledge of clinical medicine in this hospital, a passion for learning which is sadly rarely seen in the NHS. I have encountered a wide variety of patients, from those poor to rich on a much wider disparity to that of the UK. While most people speak some degree of english, learning to communicate with patients and locals has been a fun experience and challenge which I have enjoyed. Thank you Hinduja for a wonderful placement.