

ELECTIVE (SSC5b) REPORT (1200 words)

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

During my six weeks at Manipal Teaching Hospital I spent 3 weeks within the obstetrics and gynaecology department. For this time the majority was spent within obstetrics, and mainly on the wards in delivery. My first impressions were that I found the Hospital more poor than I expected, with less staffing available and less resources in aiding the number of patients they had in the department. I, therefore, learnt a lot of lessons about managing a patient with limited resources and within your means.

The complications and disease type in obstetrics were similar to that of the UK, however, the incidence of complications were much higher. This was due to a number of factors; firstly there being less focus on prevention medicine. In the UK we push a lot of time, effort, and funding into pre-natal clinics and midwife checks in order to monitor the health of both mother and baby during pregnancy. Also, even where there is care offered, many of the women cannot afford to attend multiple clinics, or have check-ups, and will generally only see a medical practitioner once they are in labour. In hand with this meant that scheduled c-sections were much more uncommon as the risks of vaginal birth were not always assessed prior to delivery, and vaginal birth was always the cheaper option.

As well as there being more complications, I saw that the management of these complications also differed. This was again due to cost and the family being unable to afford surgeries. The most common method I saw used, which is not done in the UK, was the midwife standing on the lower pelvis in order to apply pressure and aid the delivery of the baby. This resulted in more successful deliveries, and meant that deliveries were less likely to end up needing an emergency C-Section. Emergency C-sections were, however, performed when there was medical indication and the patient had the funds to do so.

One way in which the government has tried to aid women and families in Nepal was by introducing the Safe Delivery Programme in 2005. This entitles women to be able to give birth in a health facility free of charge, and they will receive a small cash incentive if they attend a health facility to give birth. The scheme was introduced as many women were avoiding attending hospital to give birth for fear of the bill that they would receive. This led to high death rates of both mother and baby, as they would not be close to any form of aid in there was a complication. This scheme has greatly improved the delivery of obstetric healthcare, and standardised the level of care available, as well as reducing death rates. This does, however, mean that the patient is able to get to and physically access a healthcare centre/hospital, which is difficult to do as many parts of Nepal are remote.

Even with this scheme in place, there is great disparity between the level of care given to the rich and the poor, and this is something I found very difficult to come to terms with during my placement. It made me realise that practicing medicine, for me, is about helping people regardless of their background. Therefore, I would find it difficult to work somewhere that was privatised, but it has encouraged me to think more about volunteering and working places where people are less fortunate.

Another topic that took my interest in this department was the uptake or offering of cervical screening. In the UK we are lucky to have cervical screening offered to every woman aged 25-65, and it has shown to prevent cervical cancer by detecting abnormalities early before cancer has a chance to develop. This screening availability is not the case in Nepal, and cervical cancer rates are shown to be higher in less affluent countries. The death rates are also much higher, with 85% of all cervical cancer deaths being

from low income countries. The uptake of screening in Nepal is only 2-3% of all women, compared to the UK where it is over 70%. I discussed with my supervisor many reasons and barriers to the population for the uptake being so low. The main reasons were being from a low socioeconomic background and having poor health education and access to the services. Many women had pre-conceived ideas as to what the screening entailed, and also did not understand the benefit that the screening may have for them. This demonstrates how important education is in all areas of healthcare and the global access to it.

One part of the hospital that I would have liked to have had a chance to spend more time in is the neonatal care department. I did not get much exposure into what the handover of care was like for babies that were born premature or with complications during birth.

My skill development was more limited than that in the emergency department, however, I was still able to observe different styles of practicing medicine. Observing births and clinics in a less economically developed country was insightful. Learning the differences in pathways used and also noting the more limited approach to pain relief during childbirth. An extra consideration before any management implementation was always cost to the patient.

One of the main skills I picked up was learning the importance of communication, especially with the use of a translator. The cultural differences in reporting symptoms is important to pick up on, as it can lead to the wrong conclusion or investigations being undertaken, if it is not recognised.

Overall, I found this placement very interesting and it opened my eyes to the issues and differences in practicing medicine in a country that is less economically developed. I felt as if I was able to contribute and help patients that were in need, as well as learning from experts in this field. These experts have learnt not to practice medicine by relying on constant monitoring and tests, and rely more on their overall clinical judgement. This is a skill I feel we may be losing in the UK with stresses on constant documentation and having to investigate so as not to miss things/ It was a great learning experience that I hope to pursue further in the future.