

ELECTIVE (SSC5b) REPORT (1200 words)

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

Having my elective in Victor hospital mimicked the general expectation I had of a private hospital with a manageable patient load and a quick efficient service as compared to a government provision like the NHS. Having spent 2 weeks on internal medicine, we had a lot of exposure to common conditions like hypertension, diabetes, and obesity, collectively referred to as metabolic syndrome. The increasing prevalence of this metabolic syndrome has not escaped Goa, and similar trends are seen across India. With an increasing shift in lifestyle factors towards sedentary behaviour, junk food and increased stress levels, there is an understandable increase in the prevalence of all these conditions. The genetic predisposition towards the Metabolic Syndrome in South Asia also adds to this. Observing how diabetes is managed in secondary care in Goa was quite similar to what I would expect. The conversation around diet and exercise brought up the same difficulties I had seen in previous clinical placements. I think there was quite an emphasis on opportunistic diagnosis of diabetes. This was especially seen in people who potentially presented as immunocompromised such as in cases of infections of unknown origins or autonomic disturbances and many more. While it is important to treat the acute problem, the reason for their presentation is also important to be curious about. I think it also highlighted a difference between the NHS and how Goa functions in their primary and secondary care provisions. A lot of diabetes diagnoses were done in secondary care in a hospital setting versus being predominantly done by general practitioners in the NHS. I did also notice that the patient dependency in administering medications was quite limited with people practicing counting their carbohydrates and adjusting their insulin accordingly. But that could also be as a lot of the patients we saw on insulin were admitted at the time and not in the outpatient setting.

The public health in Goa is run by the Directorate of Health Services and follows India-wide public health initiatives. One such example is the 'Fit India Movement' which encourages people to include sport and physical activity in their everyday lives. There are smaller scale movements as well such as an initiative by the pharmaceutical company Sanofi and the state of Goa to create a cooking competition amongst school children that looks at dishes with sugar alternatives which are healthier. STEP is an app developed to promote walking but setting targets of 10,000 steps a day is also an initiative present. For hypertension there is also the Indian Hypertension Control Initiative in place where they register patients with hypertension and ensure monthly blood pressure checks and monitor adherence to treatment plans. Outside of the metabolic syndrome, there are also projects set up for breast cancer screening such as the Swasth Mahila Swasth Goa Project, as well as yoga programs that promote healthy lifestyles, etc.

The NHS has similar public health initiatives in place with a campaign called 'Change4Life' which encourages families and people with special educational needs to eat well and keep active. There are screening programs in place as well for people with identified risk factors like cervical screening, breast cancer screening and aortic aneurysm screening, etc. Other tools such as 'One You' help curb alcohol overconsumption, smoking habits and weight management to reduce risk of developing long term health conditions. Other large-scale schemes include the sugar tax and the health pyramid seen on food labels informing the consumers of how healthy their product is. However, the general staple diet where rice is the main carbohydrate and sugary sweets being very common makes it very hard to promote public health initiatives in Goa. While there is good availability of sugar free products, it may still act as a barrier to people being open to changing their diets partially due to being unaware, cost reasons or simply a

preference.

I noticed quite a few posters for free consultations and informative posters across the hospital during my elective. While it is not something I saw a lot of outside the hospital, there was plenty of information within the hospital in the form of leaflets and posters. I think Victor hospital being a private hospital may have a different involvement in public health campaigns as a government hospital would. There are also TVs across the hospital with informative videos on common diseases and how to prevent them by the consultants working at the hospital. This is very effective as patients who are waiting or relatives in the waiting areas can learn more about these conditions from trusted sources as it is the doctors they visit.

Other dedicated days to different conditions is also a very effective way to promote awareness about certain conditions especially at a school level. World glaucoma week is held in early March every year and is observed by different ophthalmology departments across the state as well as the country. It involved free checkups and glaucoma screening as well as talks on what glaucoma is and when to get it checked. Similarly national dengue day and world cancer day, and many more had similar programs. (<https://nhm.goa.gov.in/wp-content/uploads/2020/08/DHS-HEALTH-Newsletter-1.pdf>)

Goa has a diverse number of languages used namely Konkani, English, Marathi, and Hindi. However, most people speak at least two of the languages. I did not notice any need for translation services as there was always someone around who spoke the language. However, there are instances where translation services could have been useful such as patients who are tourists or if there are no available staff to translate. Google translate was sufficient in the cases I saw. I think the linguistics needs of the NHS are extremely different and are much more warranted. And this provision often improves their patient experience but there is no pressing need for such services in Goa.

Culture also has a huge role in disease prevalence as it works hand in hand with modifiable lifestyle risk factors. Cuisine and staple foods affect dietary habits and nutrition which in turn modifies the risk of getting conditions like diabetes, hypertension, and other cardiovascular diseases. Religious practices that involve fasting and temporarily restricting diets can also affect health. This is similar in both Goa and UK with examples of the Muslim population fasting during Ramadan, and many other religious festivals. The multi-diversity of both places puts them both in a similar position when it comes to how culture affects health provisions across both communities.

It was an extremely useful experience to see how medicine and surgery is practiced in Goa and it really taught me a lot, not only about how resource allocation and practicality play a role in medicine in a private hospital. I think it highlighted the importance of knowing my physiology well and how it relates to clinical practice.