

ELECTIVE (SSC5c) REPORT (1200 words)

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

In India, there are 1.27 billion people in the country that is second biggest population in the world. There are 21.9% of its population is living beneath the official poverty line. Although government has built a public health system with national hospital, limited resources and budgets were spent in this rather important sector of the society. Therefore, falling sick here is rather serious and usually means expensive. With serious illness in here could mean a dead sentence to relatively the poor population. This is also true in my own country China. Life suddenly become less valuable and sometimes the deciding factor of whether the person lives or not is how much money could he/she afford. I have seen a lot of cases that the patient could not afford it or he/she would not want to leave their family in enormous financial burden, he/she decided to just let nature take its course. Moreover, it really depends on the doctor in terms of how much they charge for the surgery. In a way, they might sometimes be the one to decide if that patient live or die and its always a very hard decision for them to face nearly everyday.

Compare to the country where I am training as a medical profession, we are more lucky as we have better health system that can provide everyone with medical treatment without too much fees. It is fair because it does not discriminate people with relatively low income and everyone will be looked after the same way. However, there are a lot of issues with this system. Since the national medical services is free to everyone, a lot of people started to abuse the system. For example, I have seen people have a lot of out of dated unused medications and inhalers at their home (a pile of them). In developing country like India, people need to pay for their medication and they will try their best to take them as they do not want to waste any penny that was spent on the medication. They also really appreciated for the consultation and time the doctor spent with them. In addition, they showed hugh amount of trust and respect to their doctors and this sort of become part of the culture. This happens partly because of the level of education in general population as well as the expensive cost of health services.

In terms of expectations from the patients, patients do have expectations on how the doctor will solve their problems. According to a study in 2015, it showed 83.58% of the patients were satisfied with general experience of the private health-care provider. Private health-care providers are still the number one choice for medical care in India. The doctors are usually not expected to be questioned too much in terms of treatment options and medications. However, there was definitely an increasing expectation of patients for more and better information, better interaction, more discussion and control over treatment process.

In terms of disease pattern, there are certainly more focus on health education on infectious diseases e.g. malaria, dengue fever, yellow fever, Hepatitis A etc. As they are seen relatively rarely in developed country especially UK, these diseases might not be even considered in my differential diagnosis list. For example, if a child comes in complains of slightly swollen ear/jaw pain, the first thing I would consider is otitis media or otitis externa. However, top differentail should be mumps in developing country and that is not even on the top of my list. I found it very different in terms of disease pattern and I learned a lot from there.

In terms of resources and equipment, we use a lot of more advanced and expensive equipment e.g. one off plastic equipments that comes in a sterile pack with everything ready inside the pack. This is usually more costly. When it comes to the private clinic and hospital in India, they are run as a business and cost reduction is always the main goal in maximizing profit in business for even saving money for their service user. Therefore, they would use very sophisticated sterilising method for their equipment which is very good for me to observe as well. In this way, resources are used more efficiently and less wastage as well. However, there are also a major disadvantage associated with the private service providing system compare to national health services. Since the service is run as a business, it could become profit driven business rather than focusing on patient's best interest. I have also seen these cases too often in my own country in Macau. When a patient comes for a regular normal body check, doctors start introducing different packages of investigations including Chest X ray, abdominal ultrasound as well as all these cancer markers. These investigations are done in different circumstances with different patient but they are all advised to patient regardless their age, conditions and history. These are not just unnecessary but some of them can be bad for the body as well. Moreover, there were also one more problem that I saw in Asia, it's the antibiotics usage and regulation is very different from the one I am used to. In UK, we emphasised on antibiotic resistance as we know that there are not that many antibiotics that can be switch between and we understand that one day we could run out of antibiotic choices. Therefore, our regulations on antibiotics usage is relatively restricted and controlled. Nevertheless, it is a lot less restrictive in Asia countries. When the business is more incentive driven, it need to make sure its service is better than other service provider in order to be successful in competition. It means that it might require giving out stronger and better medications (including antibiotics) to hopefully make their customer feel better and get treated quickly. For customer psychology, they would like more product or service if they pay for the same amount for one consultation. If everyone in the market is giving out antibiotics with vitamins and 2 other supplement tablets, you only tell the patient that no medications will be needed. You will be out of business really quickly as people are looking for quick solution to their problems rather than their offsprings' problem 100 years down the line. As a result, antibiotics are abused in Asia mostly because of the market demand. Even the doctors know that but they can only adapt to do the same as they also need to survive and feed their family.

In terms of language, there are as many as 452 languages spoken in India. Although as we know hindi is the national language and english is commonly taught in School in India, there are a vast major of the populations who speak their own dialects and mother tongue. Therefore, it is already quite a challenge for the locals and it is even harder for me as an international student. It makes me realise that language is really a unifying and diversifying force that exist in every society. If the doctor speaks the same language as the patient, you can see how the patient instantly feel a sense of secure camaraderie. This really can make a good start for the consultation. With this language barrier, I really did struggle a lot in terms of understanding the patient and even treating the patient. Also with a basic understanding of the culture is really important, critical mistakes could easily be made if the certain part of the culture was not considered.