

ELECTIVE (SSC5c) REPORT (1200 words)

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

I decided to do my elective in India in the busy city of Nadiad in the state of Gujarat. I spent six weeks at Dr Jayant Shah's hospital and thoroughly enjoyed my time there. Although my elective topic was general surgery, I was actually able to spend a lot of time seeing general medicine as well as being given the opportunity to experience rural medicine in a village setting. The hospital was very different to I had imagined, it had newly been refurbished and was in pristine condition, which was markedly different to the surrounding area. It was a medium to small sized hospital and I was told it was one of the most popular hospitals in the area. Upon entering everyone would be requested to take off their shoes which felt odd at first to me but i soon got used to it. Most of my time was spent sitting in clinics and observing in the operating theatres.

I was surprised by how similar the surgical conditions i saw were to the ones we see in the UK. The most common conditions were gallstone related and i was able to see numerous cholecystectomies. Similar to the UK, hernias were also very common. Other common conditions included varicose veins, peripheral arterial disease, renal stones and GI malignancies. The hospital had somewhat more limited emergency facilities as compared to the other surrounding hospitals and so I didn't see as much trauma as I would've expected. Having said that with road traffic accidents being so incredibly common in India i was still able to see numerous trauma patients. Although my supervisor was a general surgeon, he would also see general medical patients as well. The medical conditions I came across were again very similar to what I would expect to see in the UK (often from a GP), they included things like UTIs, gastroenteritis, pneumonia, headache, hypertension, diabetes, ischemic heart disease, lung and oral cancers. One of the differences I noticed was how common TB was and had previously been. While taking family histories a large proportion of patients would mention a close relative having the condition. I also noticed that the majority of patients presented with symptoms which had been quite severe and for a prolonged period of time. There were very few patients in the clinics who presented with mild symptoms and surgical (or medical) intervention was recommended in most cases. I was given the interesting opportunity to see some rural medicine by attending clinics based in a local village. The consultations were free however the medications (often antibiotics) would need to be bought. Most medication would cost between thirty and one hundred rupees (30 pence to one pound), which sounded very cheap to me compared to the UK. Due to poverty levels, and the reluctance to spend on medication, patients in the village would often try to avoid seeing the doctor until their symptoms became more severe. I found the experience of sitting in village based clinics very interesting. I managed to see various different conditions. Gastroenteritis was by far the biggest problem and it was vital for the practitioner to have good local knowledge of potential causes and their appropriate antibiotics (many of which I had not previously come across in the UK). I saw numerous patients with hepatitis, typhoid and dehydration. I managed to see various trauma patients mostly from farming related injuries and small motorbike accidents. There were two patients that I will always remember. The first was a middle aged man who had been brought in by friends and it was soon clear he had suffered a snake bite on his foot. Although the bite site was painful he was otherwise well, the doctor loosely bandaged the site and he was asked to be driven to the nearest hospital. The second patient was a middle aged farm worker who had been carried in by his friends. All afternoon he had been spraying pesticide over the fields and he had quite quickly become ill with vomiting, headache, blurred vision and syncope. The patient was very unwell, his

clothes were quickly changed and he was rushed to hospital. Both patients made full recoveries and highlighted the range of conditions you must be prepared to see in a rural setting. The doctor later explained to me some of the risks labourers who work on the fields take when working with pesticides. High strength pesticides are readily available and are also a preferred method of suicide in rural areas. I feel the government need to take some form of action in the form of regulations and safety laws, especially considering agriculture (especially of tobacco) being the main means of income in the state of Gujarat.

Dr Jayant Shah's hospital was a private hospital. Healthcare in India is dominated by private hospitals. In the city of Nadiad alone there were over ten different private hospitals of varying size. Having spent significant time at Dr Jayant Shah's hospital and having spoken to numerous patients I feel I have developed a decent grasp on how healthcare is provided and have also gained an insight into the 'dark arts' private hospitals use in order to maximise profits. Patients are often referred from primary practitioners, many of which are not MBBS qualified but hold degrees in alternative medicine (such as homeopathy). These primary practitioners usually accumulate high amounts of referral fees (commission) by sending their patients to their specific hospitals. The hospital rooms themselves are more like three star hotels and carry a similar (if not more) price. This elective really helped highlight to me the downsides of private healthcare. In many occasions I noticed patients coming in with simple problems (such as urinary tract infections) being forced to spend numerous extra days in hospital with vast amounts of unnecessary investigations being ordered. The aim seemed to be to keep all beds occupied at all times with the intention of maximising profits. Although patients were not happy with the large bills they would still (reluctantly) return, as all hospitals in the area seemed to run similar (if not worse) policies. Some of the only positives included quick appointment dates and operation dates.

The preoperative management of patients was slightly different to that in the UK. Although all routine bloods were as usual, most patients would also undergo a raft of other investigations, mainly imaging, that in many cases I felt were not required. Chest radiographs, ECGs, urinalysis and echocardiograms were for all patients. Although I am not qualified enough to spot differences in certain operations between India and the UK, the perioperative stage was very similar to that in the UK. The equipment being used and the safety precautions were all very similar to what I had previously seen. One of the main differences I noticed was the fact that the surgeon would often leave the operation halfway through to see certain patients in the clinic and would then return later to scrub in and help finish off. I feel spending time in the operating theatre was particularly beneficial for me as I was commonly asked to assist and was able to practice my suturing skills.

Although I regarded myself as being able to converse in Gujarati and understand Hindi I found it quite difficult initially to communicate effectively with patients and members of the team. The medical jargon used was often similar to what is conventionally used in the UK, however often when speaking to patients a simpler approach was necessary, which I initially struggled with. During the first few weeks I found it difficult to explain certain procedures to patients which often made gaining consent very difficult. One thing I noticed with the patients in India is that in almost every occasion, even without knowing the details of procedures or operations, they would readily give consent. This is likely put down to the fact that India still utilises a paternalistic approach to medicine as opposed to the patient centred type. The patient is, to a certain extent, expected to listen to and accept whatever

the doctor says. After about two weeks I began to feel a lot more comfortable and was able to understand and respond to most things. I felt it was a good experience for me to improve my communication and team working skills.

Overall I feel this was an excellent elective especially in terms of improving my practical skills and widening my understanding of different conditions and their management. I felt it provided a great opportunity to learn more about such a rapidly developing country like India and its approach to healthcare.