

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

### **Elective report**

#### **Obstetric and gynaecology in Chennai**

**What are the most common obstetric and gynecological issues seen amongst the population in India and how does it differ in the U.K?**

I undertook my elective in the city of Chennai in the field of obstetric and gynaecology. I did my placement at the Apollo chain of hospitals, this is a well known chain of private hospitals across India. India is a vast country with many contrasts. For higher social classes healthcare is of good standard and readily accessible whereas for the lower social classes healthcare can be difficult to come across. I noticed that the most common medical issues treated in India was genital tuberculosis, this is something I have never seen in the U.K and may never see. TB is only rife in certain areas of the U.K in contrast to India where the TB has a high prevalence everywhere. A common obstetric problem seen in India was gestational diabetes. This is a very common problem amongst pregnant ladies in India and I noticed that it was a major worry for the obstetricians in India. The south Asian diet includes eating white carbohydrates such as rice and white flour and it was very common to see the obstetricians advising pregnant ladies on diet and lifestyle changes. This however does not differ much from the U.K as there is a high prevalence of gestational diabetes amongst the south Asian community. What does differ between the two countries is ante natal care. In India many women do not receive ante natal care and often they do not get given the right advice and treatment for gestational diabetes, so this often complicates labour leading to high perinatal mortality rates.

**How are obstetric and gynecological services organized and delivered in India and how does this differ from the U.K?**

In India there are privately run hospitals and government run hospitals. Being in a private hospital I found that the healthcare system was very different to the U.K. Many patients had booked appointments for a full gynecological check up despite having no worrying symptoms. It was common for young women to book these check up appointments before marriage. The full gynecological check up involved palpation of the abdomen, bimanual and speculum, smear test and a breast exam. I found it different that patient would pay for a check up by a gynecologist despite feeling healthy. In the U.K patients are only referred to specialists should they have worrying signs and symptoms. Furthermore I found the lack of general practioner system to be very different to the U.K, in India anybody can get in contact with a specialist such as a gynecologist and make an appointment. Unlike the U.K patients in India do not need to be referred by a family doctor.

**In regards to ante natal care in India if patients have enough money they are able to pay for the obstetrician they would like to be in charge of their antenatal care. These patients have antenatal care very similar to that provided in the U.K.**

There are government schemes to promote free ante natal care for those who cannot afford it. However the scheme struggles to reach out to the rural population who find it hard to access healthcare. In India there are a large number of women who will have no antenatal care whatsoever and will give birth at home with no medical input.

Look more closely in to ectopic pregnancy rates in the Chennai compared to the U.K

The issue of ruptured ectopic pregnancy seems to be much higher in the Chennai with one obstetrician stating that she deals between 15 to 30 cases of ruptured ectopic pregnancies per month. Such a high prevalence can be attributed to several reasons, one major reason is that healthcare is costly therefore many women will not seek medical attention for problems such as pain and bleeding in early pregnancy. Moreover many women do not pay for antenatal care so are not monitored during pregnancy. Also lack of education in rural areas especially amongst the female population means that some women are unable to recognize early that they are pregnant so therefore ignore symptoms such as pain and bleeding. Furthermore due to a lack of education and public awareness many women have suffered from untreated pelvic inflammatory disease thus making them more prone to ectopic pregnancies. Therefore rates seem to be much higher in Chennai than in the U.K.

Explore and gain further insight in to the field of medicine I am interested in and reflect upon my experience of working in a busy Indian hospital.

On my arrival to India I was unsure what to expect from the healthcare system. I have only been to India once in the past and that was purely for a holiday. On my first day at Apollo I was astonished to see how busy the main lobby of the hospital was, this had gave me an idea of what to expect in the coming weeks. I was given the opportunity to sit in on outpatient clinics; initially the sheer number of patients in the waiting room shocked me, the clinic doctor must have seen 30 patients in the hours of 9am to 12pm. From observing clinics I noticed that patients travelled from all over the country to Chennai for medical treatment, therefore doctors are required to be multilingual. The doctors were able to speak a range of languages ranging from hindi to tamil and telegu, this reduced the need for an interpreter, quickening the pace of the consultations.

From working in Apollo I noticed that the range of pathology seen by doctors in India is vast. Patients tended to present with advanced disease often exhibiting signs and symptoms you read about in medical text books but never see. Also the sheer number of patients seen per day by one doctor is extremely high. Taking in to account the number of patients treated and the spectrum of disease seen in Indian hospitals, I realized that they are great places to seek learning opportunities. The average day at the Indian hospital starts early and consists of doctors moving in-between busy clinics and operating theatres through out the day. This seemed to be a less efficient way of optimizing the doctor's time and patients ended up waiting for hours to see a doctor.

Overall I learnt that India is a vast country with many cultures dialects and social classes and with such diversity comes a vast array of pathology. This experience made me realize that medically India is a great place to practice and learn medicine and I would consider visiting in the near future.