

Elective Report

Objective 1: Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: Describe the prevalence of orthopaedic injuries due to disease process and trauma in Lahore, Pakistan and explore the comparative prevalence in the UK.

Rickshaws

It may seem weird to wonder why rickshaws are one of the commonest causes of orthopaedic injuries in Lahore but after spending several weeks attending to patients in the A+E I have come to the realisation that rickshaws are as road worthy as 'granny-mobiles' in the UK. That is to say, they're not very road worthy at all. If you've ever been on one you will have experienced the fear of falling out through the open sides. If you're unlucky enough to find yourself inside a bicycle-driven rickshaw you'd probably want to make a lot of prayers especially if travelling along busy main roads. You can almost guarantee if you're on a motorised rickshaw the Honda powered motor will be on its last legs and sound like its pulled more weight than it was ever designed to. I like to compare them with the image of donkeys pulling heavy loads on their back. Anyways, I digress. Unfortunately for the many patients that walk through these A+E doors their rickshaw journeys have led to life-threatening and in many cases life-changing consequences. A typical story would usually involve a combination of heavy rain impairing visibility, a strong dose of south-east Asian traffic and hidden pot-holes. In a recent incident, two rickshaws driving through heavy traffic collided with each other at a traffic light causing the passenger of one of the rickshaws to fall out onto the ground and straight into the pathway of an approaching car which failed to brake in time. The consequences for the patient have amounted to life-changing lower limb injuries. In a country where to be disabled is tantamount to being rendered unemployable, the result of a 'relatively small' incident will likely be that this patient will now be unable to provide for his family and therefore become dependent on the 'goodwill' of the state and of those around him; a horrible position to find oneself in no matter which country you're in. The fact is that most people who end up as patients here barely have enough money to get by with their modest lifestyles. A staple diet here is roti (round flat bread) and lentil soup. Many years of price increases have made even the most basic of ingredients very expensive. Anyways, I digress again. To summarise, the types of injuries that I would typically see would be road traffic injuries causing dislocated hips, fractured femurs, shattered bones, fractured pelvises and soft tissue trauma. Compare this to the UK and most orthopaedic work load is dealing with long-term degenerative conditions such as arthritis of the hip and knee requiring joint replacement or in the case of sports related injuries, you would expect to see soft tissue injury and ligament ruptures. I can safely say there haven't been many footballers or rugby players, if any at all, that I've encountered during my placement.

Objective 2: Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: Explore how provision of healthcare services in Lahore differs between charity hospitals, government hospitals and private hospitals. Contrast this with hospitals in the UK.

EDHI

EDHI is a non-profit social welfare charity founded by Abdul Sattar Edhi in 1951. Famed for their ambulance service that they have sustained for decades, EDHI also provides services for burying the dead, child adoption, and education. What they have managed to achieve in 64 years is truly amazing as it serves as a lifeline for the poorest communities in Pakistan and has many times shown itself to be better resourced than some state provided institutions. Healthcare in Pakistan is pretty simple, either you can afford treatment or you can't. State provided healthcare is only a skeleton of the private sector in Pakistan. Under-resourced, understaffed, and overwhelmed government hospitals become unable to cope with the demands placed on them from the sheer volume of patients. If the NHS in the UK thinks it has problems with waiting lists and A+E waiting times, they're a shining star compared to government hospitals in Pakistan. I cannot imagine what it must feel like as a doctor in a developing country to know that you cannot care for your patients as you would like to simply because the numbers are too many and the resources are limited. As an outsider looking in, seeing the difference between state run hospitals and private hospitals in Pakistan makes me kick myself for every time I've criticised the healthcare system in the UK. With the right money you can buy the best treatment provided to you by the most experienced and qualified specialists in their field. I've seen first-hand how simply being a paying 'customer' changes everything from the way you're spoken to, to the way you're accommodated during your stay. To say there is a huge divide between the poor and the rich is frankly an understatement. There is no middle class in Pakistan. All I can say is that we are blessed to have the NHS.

Objective 3: Health related objective: Understand and appreciate the psychological impact on patients following amputation and the effects on their ability to integrate within society. Consider the efforts made towards providing psychological support for such patients and try to think how such services may be improved or supported.

Isolation

Dealing with life-changing injuries bares the heaviest toll on people in lower-economic countries who are the sole breadwinner for their families. Often times a household may contain more than one family and yet everyone depends on a single individual to provide an income. Being unable to support your household and provide for their needs can leave many people depressed and undignified. At the Hope Rehabilitation Centre amputees are able to receive prosthetics moulded to their exact fit. To say that this liberates them is an understatement. Watching people become overwhelmed with emotion at the site of their prosthetic is definitely a humbling experience. Puts everything into perspective. I was able to observe patients slowly gain the strength and the physical ability to walk unaided over the weeks that I was there. It felt like a great sense of achievement to see a broken person regain their spirit and liberty to be independent once again. For them that is the difference between living a simple life and just simply living. However, the story is not one of success for all amputees. Many find difficulty to regain independence even with prostheses. For these people counselling services provided at the centre help each individual deal with the trials of depression and guilt that unfortunately follow. Psychological support is an integral part of the rehabilitation process for every amputee. The journey is lonely for many, and having a counsellor to

guide them along is invaluable.

Objective 4: Personal/professional development goals: Use this experience to explore Orthopaedics as a potential career path. Think about how you can use your surgical and medical training in the UK to extend services to populations in socially deprived areas around the world.

Indebted

My experience has taught me many lessons. Most importantly, caring for others is not a task, it is a privilege.