

ELECTIVE (SSC5c) REPORT (1200 words)

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

I spent the first 4 of weeks of my six week elective in the Himalayas in Northern India. I went with a charitable organization named Himalayan Health Exchange (HHE), which is a US-based charity run by an Indian Gentleman who now resides in the United States. The trip was aimed at senior medical students, doctors, nurses and dentists and its aim was to provide primary care and dental services to rural populations in remote villages in Himachal Pradesh, a northern province in India.

The team consisted of 27 health care professionals, the majority of which were final-year medical students and residents, but there were also 2 nurses and 3 dentists on the trip. The team was overseen by two medical officers, who were retired GPs in the United States who often went on such expeditions. Most of the team members came from the US, but there was also a Thai junior doctor and few members from the UK. One of the most enjoyable parts of my elective was definitely the team dynamic, and how much we learnt from each other. It was interesting to see the difference in medical curriculum between the UK and the US, as well as Thailand, and also note the differences in clinical management of patients between healthcare systems.

We travelled to Delhi by air, and took an internal flight to Chandigharr, in the state of Punjab. From there, we took small vehicles with bags packed on the roofs, to Bilaspur, a village 6 hours away. The scenery was vreathtaking, throughout the trip, which made the long treacherous journeys more enjoyable. As we were passing through mountainous terrain, sometimes with poor road conditions, even short distances would take a long time. We spent the first 5 nights setting up camp in a small, rural village named Panjain. We were staying in small 2-person tents with no running water. This meant that toilet facilities were limited to a hole in the ground, and showers were bucket-showers, with water heated over wood-stoves.

The clinic sites changed ever day, and were tent-based. The clinic set up was cleverly set up, with a 9-tent system. Tent 1 was manned by people on the team who spoke hindi, and patients would get a standardized history sheet with their name, age and primary problem. They would then be sent to Tent 2, which was the triage tent. Here, patients' blood pressure, oxygen saturation, pulse and temperature were measured and noted down on their history sheet. From here, they would be sent to the relevant tent number (2-7), which were either general medicine, paediatrics or gynaecology. Tent number 8 was the dentistry tent, where the dentists carried out mainly extractions, and sterilized their equipment over a gas-pit. Once the patients had been seen in the relevant tent, with a translator, they would be directed to the last tent, tent 9, which was the pharmacy tent, where they would pick up their prescriptions.

The main health problems we saw were caused by environmental factors. Pterygium, xerophthalmia and cataracts were very common, and subsequently eye drops, reading glasses and sunglasses were

some of the most prescribed items. Furthermore, early-onset osteoarthritis was very common, as commonly women would have to carry very heavy loads up and down the mountain daily. Unfortunately, in this primary healthcare setting, our treatment options were limited. We would prescribe such patients diclofenac gel or ibuprofen, but only short courses due to limited resources and lack of follow-up abilities.

The lack of follow up was a problem which struck me as troublesome as we proceeded with more clinics. If a patient was found to be hypertensive, we could prescribe them an antihypertensive regime, as we had all the medication. However, as doctors, we were hesitant to prescribe such regimes without being able to monitor effectiveness of the drug or manage any side effects. I therefore feel that it would have been helpful if at every clinic site, we could have a local healthcare official there to whom we could give the patient names and treatment plan so they could be followed up after we had left that site.

The Nepal earthquake disaster also struck not far from where we were holding clinics. A few members of the team ended up going there to provide emergency relief. This led me to think about what is the most efficient way to provide healthcare to remote areas in desperate need of medical attention. I feel projects such as the one I undertook provided basic care to many people, but also had as one of its primary purposes to be an educational experience for the team members. If people are acutely or seriously ill, they will seek medical attention, albeit at great financial expense and a long distance away. This became apparent when patients suffering chronic illnesses came with referral letters and came to see us seeking a second opinion from western doctors. Again, a long-term clinic with local doctors or nurses would be more effective, with western founders visiting such clinics on a regular basis. This would provide more follow-up and a way to monitor if project goals are being achieved.

Apart from normal clinics, we also spent a few days doing well-checks in schools and monasteries. Here, we learnt a lot about the local education system as well as the Buddhist religion and culture. It is normal in the Buddhist culture that a member of the family goes to the monastery. These boys then board at the monastery, and by the time they get to about 16 or 18 years of age, they make a decision about whether they would like to continue life as a monk. Common problems encountered in small monks was tinea corporis and tinea capitis, problems which arise due to cramped living conditions. In schools, often there was a resident nurse, to whom we could pass on information about the ill children, and she would look after them further.

Despite there being a gynaecological tent, we saw remarkable few gynaecology cases. One of the reasons for this may be because in the Indian culture, female or sexual issues aren't freely discussed, and women often 'get on with it'. As I have a particular interest in gynaecology and was expecting to see more, I was a little disappointed about this.

In the evenings, all members of the team took turns to do a short presentation about a topic. These ranged from Dengue fever, shoulder examinations, diabetes in India, Wilderness Medicine, to name but a few. I gave a presentation about the modern history of Tibet and common Health problems in Tibetan refugees. It was interesting to learn about this as I did my research, and have subsequently learnt much about Tibet, Tibetans and their culture.

In the end, we saw 2324 patients in a month. I learnt an incredible amount about indian and Tibetan culture, the buddhist religion and primary care in rural settings. Furthermore, using an interpreter for every consultation was intensive and one had to reflect on the way one spoke, making sure it was easy for the interpreter to understand my English and avoiding jargon. I was given ample opportunity to practice my clinical skills, as we had no laboratory tests or imaging available. For example, I diagnosed a likely lung cancer in a 62 year-old cachexic-looking carpenter, who complained of a non-productive cough. On further questioning, he had no appetite, weighed 42kg and was a lifelong smoker. On examination, he had audible ronchi and a wheeze in the lower left lung base, and palpable cervical lymph nodes. Such cases reminded me of the lack of public health awareness still present, as well as making me feel I had been of real use, after prescribing so many reading glasses and painkillers providing temporary relief of an underlying problem.

In summary, I thoroughly enjoyed this part of my elective. I met wonderful people who introduced me to the way medicine is practiced around the world. It also gave me my first taste of expedition medicine, something I aspire to pursue in the future. The Himalayan scenery was breathtaking, and I cannot think of a more wonderful way to spend a month of my medical elective.