

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

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

**Objective one:** From my clinical experience the most common presentations were refractory errors and cataracts. Other presentations included diabetic retinopathy, glaucoma and macular degeneration. However, this is not reflective of all the presentations my Trust must be dealing with throughout the year as fewer patients present themselves in the summer months. Furthermore, the organisation is a charitable trust, which differs to the many other organisations that are available to patients. As a result only a fraction of the population may choose to go to a charitable trust. Obviously, the main aim of all these organisations is to reduce visual impairment and blindness amongst the community.

It is difficult to assess how these presentations vary compared to the other states of India with my narrow exposure, however it would be fair to say that visual impairment due to the above must be prevalent across all of India. A research article looking at visual impairment in Andhra Pradesh, rapid assessment of visual impairment, showed that refractive errors were the leading cause of visual impairment (47.6%) in just under eight thousand subjects followed by cataracts (43.7%). Combined they contributed over ninety percent of visual impairment in the state. [1] Similarly, a population based study looking at visual impairment in the state of Rajasthan concluded that the leading causes were cataracts and refractory errors. This evidently reinforces that all of the Indian states are dealing with the same conditions when it comes to blindness and visual impairment. Risk factors that have been associated with blindness are increasing age, rural residence, illiteracy and female gender. [2]

**Objective two:** The Indian health system differs to the national health service back in the United Kingdom which is uniform in its approach. In India, there are private hospitals, public hospitals and charitable organisations. My Trust, Shri Jalaram Janseva Trust, is a charitable organisation run by donations from the public. Its aim is for the welfare of those who have poor access to the private and government hospitals. The Trust works almost like a walk in centre and you are given specialist care. This gives it an edge over government hospitals where there are far more patients with long waiting hours.

As mentioned above, visual impairment is more likely in rural areas and in those who lack schooling. Shri Jalaram Janseva Trust is located in an upcoming village, Dharmaj, where the locals are predominantly farmers. This places it in an ideal spot to reach out to the locals who lack health awareness. However, patients from other towns and villages also travel down to the hospital as the Trust has made a reputable awareness through word of mouth. The organisation also carries out camp sites in rural areas where locals are invited for free eye check ups to screen for and detect causes of blindness and visual impairment. Any other concerns can also be addressed or the patient can be redirected to the main hospital site for further investigations/treatment.

One weakness of this system is the lack of continuity of care. The patient may be treated for conjunctivitis at a government hospital and may decide to get follow up at the Jalaram Janseva Trust for example. Most of these patients don't carry their history notes and this places the Doctor in care in a difficult position as to whether recommence the same treatment or start another. This leads to a waste of resources as well as delaying management for the patient. The contrary argument is that the

patient is seen much quicker than a patient of the NHS and their presentation can be dealt with without the hassle of waiting for investigations.

**Objective three:** India is one of the first countries to launch a national program to control blindness. This was commenced in 1975. The state of Gujarat decided to initiate the program three years later in 1978. The state has adopted Vision 2020 and has committed itself to reducing blindness. [3] The state has set many objectives in its aim to reduce unnecessary blindness. Some of these include:

- 1) Reducing prevalence of blindness from 0.9 to 0.3 by the year 2020.
- 2) Increasing quality of care for patients including accessibility for every person of the community.
- 3) To maintain a cataract surgical rate of above one thousand three hundred per one hundred thousand of the population. [3]

On ground level, these are carried out predominantly through raising awareness of conditions that may be responsible for visual impairment such as cataracts. The Jalaram Janseva Trust carries out weekly camps where locals are invited for examinations and referred on to the main site. Other organisations have raised awareness in the community regarding their services and provide them free of charge as a means to gain public interest. Such organisations receive funding through the state government as long as they meet the government targets. In the state as a whole the set target in the year 2008-09 was seven hundred thousand cataract surgeries. The actual number performed was just over the state target. Comparing this to the year 2012-13 the state level target halved but the actual number of surgeries performed continued to increase marginally year on year. [3] These numbers highlight that though state level targets have dropped, the number of patients being picked up on ground level and being treated for cataracts is increasing. In the process, patients who have other eye related symptoms are also picked up and managed. Likewise other states have also adopted similar means to reduce visual impairment.

**Objective four:** The population in the state of Gujarat predominantly speak Gujarati and Hindi. Gujarati being my first language and Hindi being my third, I felt communication will not be an issue as my fluency in both has been above average. However, I didn't take into consideration people from across the state may be visiting the clinics all with various different backgrounds and accents, some of which have proven to be quite difficult to understand. Furthermore, I do not read and write in these languages so I am always looking for key English words to decode the messages. Patients describe their symptoms in words I haven't even heard of before, impairing my thought process. For example, the word retina has been described by patients as "curtain" in Gujarati. It is only when I asked staff members that they were able to explain its meaning. However, at times even the staff struggled in translating the Indian words. Despite the language hurdles, I feel with time I would be able to overcome this issue if I were to revisit the state again.

#### References:

Srinivas et al (2013) 'Visual Impairment in the South Indian State of Andhra Pradesh: Andhra Pradesh - Rapid Assessment of Visual Impairment (AP-RAVI) Project', PLOS One, 8(7) [Online]. Available at: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0070120#s1> (Accessed: 8th May 2015).

**Murthy, GV et al (2001) 'A population-based eye survey of older adults in a rural district of Rajasthan: I. Central vision impairment, blindness, and cataract surgery', *Ophthalmology*, 104(8), pp. 679-85 [Online]. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/11297483> (Accessed: 8th May 2015).**

**National Health Mission. (2015). Gujarat Government. Available: <http://www.nrhm.gujarat.gov.in/> Last accessed 10th May 2015.**