

ELECTIVE (SSC5c) REPORT (1200 words)

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

1. What are the most prevalent medical conditions in India, and how does this compare to the UK?

I carried out my elective in Mumbai at a private hospital called Dr L H Hiranandani Hospital. This is a tertiary hospital which not only provides medical care but also provides physiotherapy, dental and optical care to its patients. Dr L H Hiranandani hospital is proud to have expanded from a 130 bed hospital to a 240 bed hospital within a 7 year time frame.

Due to its comprehensive medical services this hospital receives a lot of diverse and difficult cases. Here I witnessed many cases of infectious diseases such as dengue fever and tuberculosis which ranged from mild to severe cases. The most severe case of tuberculosis I saw being treated was in the outpatient department where a patient was experiencing focal neurological symptoms due to the disease. I also had the opportunity to attend a cardiology outpatient clinic where it was evident that coronary heart disease and diabetes is highly prevalent within this city, with many patients suffering from cardiovascular risk factors mainly due to diet.

Within the UK itself, tuberculosis is not the most prevalent condition. However, in East London there is a higher incidence of tuberculosis due to the diverse ethnic population in this area and due to the high immigrant population. On the other hand coronary heart disease and diabetes is highly prevalent within the UK and are becoming the biggest causes of death. This is similar to India as it is due to cardiovascular risk factors contributing to this, mainly being a poor diet, lack of exercise and smoking.

2. How are the medical services delivered in Mumbai and how does this compare to the UK?

There are many differences and similarities in the way healthcare is provided in India and in the UK. Many of the clinical procedures, equipment that is utilised and clinics are similar in both of the countries. There is also great emphasis on infection control and handwashing within India.

However the differences between India and the UK are in the provision of healthcare. In the UK the healthcare system is funded by the government and therefore is free for all. There are also some private hospitals that are available to those wishing to pay. However in India the healthcare is mainly provided through the private sector which makes up almost 85% of India's healthcare. There are also some government and semi-private hospitals, although from speaking to doctors in India these hospitals do not provide the same quality of healthcare and do not promote a great emphasis on infection control.

Dr L H Hiranandani hospital is a private hospital where patients pay for their healthcare services. At this hospital there were many similarities in the manner healthcare is provided to patients, from good communication skills to clinical procedures. At this hospital tuberculosis is treated with rifampicin, isoniazide for the first 4 months with an addition of pyrazinamide and ethambutol for a further 2 months. Therefore it is evident that tuberculosis is treated in the same manner as it is in the UK. Although, despite being a private hospital there was an issue with follow up and complying with the medication for the entire treatment period. I had witnessed this first hand in clinics and also been informed about this by doctors working within the hospital. It is thought that this is mainly due to the

side effects of the medications. Due to this drug resistant tuberculosis is still a rising concern in this country.

3. Describe public healthcare measures or screening programmes that have been put in place to reduce the prevalence of a predominant medical condition that has high rates of hospital admission in Mumbai.

Mumbai has been seeing high rates of coronary heart disease, mainly due to cardiovascular risk factors increasing in this city. There have been some public healthcare measures that have been put in to play in order to reduce these cardiovascular risk factors within the population. Within parks they have build metal exercise machines for the public to use for free, having spoken to some of the doctors at the hospital, this has been beneficial for those wanting to lose weight and be healthy but not for the majority of the population. Additionally there is the revised national TB control programme which incorporates the direct observation treatment short course strategy (DOTS) recommended by WHO. This programme provides universal access to quality treatment for all those patients diagnosed with TB in India. This programme aims for early detection of TB, screening of all those patients previously treated and to successfully treat all those with the disease. In order to reach these goals, this programme will use rapid diagnostics in order to diagnose TB and drug resistant TB, expanding services for treating drug resistant TB, exapanding services for strengthening urban TB control and by improving the quality of the DOTS service.

4. To gain an appreciation and overcome communication barriers and differing cultural values, which would enable me to develop as a healthcare professional and be able to bring back experiences and incorporate into my future career with patients.

The time I spent at Dr L H hiranandani hospital was thoroughly enjoyable, eye opening and overall an experience that I will never forget. During my time in the clinics I had the opportunity to clerk many patients which allowed me to practice and build on my history taking skills and communciation skills. Most of the patients that attended the clinics spoke english very well, although some patients did not speak english but spoke in hindi. I was able to communicate with these patients in Hindi which allowed me to overcome the language barrier. There were some words that I did struggle with, however the doctor sitting in during the clerking helped me overcome this. Although I am indian myself, I have learnt that it is important to overcome language barriers and be sensitive about different cultures values regardless of their background. For example in the UK I have many married women at outpatient clinics on their own, however in India all the married women would be accompanied by their husbands and these women were not asked if they would like a private consultation in order to maintain confidentiality. I did ask one of the women if they were comfortable having their husband there whilst I took a history and she looked confused. From this I realised that it seemed to be the norm within the culture to have the husband there with them.

Overall I learnt many skills during my time in India, for example by shadowing junior doctors I learnt to prioritise tasks, which I believe will be a useful skill to have for my future as a foundation doctor. I had the opportunity to build on my communication, history taking skills, and ways to overcome language barriers, which again will be vital as a foundation year doctor.

In conclusion I had a highly enjoyable elective in India, where I have had the opportunity to witness diseases that I may not come across as often in the UK, and have also developed many skills.