

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

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

### **An elective in India: Dr L H Hiranandani Hospital**

#### **1) What are the prevalent medical conditions in India (Mumbai) and how do they differ to the UK?**

My medical elective was carried out at Dr L H Hiranandani Hospital based in Powai, Mumbai. It is the first superspecialty hospital in the area and is very modernised. It deals with quite a few difficult medical cases and is known to be one of the most esteemed hospitals in India. Worldwide, cardiovascular disease is the most common cause of death. This is no different in India as I saw during my time in the hospital. In India, cardiovascular disease, in particular, ischaemic heart disease, places a huge burden on the health of the population and the provision of healthcare services. Roughly 25% of deaths in India are due to cardiovascular disease. It has also been estimated that within the next 10 years, cardiovascular disease will be the main cause of death in approximately 50% of people. Compared to the UK, cardiovascular disease is more common in India and is now occurring in a younger population. This is mainly due to the lack of education surrounding cardiovascular risk factors. As well as experiencing many cardiology cases, there were many cases of tuberculosis, with a few severe cases such as TB brain abscesses and Potts disease. I also came across some patients who had Dengue fever. The infectious diseases named above are less common in the UK as a whole. However, due to studying at a university based in East London and coming across a diverse range of patients in my clinical years; I have seen many cases of tuberculosis amongst the residents of Whitechapel and those who have recently travelled from Africa and India.

#### **2) How are the medical services organised and delivered in Mumbai? How does it differ from the UK?**

Having been established 7 years ago, Dr L H Hiranandani Hospital is a private hospital which has grown from a 130 bed hospital to a respectable 240 bed facility. It is now home to some of the leading specialists in the world as well as being a multi-specialty tertiary care hospital. Some of their newly developed specialty programmes include: advanced cancer care, centre for advanced dental surgery, physical rehabilitation and sports medicine centre, ophthalmology centre and executive health check.

The management plan for the infectious diseases that I experienced is the exact same as how they are usually managed in the UK. Patients with a diagnosis of tuberculosis are given a regime of four drugs to take for six months. Rifampicin and isoniazid are both taken for six months whereas pyrazinamide and ethambutol need to be taken for the first two months. However, after observations in clinics and consultations at the hospital, I noticed that the follow up procedure for tuberculosis patients is not as regulated in India as it is in the UK. A large number of patients stop taking the course of the medications due to the many side-effects as well as the lack of understanding of the treatment. Due to this reason, drug resistance is also rising in India in comparison to the UK.

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

India has one of the highest incidences of tuberculosis in the world. It is estimated that around 300,000 Indians die of TB each year. The majority of sufferers have latent TB instead of active TB. In May 2012, TB became a notifiable disease in India. 'The Revised National TB Control Programme' was initially started in India in 1997 with the objectives of the programme being to 'achieve a TB treatment success rate of at least 85% in new sputum positive patients' and to 'achieve detection of at least 70% of the new sputum positive people within the community'. In 2010, 'the programme achieved a treatment success rate of 88% and a case detection rate above 70% within the community'. After these results were found, the aims and objectives were further revised in 2010 to focus on universal access to a diagnosis and treatment for all TB patients in India. The revised aims are to 'achieve early detection along with treatment of at least 90% of TB cases within the community, initial screening of previously treated smear positive TB patients for drug resistant TB and provision of treatment for drug resistant TB, the offer of HIV testing, counselling, care and support for all TB patients'. Activities carried out to 'achieve these targets include using rapid diagnostics for the diagnosis of TB and drug resistant TB, expanding services to manage multi drug resistant TB and improving the quality of basic DOTS' (directly observed treatment short course) services. (1)

4) To overcome the language barriers and communication difficulties that I will experience in a foreign country and to incorporate these skills in my future experiences with patients. On my return from India, I will reflect upon how my experiences in India have helped me to develop as a health care professional and use it to improve my skills as a foundation year doctor.

Having never been to India, I was keen to be able to carry out a 6 week elective placement where I could not only experience medicine in a completely new country but to also experience the culture. I wanted to observe how patient management and treatment differs from the hospitals in London. The location was alluring and I had heard great things about Mumbai. It was interesting to compare healthcare services in a developing country. It was quite an eye opening experience. The doctors at this hospital work extremely hard, including the house officers. They are very up to date with their medical knowledge and clinical skills, however, after observing their patient skills I felt that there was a huge difference from how doctors are in the UK compared to the doctors in India. They were more concerned with treating the disease rather than the patient. Often at ward rounds, the history and management of a patients condition would be discussed by the doctors in front of them but the patient would have no input and would not be included in the conversation whatsoever. This elective really opened up my eyes to how medicine can vary according to where we are placed in the world and I hope to be able to experience much more in the future.

#### References:

(1) TB in India | RNTCP, TB care & drug resistant TB. (n.d.). Retrieved May 1, 2015, from <http://www.tbfacts.org/tb-india.html>