

ELECTIVE REPORT

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OBJECTIVES

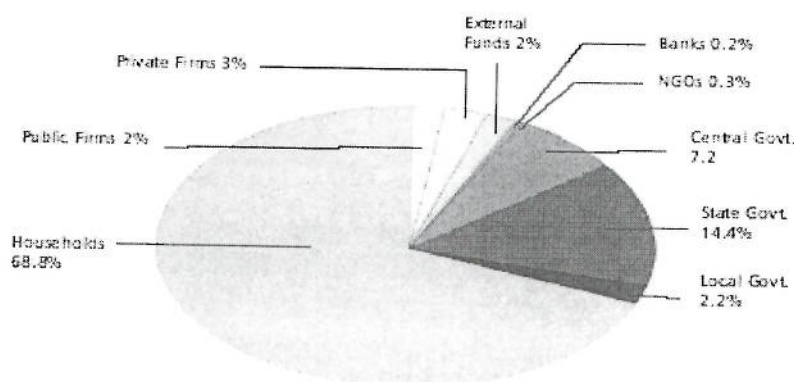
1. What are the common medical conditions amongst the general population in New Delhi? How does this compare to the UK?
2. What is the provision of Healthcare Services like in India?
3. Broaden my knowledge about tropical disease in India!
4. To become more proficient and confident with my skills!

With regards to the prevalence of chronic diseases, I learnt that there are a lot of similarities between the UK and Indian (Urban) population. For example, taking Coronary Diseases into the spotlight, a recent study in Delhi showed that since 1960 there has been a ten-fold increase in the number of people suffering from coronary diseases, also in 1960 about 6.2% of the population had high blood pressure, and now in 2011, more than 30% of the population suffer from this affliction. It has also been predicted by the WHO that by 2015, as opposed to Infection being the number one killer in India, Coronary Disease will be. I was astonished to see a significant number of patients in their mid-20's suffering from hypertension. There has also been a dramatic rise in the incidence of Diabetes, and its associated complications of the eyes, kidneys etc. Doctors attribute this rise to an increase in the number of genetically predisposed people as well as lifestyle changes that are detrimental to overall health. Another complaint which I found to be very predominant was that of persistent Back Pain – though in many of these cases the patients produced perfectly normal spinal x-rays. In New Delhi, demanding careers and sedentary lifestyles have been blamed for further fanning the spread of the diseases discussed above. Asthma and Tuberculosis – approximately 10% of New Delhi's population suffers from a respiratory tract problem, and of them asthma tops the list. The high levels of environmental pollution, vehicle emission, sulphur dioxide and pollen in the air accounts for this.

In India, the public, private and voluntary health sectors together contribute towards the provision of healthcare. All 3 sectors play a significant role in influencing the health status of the Indian population.

Government hospitals in India, some of which are among the best nationally, provide treatment at taxpayer expense (therefore free or at minimal charges), and most essential drugs are offered free of charge in these hospitals. In hospital treatments costs depend on the financial condition of the patients and the facilities utilized by him, but they are usually much less than the private sector. The cost for these subsidies comes from annual allocations from the central and state governments. It is estimated that of the total health expenditure in India, the Government Delivery System (which is mostly along the lines of the NHS) shares 30% or less. What makes up the remaining 70% is highlighted by the pie chart below.

Share of entities in total health spending during 2001-02



Total spending: Rs 108,732 crore out of a GDP of Rs 22,71,084

Though in the last 50 years, the life expectancy in India has almost doubled, the healthcare system (with regards to availability of healthcare professionals, hospital beds, chemists and medicines) is heavily skewed in favour of the urban over the rural areas of India. Despite an elaborate health care delivery structure built by the Government, the poor still spend a disproportionate amount of their incomes on healthcare. I was very intrigued to learn about the fact that India faces a historical burden of unqualified, self-styled healthcare professionals with little or no formal training. They go by several names such as hakims, vaidyas etc. They are known to treat a variety of medical conditions ranging from fever to pregnancy related ailments, and they tend to operate from a one room clinic situated in their houses, stocked with medicines from over the counter drugs to antibiotics and steroids. Though these informal providers are usually the first point of call for the poor, mostly in rural areas, and they are preferred because of their easy accessibility and low cost. On the other hand, India's healthcare system also includes entities that meet or exceed international quality standards, thus giving rise to the medical tourism business in India.

Tropical diseases are largely prevalent in India. In fact in 2008, they had become a true threat to tourism in India. Post the August Monsoon rains in 2008; stagnant and filthy pools of water were left in many towns and cities, thus creating scores of new cases of mosquito-borne disease, especially dengue.

It is common knowledge that Malaria is a major public health problem in India accounting for sizeable morbidity, mortality and economic loss – around 1.5 million confirmed cases are reportedly annually. The modalities that have been adopted by India to contain the disease include preventive measures, early diagnosis and complete treatment, though national policy has been revised recently, in view of widespread chloroquine resistance in *Plasmodium falciparum* infection.

A recent report from the WHO highlighted that India remains the epicentre of Neglected Tropical Diseases such as hookworm infection, lymphatic filariasis and visceral leishmaniasis. It was estimated that there are currently 70 million cases of hookworm infection. This issue is considered to be of great concern, as it is believed that childhood infection reducing future wage earning by 40%. It was noted that the 2 main reasons that the presence of these debilitating diseases go unnoticed were: Firstly, they cause silent suffering; they do not kill but cause high morbidity and economic loss and Secondly, those affected or at risk generally have "little political voice" (i.e. those in remote rural areas, urban slums and shantytowns.) India has undertaken national efforts to reduce the impact of leishmaniasis and filariasis, though hookworm infection is too widespread to even consider elimination at this point, hence a vaccine would need to be put into practice.

Overall my experience was wonderful. I feel that I almost definitely fulfilled my objective and desire to become more proficient and confident with the clinical procedures that I have been trained in. I was part of a friendly team that implemented a very professional code of conduct, and thus I was happy and able to learn a lot. I was amongst some very highly acclaimed doctors and was working with state of the art equipment so I felt very privileged. Being fluent in Hindi I was also able to communicate with majority of the patients and form good rapport. It was interesting

to see how people in India perceive their healthcare, and on many occasions I was very happy to come across patients who were very aware, educated and completely engrossed in achieving optimal health for themselves. The entire working environment was amazing. I genuinely felt that the hospital was providing high quality care alongside its motto of "Will to Serve. Skill to Cure." I was most impressed by the way the staff made the healthcare very much "patient-centred" like in the UK. There was a tremendous degree of compassion and respect given to all people with a high level of patient satisfaction.

The Asian Institute of Medical Sciences is a 350-bedded multi-speciality tertiary care hospital. The institute offers state-of-the-art facilities in Orthopaedics, General Surgery, Nephrology, Endocrinology, Gastroenterology, General Medicine, Gynaecology, Pediatrics, Laboratory Medicine, Neurology, Ophthalmology, Radiology, Respiratory Medicine, Urology among other specialities providing preventive, diagnostic, therapeutic, rehabilitative, palliative and support services.