

## Elective Report

For my elective I went to the state of Punjab in northern India where I was placed in an Eye hospital. This was situated in a town called Dhuri. This hospital specifically dealt with eye diseases which were treated using various procedures such as cataracts, glaucoma repairs and laser surgery. I was interested in finding how the hospital managed patients and what schemes were available to the patients. It was also an opportunity to see how people in Punjab view eye health and see their perception. Before the start of the elective one of our aims was to see the comparisons between the level of care provided between the developed and developing world in the context of Ophthalmology. I had done an ophthalmology placement in London therefore I was interested to see how this experience would compare to that placement. I wanted to see if there was a difference in the prevalence of eye diseases between northern India and the UK.

During my time at the eye hospital we had to sit and observe consultations between the doctor and patient during the clinics. I also had the opportunity to talk to the patient whenever possible and further explored their ideas and concerns about their care. In addition to the consultation I observed the procedures which the doctors performed. I found that this was an interesting experience as it provided a unique insight into how consultations are handled and the differences between that and the UK as well as the different procedures. I found that the doctors were empathic and understanding of the patient's ideas and concerns. The doctors were also able to clearly explain to the patient their conditions and how the team were going to treat them. The common eye conditions that were seen in the hospital included corneal, macular degeneration, retinopathies, and glaucoma's as well as refractive errors. These conditions are also seen in the UK. The hospital had access to most of the equipment as in the UK which helps in investigating the eye. This included Slit Lamps, ophthalmoscopes and USG A scans. These conditions were handled using different surgical procedures. For example with cataracts the surgery used involved using a Phaco emulsification technique in which ultrasound energy is used to break down the lens with the cataract and the contents are then sucked out. This does not require stitching, injection of an anaesthetic agent (only in drop form) or patches. This greatly reduces the patients stay in hospital and provides a greater turnover of patients. This technique is also used in the UK. Other surgical procedures included removal of the glaucoma whereby a hole is made into the eye and drains excess fluid from the eye ball and helps relieve the pressure and stopping the glaucoma. Another type of surgery that was seen in the hospital included correction of a squint where the muscles of the eye were strengthened or weakened to help correct the squint.

What was evident during my time at the hospital was the use of health promotion for eye health. When discussing with the doctors about the use they stressed to us the scale of eye disease in the India and the developing world. There are currently around 15 million people living in India who are blind in which 2 million of them are children. What was pertinent to me was that although serious eye diseases are prevalent in the UK, people see the doctors earlier and get treated more quickly. Whereas in India some people may delay seeking help and let their condition deteriorate. Usually this would be due to lack of awareness of the seriousness of their condition. Other reasons could include being malnourished as sections of the population are. Due to the huge impact that blindness can have on a patient's quality life there are larger social implications for the family and community in having to support these people. In the case of India many receive very little support and help due

to economic and social barriers. There are efforts now in place in India to help try and tackle this problem through various education programmes and health promotion activities. These include things like leaflets, posters and advertisements which were seen in around the hospital and clinics. These all help explain the importance of maintaining good eye health and methods for preventing eye disease. This included things like having a good intake of vitamin A to prevent night blindness, using goggles in protecting the eyes when doing hazardous activities. This also encouraged patients to have their eyes regularly checked for diseases like glaucoma's and cataracts. Education programmes have been set up in schools and in the community to help educate children and adults about the importance of having good eye care. This is usually done by either doctors or nurses who come and talk to the community about how to maintain good eye health. These also include charities which have been setup in India to help raise money to provide care to people with eye disease who have very little access to health care. This strategy can be seen throughout India where the program tries to reach to the poorest and most vulnerable.

So at the end of my elective I was able to gain an insight into how eye health is managed in the developing world. I was able to see the different surgical and medical treatments available in Punjab and what efforts are being done in the prevention of eye diseases. What I found that the level care provided in the hospital (and in Punjab in general) was very good and that the practices and surgical procedures being performed were comparable to that in the UK. The main challenge facing the Indian government is making sure that this level of healthcare is accessible to the whole population and not only to those who are able to afford it. Although there have been improvements in prevalence of eye diseases in India there is room for further improvement in making sure the whole population have access to good eye health. This will involve breaking both the economic and social barriers to ensure all people receive good healthcare in the future. Education to the population about eye health will also be crucial in reducing the prevalence of eye disease in India.

## References:

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