

## ELECTIVE ASSESSMENT REPORT

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Elective Location: Thalassery, Kerala, India.

### Objectives:

- 1) How is the healthcare system in Kerala organised?
- 2) What are the common conditions in the general population in Kerala (Thalassery)?
- 3) Improve clinical knowledge, build on clinical skills and gain further understanding of the management of common conditions
- 4) What effect do social and cultural factors have on healthcare in this specific part of Kerala
- 5) Explore the culture in Kerala

For the duration of my elective period I and my fellow classmate had spent the five weeks in Thalassery. Thalassery is a small town in the Kerala, one of the poorer states in India. Thalassery has an approximate population of about 100,000 people. I had chosen to carry out my elective here as Kerala as an international renowned healthcare system and I wanted to visit a country where I would see tropical diseases.

The majority of the population in Kerala speak Malayalam, and the higher class who were well educated spoke English. I had the opportunity to try and learn a new language and to overcome the problem of seeing patients who spoke a different language.

### How is the healthcare system in Kerala organised?

Similarly to the healthcare system in the UK Kerala has organised its healthcare system into primary, secondary and tertiary healthcare.

Primary healthcare in Kerala deals with public health promotion and prevention of diseases such as swine flu, dengue fever, chickungunia and water-borne diseases that are prevalent during the monsoon seasons. They are also heavily invested in primary healthcare programmes such as prevention of malaria, leprosy, mental health and immunisations. Secondary health care in Kerala deals with early diagnosis and treatment of medical conditions and tertiary care deals with specialist care.

The lowest level of healthcare in Kerala is the subcentres. These are run by junior health inspectors (trained nurses) and provide immunisations, contraception and nutritional supplementation for infants. They are found in the villages. The next level of care is the primary health centre. These centres serve a Panchayat in the rural areas. They provide outpatient care, immunisations, contraceptives and pre-monsoon education. A community health centre is the next level of care. This health centre is run by a doctor. They run like polyclinics.

There are three types of hospitals: Taluk, District and Medical College Hospital. The taluk hospital is the smallest of the three and serves a smaller area within a district. A district hospital serves the population living in a district, the medical college hospitals are usually tertiary hospitals. They have better resources than the other hospitals.

The most important difference in Kerala's healthcare system is that there are no general practitioners. If a patient falls ill the first port of call will be the emergency department or a specialist. In both the government and private hospitals patients have direct access to the doctor of their choice. The waiting times and lists are much fewer than those in the UK.

In Kerala Ayurvedic and Homeopathic Medicine exists alongside modern medicine. There are departments within the hospital where there are ayurvedic doctors. It is the patient's choice if they wish to seek the aid of an ayurvedic doctor or a medical doctor to relieve their symptoms.

Tely Medical Centre is a small private medical hospital in Thalassery. One of our supervisors was a retired superintendant of the district government hospital of Thalassery. We were able to work in both the private and government sector in Kerala and were able to see what the infrastructure of the healthcare system in Kerala was.

#### **What are the common conditions in Kerala?**

I had spent time at the general medicine, general surgery, paediatrics and rheumatology departments at Tely Medical Centre.

During my first week we had spent time in the Rehabilitation Medicine department at Tely Medical centre. The multidisciplinary team working in this department consisted of the consultant physiatrist (rheumatologist), chartered physiotherapist and specialist nurse practitioner.

The consultant physiatrist used to work as the superintendent of a district general hospital in the city of Trivandrum in Kerala. I sat in during the consultations in the clinic and had a chance to take histories and examine the patients. The common rheumatological conditions that patients presented with to the clinic were: rheumatoid arthritis, osteoarthritis, and mechanical back pain and nerve injuries. The prevalence of these conditions was very similar to the prevalence in the UK but the management of these conditions was what differed. The rehabilitation department used physical modalities such as deep heat using paraffin wax, ultrasound and ultra-red light therapy for relieving symptoms of pain and discomfort. I was quite surprised to see the use of such modalities in the management of these common conditions as they do not exist in the UK.

The surgical department consisted of two general surgeons. It was the busiest department in the hospital. The surgeon saw on average around 50-60 patients during his morning outpatients clinic. I had the opportunity to sit in during his clinics and examine the patients. General surgeons in India saw a wider range of conditions than the surgeons in the UK. I had examined patients who had complaints about neck lumps, breast pain, stomach pain and swollen legs. The most common complaint patients presented with were of abdominal pain. The common surgical procedures that were carried out in this department were hernia repairs and lump removals. Investigations such as gastroscopy and colonoscopy were carried out in the theatre department itself. The general surgeon would carry these

out in-between surgeries. The main difference in the surgical department was the health and safety requirements we have in the theatres in the UK and also the number of theatre staff.

Paediatrics is one of the specialties I have an interest in and I wanted to spend time shadowing the consultant in this department. The paediatrics department consisted of outpatient clinics, paediatrics ward and the neonatal intensive care unit. I had the opportunity to examine babies with three different conditions in the neonatal intensive care unit. The common cases dealt with in the NICU are neonatal jaundice. The common conditions children had presented with to the outpatients were: upper respiratory tract infections and diarrhoea. Many parents had brought their children for vaccinations from the hospital as well. The immunisation schedule for children in India was very similar to the one in the UK but it had a few additional vaccinations such as Hepatitis A and Hepatitis B.

The most prevalent conditions in the general medical department were conditions such as cirrhosis, diabetes and ischaemic heart disease. The doctors had stated that there was an increase in diseases caused by a sedentary lifestyle as many people were now having jobs which required less physical strain and were not exercising and eating healthily.

#### **What effect do social and cultural factors have on healthcare in this specific part of Kerala?**

A person's economic state is one of the most important social factors that influences the way in which that person approaches healthcare. One of the advantages of Kerala's healthcare system is that the patient has very easy and direct access to specialist care 24/7 in the private sector. There is no need for referrals or any waiting time. The fees for a consultation by a private physician are relatively cheap compared to the fees of private doctors in the UK. Around fifty percent of the population in Kerala seek private medical aid. The other half of the population seeks medical aid from the government sector. The government hospitals can be very crowded and do not have all the resources that a private hospital will have. After visiting government hospitals and centres in Kerala it was clear that sanitation was another issue that needed to be dealt with.

Another important factor that influences healthcare is the patient's belief in ayurvedic medicine. There may be some patients who do not believe in modern medicine and will only consult an ayurvedic consultant.

Overall the elective was an enlightening experience visiting the various health centres in Kerala and working with the team at Tely Medical Centre. I was able to learn the advantages and disadvantages of the healthcare in Kerala and I had experienced their wonderful culture.