

I carried out my elective at Banarsidas Chandiwala Institute of Medical Sciences, a centre for diabetes and lifestyle diseases, in Kalkaji, Delhi. Diabetes is extremely prevalent in India; according to estimates by the World Health Organisation, there are over 50 million people in India suffering from the condition and this figure is likely to jump exponentially in the next 20 years. Over the course of the elective, I shadowed doctors within three different departments: diabetes clinic, ophthalmology and general polyclinics.

- 1) To gain an understanding of differing healthcare systems between India and the UK
- 2) Management of diabetes in the community

I gained a vast understanding of how diabetes is managed in the community within the area that this hospital was in, Kalkaji, New Delhi. Given the magnitude of the condition and the seriousness of diabetic complications that may arise, prevention and comprehensive management of the disease is essential.

Patients are requested to attend the clinic for an appointment if they suffer from any of the commonly observed symptoms associated with a diagnosis of diabetes, including excessive hunger, frequent urination and infections, excessive thirst and weight loss or tiredness. They are also advised to attend for frequent checkups if there is a family history of diabetes or they are obese.

The diabetes evaluation and management programme consists of frequent appointments, along with certain investigations to assess the status of various organs. Patients are requested to book an appointment one day in advance and come in for a fasting glucose test. At this time, blood and urine samples are taken along with anthropometric measurements to investigate the health of the patient. This is followed by an ultrasound scan. Patients are offered complimentary breakfast after their initial tests.

Following the history and examination, more tests are needed to evaluate the status of the individual, including an ECG, chest x-ray, as well as ankle brachial pressure investigations. These are carried out to look closer at the activity of the heart for any arrhythmias or abnormal conduction defects and the x-ray enables the clinician to detect any possible chest infections. Many other members of the multi-disciplinary team are also incorporated into the patient's care, for example, the dentists and ophthalmologists, with whom I sat in for three days. This is slightly different to how diabetes is managed in the UK, where patients tend to visit dentists independently. A diabetes counsellor is also involved, who's role is to educate the patient about the ins and outs of their condition and the best possible ways to manage it. They emphasise the need for exercise and this is individualised to the patient's needs, for example, an elderly patient will be advised to carry out lighter intensity training than a younger healthier individual. Another member of the team is the dietician, who works alongside the patient and draws up a specific nutrition plan, taking into account the patient's lifestyle.

If consultations are required from any other doctors or specialists, patients have to pay for this secondary referral service. All subsequent visits have to be paid for too and this is different from what I have experienced in the UK, as patients receive their care for diabetes free of charge within the NHS.

I noticed that many patients attended the clinic with advanced presentations of diabetes and in this case, it is more difficult to manage these individuals, as they have presented with some form of end organ damage.

3) To improve my medical knowledge with advanced presentations of diseases

I felt that over the course of this elective, my knowledge of diabetes and the differing ways in which it can present improved significantly. As well as looking out for common symptoms, such as excessive thirst, frequent urination and tiredness, I learn that diabetes can commonly present in other ways. These include heart attacks and impotence, whereby the underlying condition is shown up after a variety of tests are carried out to investigate the health of the patient.

I saw patients with evidence of end organ damage caused by their diabetes, who presented a lot later than they should have. These were the common long term complications associated with diabetes, such as ischemic heart disease, neuropathy and renal disease. This reiterated the importance of having this condition diagnosed as early as possible to prevent the onset of these complications. Sadly however, a large number of patients do not see a doctor soon enough and by the time they do, a lot of damage has already been done, making it more difficult to manage their condition.

In summary, I felt that this elective consolidated my knowledge with regards to diabetes and the different ways in which it presents and can be managed. There were many aspects that were similar to the healthcare system that I have experienced in the UK, such as the initial investigations carried out and the several members of the multi-disciplinary team involved in the patients care. However, there were some differences, such as the fact that patients have to pay for subsequent consultations and secondary referrals.