

**MOHAMAD KAMARIZAN**

**Barts and the London, School of Medicine and Dentistry, Queen Mary,  
University of London**

### **Elective Report : Bangalore Baptist Hospital**

#### **Objectives**

- 1. To appreciate the differences and challenges faced in medical and surgical practices in a developing country, and the factors contributing to it.**
- 2. To reflect on the elective's experience, and how it contributes to personal self- development.**

My observership under the surgical department in Bangalore Baptist Hospital has provided me with the opportunity to appreciate and understand how medicine, in general, and surgery, in particular are practised in developing countries such as in India. I've followed ward rounds, attended surgical out-patient clinics, observed surgeries, and took histories and performed clinical examinations on patients on the wards. The department crosses broad surgical specialties including general surgery, neurosurgery, and vascular surgery.

In contrast to western medical and surgical practices, much emphasized is given to the history and examination findings in diagnosing patients rather than clinical investigations. Given the limited conditions, investigations and procedures covered by insurances that the patients can afford, the surgeons here have to find the right balance in providing best treatments which are cost effective. This provides the incentive for surgeons and physicians alike to put more weightage on their histories and clinical examinations. With the rapid technological development of medical and surgical investigations and equipment, physicians and surgeons have taken for granted the importance of a good history taking and clinical examination; a trend unfortunately observed among many western practices. It is of my strong opinion that clinical investigations are guided by the findings in the history and clinical examination, and not the opposite. It is not to deny the diagnostic value clinical investigations bring to the diagnostic process, but to expose patients to numerous tests which bring much risk and little diagnostic value can be equated to battery.

The operating theatres are well equipped with all the standard surgical and anesthesia equipment. However, electricity outages during surgeries were quite frequent, forcing surgeries to be delayed. Despite these circumstances, the surgeons' patience and commitment to patient safety has to be commended, as they did not continue while the power was out amid pressures surrounding surgery.

It can be seen clearly that the hospital is keeping up with new surgical techniques. Most of the routine elective abdominal surgeries ie inguinal hernias, cholecystectomy, are done laparoscopically unless contraindicated. Most of the equipment used is similar to what European hospitals are using. There were also procedures, which are performed rarely in European hospitals but frequently

here. This is mainly due to financial constraints, which delays the adoption of new techniques utilising new equipments. For example, I have observed a varicose vein stripping on a 27 year-old gentleman which has been superseded by Endovascular Laser Ablation (EVLA) in the UK. This vein stripping procedure, as described in textbooks involves ligating the tributaries and the perforators of the veins, insertion of a specially designed catheter and stripping of the veins, which was enlightening to observe.

The common types of pathology encountered here are also different than those seen in the UK. Throughout my observership, I have encountered many cases of abscess at multiple sites, ie gluteal, perianal, breast, liver, which are less frequent in the UK. Traumatic head injuries are also of frequent occurrence. Patients also presented late with their conditions. Out of the 4 laparoscopic cholecystectomy I observed, 3 of the gall bladders were grossly thickened, suggestive of chronic cholecystectomy. The types of pathologies described above are reflective of the social and economical circumstances that people of Bangalore live in. Discussions with health personnel at the hospital indicated that the high occurrence of abscesses among the patients' population is partly due to their poor hygiene and low standards of living. Although this does not indicate causal relationship, the epidemiology studies shows that good hygiene and sanitation is a significant indicator of health. This is further compounded by the increasing incidence of type 2 diabetes which compromises the immune system, further predisposes them to chronic infections. Therefore, it is in the interest of public health that proper sanitation and personal hygiene should be high in the agenda.

On further reflection of the limited insurance coverage in which health care is funded in India and the social circumstances they are living in, there is less incentive to adopt a preventive and primary care medicine which is seen to incur large cost in the short run, but has been proven to be cost effective in the long term. With majority of families living under financial constraints, it is also quite unlikely that getting treatment when struck by illness will take precedence over ensuring plates are filled by dinner time. This could explain why most conditions presented late. However, the initiative pushed by the hospital should be applauded in providing affordable and in certain circumstances, pro-bono primary care treatment to those can't afford through their charity funds and primary care clinics.

Travelling through the streets of Bangalore, one can't help to make the unpleasant relationship between the bustling traffic and the high incidence of traumatic head injury and road traffic incident. Bangalore's traffic law stipulated that the wearing of helmets is only compulsory for the driver of the two-wheeler but not the passenger, exposing to the passenger to a higher risk of injury. Even then, implementation and enforcement of this law has a lot of room to improve. Furthermore, the traffic can be disorganized and chaotic to say the least. This is not to say that the law enforcement or the government is completely to be blamed. The cultural, political, and economic issues pertaining India provides some understanding of the atmosphere carving its policies and laws. One cannot expect everyone to purchase helmets when a substantial proportion of motorcyclist comes from the low-income bracket.

My elective in India has allowed me to dissect, in better light, the intimate and intricate relationship between the health of its economy and politics with the health of its people. It is a two-way relationship; socioeconomic and political prosperity encourages better well-being and health of the population, which in turns propagates better productivity and growth of the nation. To focus on diagnosis and treatment and ignoring the other health determinants is to undermine medicine's core value; to care. At the same time, it is on cautious note to prescribe the remedies to these social and health issues using one-size-fit-all solutions. The foundation in which a nation's political, social, and health policies stand on is shaped by its unique culture, values, and beliefs. And to impose so-called 'solutions' under western frameworks in developing countries while acting non-chelant to its sensitivities and values is to revert back to the old chauvinistic imperialist mentality which tarnished once a great country.

On a personal note, my experiences I have gathered in Bangalore have made me more humble and appreciative of what I have. The resilience of the Indian people in the face of poverty and hardships is absolutely inspiring. I was also slightly cynical before of how medicine and surgery is practised outside the United Kingdom. But after understanding the economical, political, and social predicaments that the health care system has to operate in, it shines the light on the strengths and potentials the medical and surgical practice India and other countries have to offer. The UK might pride herself in evidence-base medicine, but she is forced to come to grips with the issues of high cost and sustainability. India, and other developing countries on the other hand, might have found that equilibrium given the financial pressures it functions in, opening up new opportunities for research to prove its undeclared achievements.