Medical Elective Report

My time working in the Community Care department of Amrita Hospital consisted of a placement in the rural health centre in Njarakkal and in the urban health centre in Kaloor

What are the common diseases seen in community care in Kerala? Are any of these global health problems?

The most common reasons for presenting to the community care centres were for the treatment of hypertension and diabetes. This was very interesting to see as this are two of the most common reasons that people visit their GP for in the UK.

Other common presenting complaints were respiratory problems, such as asthma control and rhinitis; fungal skin infections; musculoskeletal problems, such as arthritis and for the treatment of minor trauma.

Another very common disease that exists in Kerala is Tuberculosis. Interestingly, people did not present to the health centres with this due to the stigma attached to it. Tuberculosis is a global health problem and halting this disease is in fact one of the millennium development goals.

Other diseases seen in the community in Kerala that are considered global health problems are Hepatitis and some of the neglected tropical diseases such as dengue.

How is community care delivered? How does this compare to the UK?

Community care in Kerala takes a similar structure to that in the UK. Health centres are based in the community and act as the first port of call for health care, with referral onto hospital if required.

In contrast to the UK, I found the two health centres that I visited relatively quiet. This took me by surprise as both centres offered free medical care, which is not always the case in India. I later learnt that in Njarakkal there was a government hospital very close by which would give free medicine for a duration for one month in contrast to the one weeks supply that the rural health centre provided and thus people preferred t there. I was told that another reason for the health centres being quiet in comparison to GPs in the UK was because local people prefer to use hospitals due to their wider services provided.

Another major difference I noted between primary care in Kerala and the UK was the time devoted to primary prophylaxis. I learnt about many outreach projects and aimed to improve people's health practices. For example, The Infant and Young Child Nutrition Project was an Amrita UNICEF initiative that took place in

the local community to improve awareness of breast feeding; nutrition during pregnancy and improve awareness of key influencers and key workers. Many educational seminars were put in place by the health centre and figures showed great success. In the urban centre I visited the slums and schools in order to find out what the current health problems are and to educate and offer health screens.

Education and primary prophylaxis is key to primary care. However, due to the very busy nature of the primary health centres in the UK it is something that does not get as much attention as many would like it to. It was extremely impressive to see the amount of time and effort devoted to this in Kerala, especially as it yielded good results.

Comment on the management seen in community care and compare this to that seen in the UK

One of the most notable difference between community care in Kerala and the UK was in the prescribing and administration of drugs. Firstly, due to it being a free service there was not a huge variety of medicines. Secondly, some medicines were given IV (without a cannula) in the health centre, a practice that would never happen in the UK. Thirdly, there was a box of emergency medicines including drugs such as atropine and theophylline which could be delivered by the community doctors, again a practice not seen in the UK.

In contrast to the UK, services from the laboratory to pharmacy were found under one roof at the health centres. Patients also did not need appointments. I felt that these qualities of the centres made them very accessible and easy to use and patients seemed satisfied with the quality of care they received.

Also taking place at Njarakkal was some medical research. Diabetes and cancer patients could enrol into a trial that used only vitamins for treatments. They were given oral supplements as well as IV vitamin C everyday for one month. This type of management was extremely interesting to see.

The management of TB was extremely commendable. Due to stigma attached to the disease people do not present to their community doctors. To overcome this staff at Njarakkal go to the local hospital each week and get a list of names of people who have been to the hospital with symptoms suggestive of TB. They then visit their homes and offer them free medicines to pick up daily from the health centres. This is all done in the strictest of confidence. I was very impressed by this hands on approach to tackle this global health problem.

Reflection of my time

My time spent at the community health centres showed me great insight into both the health care in Kerala and the local communities.

It has been an invaluable experience learning about how another country's health care system works. Like the UK you have both a government funded service and a private system. However in addition to this there is also traditional Indian healthcare, Ayurveda, which unlike most complimentary healthcare in the UK has many government funded clinics. I learnt that many people prefer this type of medicine and will also go on week long retreats annually as a preventive form of medicine. I found it very interesting how greatly sought after this traditional form of medicine was.

All the healthcare professionals that I came into contact with were extremely kind and made a great effort to ensure I got good exposure to all the activities that took place in community medicine.