

I completed my elective in Tamil Nadu, India at the Dr Karmakshi Memorial Hospital. I rotated around several departments within the hospital including surgery, casualty and ICU.

Compare and contrast how healthcare is delivered in India and the U.K - Including structure of healthcare.

The Dr. Karmakshi memorial hospital is a private hospital. It is a tertiary regional centre and specialises in oncology, with a 150 bed capacity. In contrast to the United Kingdom where the majority of healthcare is provided by the NHS, in India the private sector delivers 80% of the healthcare. The government spends very little of the GDP on private healthcare. There are some state funded government hospitals which provide inexpensive / free healthcare but the standard of care in these hospitals is generally inadequate, in part due to lack of funding and thus limited resources. This is why most patients are willing to pay for private healthcare despite not being able to afford it. I was taken aback by the extreme lengths people will go to in order to fund their healthcare. One particular case I came across was a young male involved in a road traffic accident. His father sold their family home in order to fund his healthcare. These cases aren't entirely rare. In reality healthcare is one of the leading causes of debt. Although insurance is available many people cannot afford it - considering the amount of poverty in India.

I also found that in India the approach to medicine is very generalist, in contrast to U.K which is becoming progressively more subspecialist. Doctors in India can practice

Medicine in a more flexible way the guidelines are less rigid. It ultimately comes down to whether the Dr feels competent and the patient agrees. For instance, a surgical oncologist is able to perform hernia repairs. In this respect the knowledge of the Dr's is more broad.

A key difference between the U.K and India is that patients have a lot more autonomy and choice in the treatment they receive. As it is funded privately if a patient is able to fund the treatment and a doctor agrees to it, the treatment can go ahead. This has advantages and disadvantages. In the U.K, often for specific treatments in order to fund it Drs will have to go through various funding bodies. This ultimately delays treatment. However, in India, the treatment is delivered much faster ~~to~~ the patient - essentially cutting out the middle man.

I spent time in a few different departments in India. I started out in casualty. This was a very interesting experience. The organisation of casualty was different to the U.K. In India there was no streamer or triage nurse, the patients went directly to the doctor. Additionally there is no added pressures of 4 hour breach times. This type of system would not work in the U.K because the emergency department is significantly busier, thus the role of the streamer is very important to ensure resources are used appropriately. This is less of an issue in the private hospitals in India thus there is less of a demand for a streamer.

In terms of treatment there were some minor differences in India compared to the U.K. For instance, the cardiac cath lab was almost identical to the ones I have seen in London, as were the operating theatres.

Interestingly in India there is no equivalent to the NICE guidelines, however, hospitals do have their own protocols. Some of the Dr's do use the guidelines - NICE in certain situations. In my opinion the lack of guidelines ~~across~~ at a National level means the quality of care received may differ between institutions. It is also easier for Dr's to practice medicine if there is a set of National guidelines, to follow.

Another key issue in the way treatment is delivered in India, is the variation in the accessibility to healthcare. There are centres of excellence in the city, but then in rural areas there is a significant disadvantage and more emphasis on alternative medicine lacking any evidence base. Location is not the only factor standing in the way of healthcare - financial status is also a major determinant. This ultimately leads to inequalities in healthcare. Although the U.K is also not perfect in this respect - it is doing well in focusing on reducing inequalities in healthcare.

In conclusion, the way in which healthcare is organised in the UK and India is vastly different, however there are some similarities both countries face, in particular funding. In the U.K with the NHS being a free service a major issue is cost-effective medicine. However, in India funding in the private sector is less of an issue but it means people go to extreme lengths to fund care, and that some

of the population is getting excellent care whilst a significant proportion who cannot afford it are not getting the healthcare they need.

Discuss the pattern of disease in India and compare to the U.K

One of the biggest success stories in healthcare in India is the fact that leprosy ~~has~~^{is} almost entirely eliminated. However, other infections continue to cause a significant burden, namely T.B, dengue fever and malaria. Although these infections are relatively uncommon in the U.K, T.B is something I am quite familiar with having worked in the east of London for 6 years. Whitechapel has one of the highest rates of T.B in Europe.

One common illness causing a problem in both India and the U.K (especially in tower hamlets) is type II DM. There is a genetic component involved and tower hamlets has a high South Asian immigrant population.

Type II DM is becoming an epidemic in India - perhaps due to an increase in urbanization and introduction of western fast-food restaurants among other things.

Finally something I came across relatively frequently in my short time in India was attempted suicide by hanging. This was very distressing but something I have never come across in the U.K. As you can see once again there are some similarities in the pattern of disease between the two countries and some stark differences. There certainly appears to be a change in the disease pattern in India in recent times.

Compare and contrast Public health in India and the U.K

In the U.K there is a significant focus on preventative medicine targeting smoking, obesity and even RTA's in form of seatbelts. In India although there are some initiatives targeting some illnesses from what I have seen it is not as widespread as the U.K.

For instance, screening the public is abundant in the U.K. There is breast screening, colon cancer screening and cervical cancer screening. These programmes are all free in the U.K - hence anyone can go to it and people are invited to screening if they are registered with a G.P. There are also media campaigns which publicise the various programmes. In India there are no such programmes. However, there is something called the master health checkup. This is a comprehensive general health check up which involves a mammogram and other scans as required by the patient. As it is paid for by the patient they can get a number of tests they feel they need. As it is not a free service not everyone can get it, furthermore it is a voluntary check up and is up to the patient to take initiative and book it.

The advantage of this is that the patients get a full health check-up. The issue with a lack of nationwide screening programme is a late presentation of disease. A full health check up wouldn't work in the NHS as it could waste resources however if used appropriately in the private sector and not abused it could be beneficial.

Both India and the U.K offer a free ^{vaccination} screening programme for infants and the uptake is excellent in both countries.

One major cause of death in Chennai, India is road traffic accidents. During my time in Chennai I noticed a significant lack

a road safety measures including seatbelts and helmets. Although there are signs encouraging people to adhere to road safety they are ineffective.

The approach to public health is certainly different between the two countries. The issue with a lack of free nationwide screening programme is that it leads to inequalities in healthcare - with finances being a major determinant of health.

Improve your clinical skills and become more confident in clinical skills

Something that I was worried about with respect to being a junior doctor was managing an arrest situation.

However, on my second day in casualty I assisted in the management of a cardiac arrest and carried out CPR.

This was the first time ~~have~~ performed CPR on a real patient and was a very useful learning experience ~~however~~ in an unfortunate situation. I now feel more confident in my ability to carry out CPR and more prepared to face the situation in the future.

Overall I enjoyed my time in India, I met some friendly people and I felt very welcome throughout the placement. The healthcare system is very different in India and it was interesting to see a different side of healthcare in a country with a different economic background and different disease pattern. Although the structure of healthcare is completely different in India ultimately the management itself is very similar.

The main issue is the lack of adequate services provided by the government hospitals to those who cannot access private healthcare. Furthermore India is a ~~p~~ has a rapidly expanding population and the healthcare system will need to adapt to this and the changing demands of the public and the introduction of new illnesses including diabetes due to rapid urbanisation. Having said this healthcare in India is rapidly evolving and there are several centres of excellence - this is demonstrated by the range of patients the private hospitals attract including those from outside of India all the way from Iran.