

Elective Report – India 2014

For my medical elective, after much thought and discussion, I had decided along with another medical student, to attend Sri Sathyai Sai Institute of Higher Medical Sciences in Bangalore. The key reasons for choosing this particular hospital was due to its emphasis on cardiology/ cardiothoracic surgery and neurosurgery and the other reason being how different the healthcare system was in India and the different varieties of patients encountered when compared to the United Kingdom.

Our main objectives were to understand the differences between the healthcare systems between the UK and India and to note down the diseases encountered in the hospital.

When walking in on the first morning, we had already noticed a difference between the United Kingdom and India. As this particular hospital, treatment for the patients is provided free of charge, to all of the citizens in the country. Due to this very reason, there was a queue of at least 200 people waiting outside the front gate, waiting to be allowed in for treatment. This was a huge shock to me as I had never experienced this in England. I also noticed that every patient had their own medical records with them. This is also a difference to England as medical records are kept in storage or on the computers in hospital. The patients were then taken to a building opposite the main hospital where they were seen by a stand in doctor. Here, they were assessed, examined and then a decision was made to either send them to outpatients or discharge them.

For the first week, we stayed with the echocardiography team in the cardiology unit. The ultrasonographers were very well trained and had a great depth of knowledge about cardiology. They were also very quick in their pursuit of finding the abnormality/abnormalities in the heart. I received great teaching from one of the technicians. I came out of the week with a better understanding of echocardiography after having a very poor knowledge before. In the sessions, I noticed that there was no concept of privacy in the rooms. There was one patient on the bed getting his/his ultrasound being taken, and in the same room, there would be two or three more patients sitting along the wall waiting. This would never be seen in England due to confidentiality breaches. This was due to the huge number of patients seen each day. There would be over one hundred patients being seen each day. At first, I was shocked to see the doctors telling a patients' diagnosis in front of the nurses and other patients. However, as India is a particularly poorer country than England, I understood that there was no space in the hospital or time to separate patients. One of the doctors told us that the hospital was like a "conveyor belt" of patients. In order to see all of the patients that walked into the hospital, time has to be used efficiently and in order to do that, the patients' privacy has to be sacrificed. I also noted that I didn't see any patients complaining about the waiting times or the treatments during my time at the hospital – something you do see a lot of in England.

The next few weeks, we stayed with the cardiology doctors in the Outpatients department whilst they discussed the echo reports with the patients. Once again, the door was left open during the entire consultation with each patient with at least 30 patients outside able to listen. Once again, this didn't faze the patients inside. Due to time constraints, most patients were only given around 5 minutes with the doctor. This is another difference to the UK where we have seen lengthy discussions between the patient and the doctor.

We stayed in with the neurosurgery team for the final weeks of our medical elective. I found that there were not too many differences in the practices between the UK and India. The facilities were of excellent standard. However, there was some discordance between the anaesthetic team and the surgical team. The patient was put under general anaesthetic at least two hours before the surgery had begun on several occasions. This should not really happen and I have not heard of this happening in the UK. The anaesthetist explained to me that the main reason as to why this occurred regularly was that the hospital was giving free treatment so the surgeons did not feel like they had the time pressures that they would have had in a private hospital.

As I had expected, infectious and congenital diseases were very prominent. In the first two hours inside the echo room, I saw all of the main congenital heart diseases that I had learnt over the previous 6 years including Tetralogy of Fallot, Atrial septal defects and patent ductus arteriosus. Even though it was to be expected, I still felt very shocked due to the sheer frequency of children suffering from these congenital diseases. The main surgical procedures we saw were in the neurosurgical department. We saw cysts removed from the cranium and also many tumours. As we were mainly based in the neurosurgery department, we did not get a chance to see many other disorders involving the central nervous system such as multiple sclerosis and motor neurone disease.

Overall, I found the experience in India very enlightening. We encountered many diseases that we would not have seen commonly in the UK which was a valuable lesson for us. I also grew to realise how differently a hospital is run in India, a less developed country, compared to the UK. There were vast differences in confidentiality and autonomy that I had first not expected to see. One of the main positives was the teaching given to us by the various ultrasonographers and doctors in the hospital. This was definitely the case in the surgical theatre where the doctor will momentarily stop the procedure to explain what he was doing and also quiz us on the anatomy of the brain. This was a great experience for my friend and I, and I would definitely recommend India as a place to go for a medical elective.