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Elective Report

Before setting off on our elective, there were some ideas and expectations of Delhi and the medical services we would be experiencing that we had highlighted. Objectives we wanted to achieve were written and below, I discuss the previously set objectives and ideas, and compare them with my actual experience in St Stephen's Hospital, Delhi.

What we thought we would expect, learnt experienced clinically?

1) **India gives rise to a wide varied population, spanning from those in extreme poverty conditions to those more well off. During our elective period we are focused on visiting the poorer slums that will give us a broad scope on the disease associated with congested living conditions, infectious and tropical diseases which are a rarity in the UK.**

   Due to the lack of health facilities, we will be tested in our more clinical examination skills due to the lack of 1st world health care resources, and therefore experience the problems, that occur when practicing medicine on a very limited budget, with limited resources available to the medical professionals.

When reading back on what we had written, we were most definitely not too far off our expectation. St Stephen's Hospital provided a brilliant program that allowed us to experience community medicine, which allowed us to visit the poorer slums, & most definitely highlighted diseases associated with overcrowding, such as viral gastroenteritis, enteric fever, scabies and even head lice.

Travelling alongside the doctors in the mobile clinic was an eye opening experience, not just as medical professionals but as human beings too. It is very easy to get lost in our own bubble of living in the UK, and having facilities at hand. Seeing people queue in the heat just to be seen by a doctor for something we would most likely just see a GP for, was an experience all together.

When allowed to visit a family's home in the poorer parts of Delhi, to see how a family of 10-20 people lived in a confined space, with rather poor safety measure in place, you begin to appreciate what we back home take for granted, yet still many complain, without realizing, how life is for someone else in the world.

St Stephens Hospital was a good placement to encompass people's medical problems but also social problems too, as although what we were seeing was a shock to us, the hospitals rehabilitation program in the area was the only reason why they were up and running as well as they was when we visited. It was humbling to see the hospital provide this service for the village for over 20 years, and also provide things for free with the hope to not only provide an immediate solution to problems but a more substantial answer to help generations. Peer to Peer tutoring, a malnutrition Crèche, Woman being able to cater and earn a living, all under one roof, an accessible place for anything with a friendly face at the door.

Although the budget & services provided compared to the UK were different, they most definitely did not feel like they lacked. For the community they were being provided for, it was clear the hospital were trying to provide an excellent service, with no hold backs on any facilities.

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Comparing Private Health Care to the NHS

2) **When comparing our proposed trip to Delhi to the UK NHS hospitals, it is clear that standard of care and protocols would be very different, not only because of the differences in disease, but also because of the way health care systems differ in both countries. St Stephens Hospital, a private hospital in Delhi, will shed light on private health care, that as medical students thus far we have not been exposed to due to everything being seen in the NHS during our education. It will be an interesting experience to compare private health care in a 3rd world country compared to public health care in the UK, to see what standard of care people are willing to pay for.**

This objective is hard to shed light on, as although St Stephens Hospital was a private hospital, it also provided a lot of free services for the under privileged, and heavy discounts to those who could not afford all the bill, dependent on the social workers review.

This differed very much from our private health care system in the UK, in which either patients went private because they could afford to pay, or because they own a private health insurance system.

Granted if one was to go to a fully private institution, the assumption would be that that environment would be very similar to the way private health care was in the UK, as everything is being paid for by the wealthy.

Patients were sometimes agitated at the duration of stay due to social background problems, like other children at home that needed to be looked after, but not for financial implications. I think this was heavily to do with the amount of subsidized rates people were having on healthcare, as well as the quality of care they were receiving, making them feel staying would most definitely be better than leaving.

Global Health Objectives

3) **With regards to healthcare objectives that we are wanting to explore include:**

- **Health education in India with regards to their popular medical issues such as clean water and sanitation, contraceptive care, women's health and safety, and general prevention of infectious disease spread.**

- **The safeguarding provided for vulnerable adults and children in 3rd world country compared to the UK, especially in a country known for high volumes of sexual exploitation and human trafficking.**

The most exposure we received in finding out about global health and how the above issues were tackled was during our time in community health.

Clean Water and Sanitation was discussed when we went on home visits and were shown the governments new plumbing system to provided houses with running water, and doctors and nurses advising how to purify this water further when taken home. A massive malaria & dengue prevention program was also described to us, in which families were taught about breeding sites for mosquitoes in stagnant water and how this should be prevented.

Woman & Children safe guarding was a shadier topic, as although the Hospital was trying to rehabilitate woman into jobs such as tailoring, cleaning, and catering, and to learn a living from a job as oppose to roaming streets,

domestic violence, was still a big issue. Doctors explained, that the domestic violence was a common occurrence, but not seen as violence but more a right of a husband to a wife, as this was normal. Contraception was also a dubious subject dependent on the religion and also idea that a larger family would provide a larger in come to the house hold in the long run. Although testing for the sex of babies is now forbidden, families would persistently try until they gave birth to a baby boy.

Infectious disease spread was the highest prevalence of illness, and although a lot of effort was being made by the community projects to educate individuals, there is still a high prevalence and this is due to the overcrowding that cannot be prevented. There has definitely been a reduction in outbreaks of disease, and polio eradication, but Tuberculosis was as common as influenza back home, due to the amount of people in contact with each other.

Personal Achievements

4) **Personal goalposts that we would like to achieve are the fine tuning of our learnt clinical skills and increasing education in medicine from a completely different environment to our training.**
Being put in rural settings, the ability to be able to rely on our own clinical judgements and assessments as oppose to ordering tests and x-rays as well as having the opportunity to work with much learned colleagues with a different back ground curriculum, giving us the chance to enhance our knowledge and make us more well-rounded and knowledgeable doctors.
The chance to communicate with patients whose first language would not be English, enables us to work on our non verbal communication skills which would be empirical for our medical career as we will be faced with many different patients from different walks of life and backgrounds.

The placement was different to how I imagined and that's because I think my perception was far from reality when entering a different country. I was overwhelmed by the different diseases and how similar they present back home but with a different diagnosis. There was a lot to learn simply by observing and teaching that we received from the various doctors on their specialist areas of tropical medicine & infectious disease. Language was most definitely a barrier as I could not understand the patients primary complaints and needed translations, but this was not a hindrance to my learning as the doctors were very supportive in translating.

I definitely feel my clinical knowledge has broadened from only thinking of common differentials we see at home, as there were so many other causes of things we saw here that would never have crossed our minds, which is useful for practicing back at home, especially with London being so multicultural.

Over all I believe we meet the objectives we set out to initially, and if anything gained invaluable experience not only in medicine but in life, during our time here. It was an eye opening experience, meeting some many lovely people, doctors and patients alike, and if anything, gave an extra sense of appreciation for life and NHS back home, that so many take for granted.