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Elective Report

India, Kerala

For my elective, I travelled to my parents' hometown of Tellicherry in the state of Kerala, India and spent six weeks with some of the doctors in Tellicherry Private Hospital. I observed some of the consultants during their ward rounds and also spent some time in some of the clinics of various specialties.

I have done work experience at the very same hospital but this was before I started medicine, so I went there expecting not much to have changed since the last visit. However, after gaining clinical experience back in the UK and comparing it to India, there are huge differences that I would not have picked up on back then.

People and the country

From my perspective, I felt that patients do not ask enough questions. For example, a lot of newly diagnosed hypertensive patients are started on multiple medications but they do not ask what they are being put on, why they need it or some of its side effects. Patients do however expect an immediate response from any new drugs they are prescribed. If they don't, they usually go see another doctor in the hopes of improving their symptoms.

The majority of patients will wait as long as possible until they have to see a doctor. For example, diabetic patients wait until they develop painful ulcers or develop severe nephropathy before they eventually see a doctor. There may be many reasons for wanting to avoid the hospital but I would assume the cost of seeing a doctor is a major factor.

It is also quite difficult to get patients to come back to hospital for review, especially if they have found their symptoms have improved since they have been put on medication. They feel that now that their medical problem has been 'cured' there is no reason to come back to hospital for a check up. This can be problematic especially if chronic use of that drug can lead to damage to other organs of the body.

By observing ward rounds it is also clear that most patients (including their relatives) want to be discharged as quickly as possible. Once again this is due to cost to the patient, as they have to pay for each day they are admitted.

Patients also insist on seeing their own doctor and not anyone else. If they are usually under the care of a specific doctor they usually demand to see that doctor and refuse care given by other doctors.

Healthcare professionals

The doctors at Tellicherry private hospital are always willing to teach. It's quite amazing how much I have learnt in such a short period of time. During ward rounds they usually give me a short introduction into the patient's history and ask me to examine the patient and ask follow up questions based on differential diagnosis, investigations and how they would monitor the patients while in hospital. In the clinics ' would get teaching based on the cases that I see during clinic.

I feel all the doctors I have met are incredibly intelligent and confident individuals who have seen and done everything in their respective fields. You can tell they are highly respected in the community because during ward rounds once a doctor enters the room, everyone inside would stand to attention and listen to the doctor with the utmost concentration.

I have been told the ratio of female to male doctors is now approximately 4:1 in favour of females, possibly due to the fact that a lot of males are moving onto other subjects, such as engineering.

Healthcare system

Initially I was under the impression that if you go into hospital for an unknown problem you will get every test under the sun to find the cause but after observing the ward rounds, there is always a reason for each of the tests being carried out, even if that particular cause is unlikely.

In hospitals, patient notes are not stored or kept on a computer system. Patients usually take their notes home. This means that when they come into hospital for a follow up or end up in hospital again they have to bring their own medical notes with them. This can be problematic if patients forget to bring their notes or lose them, as this can waste a lot of time in emergency cases or if a patient is confused and they cannot get ahold of their relatives.

Another difference is that you can get the results to special tests quite quickly. In the respiratory clinic, patients are often sent for chest x-rays or spirometry tests. Once they have had their tests the doctor looks at the results themselves and based on the clinical history and results of the tests they will make a clinical diagnosis and start some form of treatment. There is no waiting period in this case, unless the patient is sent for blood tests or sputum/blood cultures.

Most hospitals are equipped with all the latest diagnostic and surgical equipment, for example CT scans, colour Doppler, x-rays, TNT scans. They also usually have a pharmacy within the hospital themselves. If a patient needs a particular type of scan, which is not provided by Tellicherry Hospital, they are usually sent to another hospital that does.

Wards round are very different to the ones that you see in the UK. In Kerala it's carried out by the senior physicians and nurses only, there are no foundation year doctors. Each physician sees their own patients so that they cover all the patients in their respective rooms. The physician usually starts in ICU to check on patients who are critically ill or still at a vulnerable stage and then goes onto manage the more stable patients or some of the new patients. The nurses direct them to the patient's beds once they arrive at a certain bay of the hospital. They pass the doctor the notes who then takes a look at any recent blood test results or scans and proceeds to explain to the patient and the family, what the current situation is and how they are going to manage it. Depending on the physician, there may be duty doctors that are present during ward rounds that help. Each patient has his or her own room except for ICU, which looks like a normal ward.

In private hospitals, there are no visiting hours for relatives. Usually patients have a bystander (being a relative) with them at all times in case something happens to the patient or if the patient needs some form of assistance, for example, going to the toilet. Nurses usually carry out patient observations, however most of the charts I have seen only have the blood pressure, temperature and pulse rate filled out. They do not regularly check oxygen saturations or respiratory rate unless clinically required.

Clinics

The clinics in hospital are based on a first come first serve basis, therefore one of the very first things you see just before entering the office is the large queue of people outside.

The doctor determines the speed of clinic. There is no set maximum allotted time for each patient. Some consultations may last less than five minutes, usually due to the fact that he knows the patient well or the patient has come in for review. Some doctors may actually teach me something during the consultation, which felt strange because I am used to waiting until the end of the consultation to ask any questions or get any teaching. When a patient leaves the consultation the next patient enters straight away. Back in the UK, patients usually get called into the room after the doctor has finished with the previous patient's documentation.

Patients also have to take off their shoes when they enter the clinic. I believe this is due to the fact that their sandals and shoes can carry pathogens, therefore to prevent spread of infection they are asked to remove their shoes before entering the room. If the patient has anything on the sole that needs to be looked at, they can wear the shoes into the office.

You will also find out some pharmaceutical companies will come in at various parts of the day presenting information on new drugs and their efficacies.

Common Medical Presentations

Dermatological presentations – Fungal infection is rife within Kerala. This could be contributed to the climate where the hot and humid weather means that people sweat more and therefore more likely predisposed to fungal infections. Other conditions, which are quite common, include scabies, which could be due to unclean conditions and lichen planus. Acne, psoriasis are far less prevalent though arguably may be more common in the UK in terms of presentation to GP clinic.
I was expecting far more cases of malignancies or questionable lumps and bumps on the skin seeing as we were in a country with a lot of sun exposure but I assumed due to pigmentation of the skin it may act as protective factor.

Common respiratory presentations - Common respiratory conditions are pretty much the same as the ones you find in the UK. You usually get asthma (could be explained by the rise in air pollution, dust exposure and various other factors), COPD (chronic smokers in the country more problematic), bronchiectasis (sequalae of TB infection). According to the respiratory doctors I have been attached to, the number of patients infected with TB is now reducing and the spread has also also reduced due to effective treatment of active infection, which is identical to those followed by our very own British thoracic guidelines.

There have also been reports of a new type of coronavirus, similar strain to H1N1 said to originate from the Middle East but due to migration it is now seen in India. It's named as Middle East disease.

Common presentation to hospitals – Patients usually come into hospital as a result of complications of diabetes, strokes, and myocardial infarctions. This can all be contributed to changes in diet over the years. Gallstones are also becoming more common in patients due to diet high in fat.

Common gastroenterology cases – In terms of gastro problems, it is also similar to ones you find in the UK. However, things such as haemarrhoids are common and I would assume this is due to occupation where heavy lifting is required. Oesophageal varices are becoming more common due to alcohol abuse. Something more likely to affect people in Kerala is foreign body stuck in the oesophagus, such as fish bone, which is a major part of the diet in this country.