

DATTANI

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Elective Report, St. Stephens Hospital, New Delhi. Rakesh Dattani.

My elective at St. Stephens's hospital, in New Delhi, has provided me with ample opportunities to see a different aspect of medical care, when compared to those back home in the United Kingdom. The hospital is a hospital based in Tiz Hazari, which aims to provide good effective private health care to the local population, who would otherwise be unable to afford private care. The hospital works within a difficult environment, one where the local population requires a great deal of care and extra effort, not only to cure the patient of their current ill health, but also to help promote good health in an attempt to prevent further deterioration of one's own health. In addition to the main hospital, the hospital also has a well-developed community clinic, where specialist doctors thrive to provide free health care to inhabitants of an urban slum.

One of the key aims during my medical elective was for me to experience an alternative way of practicing medicine. It was for this reason why I chose St. Stephens for from my research it provided me with the opportunity to observe clinical medicine in a different environment, not only within a hospital setting but also within the community. Throughout this period, I have been fortunate enough to learn a great deal about how people live in poverty and the way in which poverty affects their daily lives and the upbringing of their children. Visiting the community clinic in Suder Nagri, gave me an insight into an urban slum and how public health specialists strive to improve the health of the local population. Visiting the homes within the area, with a specialist gave me the opportunity to see first-hand, why certain diseases are still prevalent in today's times. Seeing a Family of eight, live in a small room highlighted the importance of patient education and the need for such clinics within the community. During my time in the community, there were daily outpatient clinics, during which a single doctor would see a new patient every 3-4 minutes. This highlighted the importance of being time efficient whilst being clinically safe, when working in such an environment. Seeing patients alongside the doctors at the clinic emphasized the importance of taking a thorough yet specific history in aiding to determine a diagnosis and plan future treatment. Limited resources meant that full clinical examination was not possible in all but the most worrying of cases. With no examination couch available at all times, adapting my normal clinical examination became paramount, relying predominantly on auscultation and crude abdominal examinations. This all made me appreciate the value of the environment in which medicine is practiced back in the United Kingdom. Having now seen the limited time doctors have to see patients in India with limited resources immediately available, I can now appreciate all that is present in a clinic back in the United Kingdom,

Comparing our experiences in Delhi to the UK NHS hospitals, it is clear that standard of care and protocols are very different, not only because of the differences in disease, but also because of the environment in which medicine is being practiced and the availability of immediate resources. Medicine as a whole is heavily dependent on the local population, something which I learnt training in the difficult area of Whitechapel, and reaffirmed in Delhi. The level of patient literacy and understanding of their own condition affects the way in which medicine is practiced hugely not only for the patient but also for the medical practitioners treating. Another huge difference is the number of patients under a single doctor's care, and the level of responsibility bestowed upon relatively junior doctors. Having seen junior doctors perform general medicine ward rounds with a great deal of competency made me realise the

job which lies ahead of me, as I begin my foundation training. However due to the huge number of patients under ones care and lack of time, simple things seem to have been forgotten. Where I have been taught to wash my hands in between every patient, and the importance of clear prescribing, this is exceptionally difficult to do in Delhi. Having seen very few doctors wash hands in between patients, or write prescriptions in a manner that would be acceptable in the United Kingdom, again reconfirms the difficult environment in which medicine is practiced in India.

The placement has given me the opportunity to see how health care differs in both countries. St Stephens Hospital, a private hospital in Delhi, has shed light on private health care within a hospital setting as well community medicine within an urban slum, that as medical students thus far, I have not previously been able to experience. It has been an interesting experience to compare private health care in India compared to public health care in the UK.

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 have all been of keen interest to me whilst I have been on my elective. Seeing doctors repeatedly highlight the importance of boiling water prior to consumption, made me realise the importance of persisting with health education, especially when patients are not able to fully understand the importance of what is being said to them. Having done a few days in obstetrics, I realised the battle obstetricians have in trying to get local women to deliver within a hospital setting and the taboo associated with sexual intercourse and contraception. Gaining a full gynaecological history, where women do not fully understand the questions or choose not to answer such questions on account of being shy, and poses great difficulties to practicing doctors. However, I have seen persistence and continual good care can overcome such barriers. Something which was of key interest to me during my placement in the community and in paediatrics was the concept of child safe guarding. Seeing the community clinic, made conscious efforts to safeguard vulnerable children, and reconfirmed the amount of work that still needs to be done. Seeing little kids working for a living and being malnourished has been one of the harder aspects of my elective. Yet seeing an institution such as St. Stephens make an effort to educate children, provide them with a safe environment in which they can grow during the day has truly been a humbling experience. With many parents being unable to afford treatment for their children, made me realise the importance of good communication not only with the child but also the parents and the difference this can make.

The placement at St. Stephens has given me ample opportunity to practice my clinical skills in a previously unknown environment. It has allowed me to adapt my learnt clinical skills and gain a great deal of knowledge in a completely different environment. Being put in rural settings and busy hospital wards, has meant me further developing my ability to rely on my own clinical judgment and assessments as opposed to ordering investigations as a first line option. In addition I have truly valued the opportunity to work with doctors who have truly been welcoming, giving me the opportunity to learn from them and enhance my knowledge, aiding me in becoming a more well-rounded and knowledgeable doctors. I would like to thank everyone at St. Stephens for being so welcoming and giving me the opportunity to come and become part of their team during my elective.