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Elective Report 2014
St Stephen's Hospital, Tiz Hazari Delhi

This report will briefly outline our objectives we set prior to arrival in India and discuss each one in turn

Objective 1

Understanding the disease associated with congessed living conditions, infectious and tropical diseases which are a rarity in the UK. Be able to learn more about practicing medicine on a very limited budget, with limited resources available.

During my time at St Stephen's hospital I have spent time both within the hospital and at the community hospital which is connected with a large slum in the area. Within the hospital there are general wards and semi/private parts, this has allowed me to see a wide variety of the population.

The disease spectrum that we have been exposed to has again been very different to the UK. Whilst in the community hospital and practicing medicine with a poorer population anemia, cough, cold and fever were there more common presentations. I was also able to spend time with the school programme where children have an annual health check as part of a government scheme to monitor the health, myself and another elective student assisted in checking children's Hb levels, and found that almost all children were anemic and many had stunted growth due to malnutrition.

Being in the hospital environment I have been able to see a wide range of infectious diseases from TB, typhoid, measles and atypical pneumonia in a pediatric population. I have been able to appreciate the prevalence of TB within India and the increasing problem on multi resistant strains and the problems of poor compliance to medication.

I spent some time in the hospitals mobile outreach van which travels to remote slums in Delhi to offer free medical treatment, here most diagnosis was made based on history and in a very short period. The experience of the doctors on the mobile clinics and understanding of disease in the community allowed patients to be diagnosed and treated at speed and is something that I have not experienced in medical training so far.

Objective 2

Understanding the differences in the 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.

Being at St Stevens we have been able to see both free healthcare through government schemes such as the mobile unit and school outreach programme as well private and semi private health care.

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While spending time in General OPD it has been interesting to see how patients pay for OPD prior to arrival, pay for tests and admission. It was explained by one of the doctors that this is a charitable hospital in part and the fees for different facilities is a lot less than other private hospital and therefore making it affordable for the local population, allowing them to have access to private facilities rather than having to be treated in public hospital where the magnitude of patients means that doctors are heavily stretched and healthcare may be compromised.

I have found the doctors with the hospital have always provided excellent care and talked and listening to patients, be it within tighter time constraints than in London in OPDs. I have not found there to be many differences in the way healthcare is offered to patients and therefore at times not realized that patients had paid for care.

Objective 3

Exploring health education in India with regards to 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.

I was able to understand health education when spending time within the community setting. We spent an afternoon with a doctor who took us to visit a family he has been working with. He explained within the community they work with families as a whole and first make a report the current living conditions such as, the size of the room, the number of family members, is there natural light, what are there adequate washing facilities, etc. Once the report has been conducted the families are given appropriate advice to improve on the home environment in attempt to reduce incidence of disease. With the family that we visited, they had been advised that the pot that they store drinking water should only be accessed with a cup that has a handle, to avoid transmission of germs that may be on their hands to the drinking water, and it was explained the importance of purchasing a cup with a handle and ensuring all members of the family used this. Although the measures seem simple he explained that over time the families are advised and these preventative measures are very successful and the key is education of the families.

I asked about the availability of contraception to women in the slum area, he explained that there were many programs that are run to educate women on contraception however the uptake is very low. The slum has a very high Muslim population who do not believe in contraception and therefore these families have high number of children often further worsening their poverty. Women are given the option of the pill, condoms, copper T devices however overall the uptake is very low and many men do not like using condoms and therefore contraception still remains a huge problem.

However while spending time in the OnG OPD I found that contraception was heavily promoted to the population, all women were asked which forms of contraction they used, and if none were used then they were counseled on contraception types and recommended that they use contraception especially after the birth of a child.

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Objective 4

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 will enable 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.

Although I have the advantage of being able to speak Hindi, Hindi is not my first language and therefore at times I had difficulties in communicating especially when seeing patients in OPD. I feel I have been able to improve my non-verbal communication over the course of the elective period.

Whilst in General OPD I saw a patient with a past medical history of spinal cancer and mets that had been treated 10 years previously, she was currently in remission however had returned with symptoms on leg swelling and headaches. The patient was very anxious and when taking a social history the patient got very upset and was crying explaining a break down within her family and the recent death of her husband, I found it very difficult to find the correct words in Hindi to comfort her however I feel I was able to use non-verbal means. I have been with upset patients in London but being able to fluently speak the language has made being able to comfort patients a lot easier.

Over the period of the elective I have also been able to better understand the importance history taking and disease pattern recognition, in the community where anemia was very prevalent, most patients presented with similar symptoms and very pale conjunctiva and often treatment was started on the basis of clinical signs. I hope with experience I will be able to better pick up on disease patterns.