AMY SERVANTE DERMATOLOGY

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Chest Medicine
Dermatology
Emergency Medicine

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Elective

Describe the pattern of illness in the population

- What are the common medical cases received at St. John's Hospital?
- What are the common emergency cases received?
- How does this compare with the UK?

During my time at St. John's Medical College Hospital I have rotated through chest medicine, dermatology and emergency medicine. Of these rotations, the cases presenting to the dermatology department were certainly the most dissimilar from those typically seen in a UK. As well as the commonly seen eczema, psoriasis and acne, there was a high case load of blistering disorders, including pemphigus vulgaris and toxic epidermal necrolysis, unusual infections and, of course, leprosy. There were a large number of dermatology inpatients, with severe skin conditions and resulting systemic illness.

Chest medicine presented, for me, a much more familiar range of conditions, although generally at a much more advanced stage than is common in the UK. Auscultating the lungs of patients with familiar conditions such as pneumonia, fibrosis and bronchiectasis brought unfamiliar, and at times completely alien sounds. In both inpatients and outpatients there were a vast number of cases of tuberculosis, however it was the complications from TB which were most striking, as patients often present late in disease and some don't present till years after the first episode, many patients had severe complications from TB that I had never observed. This was also the case with COPD – with type two respiratory failure commonly being the first presentation.

Emergency medicine had the most similar intake of patients compared with the UK, with the odd snake bite to keep you on your toes. There was a notable absence of minor injuries (such as lacerations) and chronic conditions (such as back pain and gastrointestinal upset) who are a normal feature of any ED in the UK.

Describe the provision of health care

- How are general medical and emergency services delivered to the population
- How does this compare and contrast with the UK

St. John's is a tertiary medical centre serving Bangalore and the surrounding area. It is a large hospital with 1200 beds, around 120 admissions daily and a daily outpatient population of over 1000. Although technically a private hospital, both the hospital and associated medical college are catholic run institutions that receive subsidies from the church. The hospital is therefore able to provide consultations and inpatient beds at a greatly reduced cost.

Most people do not have a family doctor, some will seek advise from local clinics but the majority present at the hospital and refer themselves to the care of a particular department. Patients can come to the hospital when it's convenient, they queue in the medical records department to request their notes or register as a new patient, request an appointment with a particular speciality and pay a nominal fee of 40 rupees (approx. 0.47p). They then wait outside the department for their number to be called. Although often seen by highly qualified professors and given the best available health care, the lack of family doctors and professional referral, like in the UK, can mean the patient is seen by the wrong department before getting properly advised on which speciality to consult.

In India the patient is responsible for their own medical records (for any care given outside of St. John's) – and they bring them, along with any imaging they have had performed (at one of the multiple private diagnostic centres) to clinic. This is very different from the UK in which it is the hospitals responsibility to keep and send notes when requested and the patient will often never even read their own notes. The Indian system has the advantage of all the required information being available at the appointment – unlike in the UK when notes are often lacking and imaging isn't available between trusts. It also encourages patients to be involved in their care.

The emergency department works in a similar way to those in the UK. Patients self-refer by presenting to the department and a record is created for them so that all of their consultations and treatments can be documented. All procedures and equipment used are recorded and a bill is issued, if the patient does not have the means to pay for treatment they are stabilised and transported to a government hospital were the care is given free of charge. I noted a distinct lack of ambulances – with the odd mini-van with "AMBULANCE" printed on its bonnet serving as a mode of transport but with little to no equipment and essentially just a driver, not trained paramedical staff. There is no central control for calling an ambulance nor is the ED notified of the events before a patient's arrival, giving the team no time to prepare.

Management of general medical and emergency cases

- How does medical and emergency management differ between St. John's and hospitals in the UK?
- Are outcomes for acute and chronic conditions better or worse?
- How does urban verses rural living impact on health?

Both medical and emergency management of conditions was remarkably similar to the UK. They have the same range of investigations (including MRI), medications (although they are sometimes harder to get hold of as many pharmacies are poorly stocked) and therapies. The approach to investigation and interventions provided was on a par with any UK hospital, in fact I was shocked to hear that one of the patients in the ED, suspected of having an MI, was just awaiting her triple panel results and would probably be going for on-site percutaneous intervention – something I felt was a relatively recent advance in the UK. One of the differences existed with rural based patients – if they presented to the hospital and would require follow up they were often admitted rather than seen in the OPD, to ensure they could have a full course of treatment.

Despite the similarities, the prognosis was often much worse because patients presented at a more advanced stage of disease. Many patients only presented when the problem was severely interfering with daily life – at which point (especially with many of the respiratory patients) – irreversible damage or complications had occurred or tumours had become inoperable. The delay in seeking help was in part due to the often stoic nature of the attitude toward pain and illness, and sometimes because of the cost of health care (its OK to pay 40 Rs for a consultation but the pharmacy bill is likely to be considerably more especially for a chronic condition). Additionally distance to good quality health care provided a problem. A gentleman living in a rural community presented to the ED with a snake bite to his foot – by the time of presentation (nearly 48h after the event) he was haemodynamically unstable and his foot had swollen excessively, he was given the necessary treatment, which would have sufficed if given earlier, but now needed admitting to the ITU. He had not sought medical help earlier because of the distance he would need to go. Satellite medical teams from the hospital do have scheduled visits to the rural communities but there is no provision for emergency care.

Professional & personal development

- How will I feel about working within a private health care setting

Working within a private health care system was one of the things which most worried, and intrigued me, about working at St. John's Hospital. Walking though the main entrance I was immediately struck by the sight of large billing counters and queues of people counting out money. I instinctively felt this was somehow inappropriate. Talking with doctors and St. John's medical students I began to understand how the service was run and felt reassured that the costs seemed, at least to me, very minimal. They also took full advantage of drug company reps – having large boxes full of free samples they gave out to those who couldn't afford to pay. St. John's seem to have some of the most highly qualified and knowledgeable doctors I have ever met – the medical students pointed out that the doctors at St. John's are not paid as well as those at other hospitals but that they are dedicated to the population they serve.