

India Electives Objectives

All India Institute of Medical Sciences (AIIMS)

1. What are the prevalent infectious diseases in India (New Delhi) and how do they compare to the UK?

The first part of my electives was carried out at AIIMS hospital in New Delhi, India. The hospital caters for a wide range of patients, from the very poor to the very rich (who are looked after in the private wing). As a tertiary centre, AIIMS deals with a wide variety of difficult cases – the commonest one being Tuberculosis. Even though TB is commonly seen in the eastern part of London, here at AIIMS, the cases of TB are more severe and advanced as I came across patients with Pott's disease of the spine and TB abscess of the psoas muscle. Other common infectious diseases are Dengue fever and Malaria, even though Delhi is a low risk area for malaria.

In most parts of the UK TB and malaria is relatively rare, except in East London which has a large population of immigrants from the Indian Sub-continent and Africa as well as people travelling to parts of the world where TB and malaria is more prevalent.

2. How are infectious diseases managed in a government hospital in India and how does this compare to the UK?

Despite being a hospital in a developing country, the management of infectious diseases at AIIMS hospital is very similar to the UK. Patients diagnosed with TB receive anti-TB treatment for 6 months. They are prescribed Rifampicin, Isoniazid, Pyrazinamide and Ethambutol for the first 2 months followed by only Rifampicin and Isoniazide for 4 months.

Sitting in the outpatient clinic, it became apparent to me that many patients get seen by the doctor only once and are then lost to follow-up. Patients are not thoroughly explained about their disease and therefore these patients comply poorly with medication. In cases of TB, this often results in drug-resistant TB.

3. Case write-up related to an endemic infectious disease in Delhi.

Mr S.K is a 50 year-old rickshaw driver who was admitted at AIIMS hospital on the 12/04/12 at AIIMS hospital. He has been suffering from back pain for the last year, more severe in the lumbar area and the pain was not alleviated by Paracetamol. 2 months ago, he developed pain in the left knee which now looks swollen and deformed.

Mr S.K was diagnosed with TB a year ago, in March 2011, when he was suffering from fever, night sweats and weight loss. He was then prescribed anti-TB medications but he stopped taking them due to the side-effects. Mr S.K has no other past medical history. He mentioned that some of his brothers and sisters had TB but was not entirely sure. He lives with his wife and 5 children.

Since his admission, a CT scan was performed which revealed spinal TB at L2-3 region and also TB of the left knee joint. He was restarted on anti-TB medication and explained thoroughly the importance of good adherence to medication.

As I took the history from the patient, he became increasingly upset about his illness. He was worried about his wife and how he would look after her as he could no longer drive his rickshaw and he had no other source of income. With my limited knowledge of TB, I tried to reassure him and encourage him to continue taking his medication. It made me

appreciate the health care system in the UK even more where doctors ensure patients take their medications and are followed-up appropriately.

4. Further improve clinical and communication skills and reflect on activities and experiences in India.

The time I spent at AIIMS hospital was thoroughly enjoyable and informative. Being in a government tertiary centre in New Delhi it meant that I saw very severe cases and pathologies that I would never encounter in the UK. On the wards, I examined a number of patients - one with one-sided pleural effusions in the entire lung field who has been in hospital for three days without any chest drain being put in and another with terminal lung cancer with no pain relief or palliative care input. I was very moved by how those patients never complained and were very grateful for whatever treatment they would receive.

The experience I had in the medical outpatient was one that could have never imagined. Each intern see about 60-70 patients in one clinic and with very limited medical equipment, they rely heavily on clinical examination. Due to the rapid patient turnover, doctors are so pushed for time that often patients are not given the chance to ask questions. The doctor-patient relationship is very different to the UK. In India, doctors are held in a very high esteem and therefore whatever doctors say, patients agree and telling patients off is quite acceptable.

However, even in chaos at AIIMS hospital, the doctors always strived hard to provide the best of care for their patients. It made me realise that no matter how imperfect our NHS system in the UK is, I should appreciate the good quality of care patients receive and aim to provide as good care as my predecessors did when I start working as a doctor.