

MY ELECTIVE EXPERIENCE IN INDIA

'Aapka naam kya hai?' 'Aapki takaleeph kya hai?' ('What is your name?' 'What problem do you have?'). These were the words that I spoke every day to every patient, whilst sitting in the middle of a dusty room, on broken tables and chairs, in the middle of some the largest slums I have ever witnessed. With no handwashing facilities, no sharps bins and a severe limitation in the help we could offer, we managed everything from small wounds to high blood pressure, to head injuries and dementia.

On my first day I was instructed to assist in the Eco slum school, which was effectively a small shed with a few medical supplies next to our accommodation where the local children would come in with their problems. This one young boy had had a motorcycle run into his leg. With the wound gaping across his calf, I cleaned it and dressed it with access to only some iodine solution and a basic bandage and sent him on his way. This was quite a sobering experience; having dealt with similar wounds in the A&E departments in the UK, a wound like this would have been sutured, with antibiotics provided for the infection, and most likely he would have been kept under supervision for a few days given his age. I also saw similar problems in the local refugee camps, where we gave out clothes, and carried out basic checks, but also spent some time interacting with the young children.



Visiting the refugee camp



Cleaning the wound from the motorcycle

Working in some of the hospitals and care homes, an astonishing number of patients had tuberculosis, and had clear signs such as diffuse crackles in their chest, night sweats and weight loss. 27% of global

cases of tuberculosis are for from India (1), highlighting the difference in the conditions one finds in a third-world setting. However, I found that money was at the forefront of treatment, and without upfront payment, patients would not get the care that they needed. I also found myself having to stop myself from speaking out against the mistreatment of patients. For example, there was an elderly lady who had severe pain across her abdomen and likely had a form of liver disease. To demonstrate this lady's pain, the doctor pressed hard on this area, whilst she protested in pain, and decided to draw the four basic quadrants on her abdomen to teach us, all whilst ignoring the patient, and not speaking to her once or asking for her consent. Another patient was suffering with alcohol withdrawal, and the doctor said 'dekho tumane apane saath kya kiya hai' ('look at what you have done to yourself'). This really demonstrated how some doctors had little regard for their patients, and instead saw their profession as a business, rather than a holistic one.



Doing a cardiovascular exam on a patient with dementia



Checking BP at a care home

I also spent some time in the local ultrasound clinic which I thoroughly enjoyed and learnt how to identify many of the different structures through ultrasound. The most prevalent condition I saw was renal stones, which can be explained by high fat diets and dehydration that many Indian people suffer from (2). Two different patients also came in with large liver abscesses with pus, after suffering from typhoid which is something I had never seen before in the UK. One patient also had a large intra-abdominal tumour which would have normally been operated on in NHS care, but unfortunately this

patient was not able to afford the operation. Furthermore, it was interesting to learn that ultrasound technicians are forbidden from disclosing the sex of the baby (3), as the typical culture favours sons, otherwise leading to dangerous abortions. We saw one such case, where a 24 year old woman had taken an abortion pill from an unknown place and had led to her having retained fetal parts and needing evacuation. This highlights the lack of female health education, and I am glad that we were able to talk to other young women and educate them on their own health problems.

A particularly shocking experience in this clinic was when a young lady who was 34 weeks pregnant came in, having been told by a previous doctor that she had oligohydramnios, hence why she came in for another check. The technician confirmed that the scan was completely normal, and this previous doctor had told her false information so that she would pay for a caesarean section, and he could profit from it. This was not the first case that the technician had seen from this same doctor. I was in complete disbelief when I learnt about this, and this was a core learning experience for me during my placement there.

As the only Hindi speaker in the group, I often found myself being able to connect to people on a deeper level. I really enjoyed visiting the local girls' orphanage, where I had long conversations with some of the older girls and what they hoped for themselves in the future. They wished to go to Canada to study English, or become an actress, or come to London to study accounting. I was delighted to hear the traditional cultural values of young girls having to marry as soon as they turn of age was not something that was expected of them. Just by speaking to the girls in their local language, and taking the time to listen to them, I felt I really bonded with them, so much so, that on my last visit, they all embraced me and gifted me a beautiful bracelet. Although the other medical experiences provided me with great learning experiences, I believe the greatest cultural value of the elective was visiting this orphanage. These girls that had nothing, yet showered me in love and kindness, and this is something I will never forget.



Some of the girls from the orphanage

Overall, I truly believe I made a difference treating the patients in the local clinics and I have come away having learnt a lot about a very different health care system, whilst improving my own communication and leadership skills.

BY: SHREYA AGRAWAL

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