

Elective Diary- June/July 2013

I had looked forward to doing my elective since the first year of medical school so I put a lot of thought into the country I would like to visit. I am very interested in global health, especially health in developing countries so I knew I wanted to visit a developing country. I eventually decided on India as I was really fascinated by the mix of religions that exist in India and in the traditions and culture surrounding those religions. I completed my Elective SSC at Holy Redeemer Hospital, Theni in the Tamil Nadu region of South India. The Holy Redeemer Hospital is a mission hospital run by a Catholic congregation, the Presentation Sisters.



The Holy Redeemer Hospital, Theni.

Week One

There were just two of us doing our elective at this hospital. We embarked on our journey to India both very excited and quite nervous. After almost 24 hours of travelling we finally reached Theni and the Holy Redeemer Hospital. We were exhausted but we had a very warm welcome from the Sisters at the convent and the hospital staff. We knew we would feel at home here for the next 7 weeks.

The hospital had many more facilities than we had realized. There was one full time doctor, Dr Sr Rajapushpam and a number of visiting specialist doctors from the government hospital who ran clinics and advised on the management of inpatients. There were also a full staff of nurses and healthcare assistants working at the hospital who were mostly trained in the diploma course they run there for

healthcare workers. The inpatients facilities included a medical ward with 2 labour rooms and a surgical ward with 2 operating theatres and a 4 bed Intensive Care Unit to care for patients post-operatively. In the outpatients department there were daily antenatal clinics and paediatrics clinics with facilities for basic blood investigations, infectious diseases screening, an x-ray machine and an ultrasound scanner. The majority of the case load was obstetrics and paediatrics but the hospital also provided a general medicine role similar to GP surgeries in the UK.



Nursing staff at the Holy Redeemer Hospital.

The Presentation Sisters also ran a Girl's School and a community centre on the same site. The school had over 2000 pupils aged 5-17 (about 50 girls to a class) and the numbers were constantly growing. The community centre was dedicated to providing education and skills-based training to members of the community, especially women, in order to empower them to gain employment or start small businesses. It also had a big emphasis on public health and health education. It became clear to us very quickly that the work of the presentation sisters in Theni was invaluable to the local community.

During our first week we we're gently eased into the working routine at the hospital as our jet lag would allow! We started to attend ward round each morning and get involved in the outpatients clinics. We were able to assist the doctors in the assessment and management of patients. We also got the chance to observe some of the natural deliveries and caesarean sections. It was quite difficult to watch the natural deliveries being conducted, the way they are performed in India is so far removed from anything we had experienced in the UK that it was really quite distressing for us. This didn't seem to stem from a lack of resources as you may think but actually from a lack of understanding of the process of normal labour by the healthcare staff (in Theni at least). This was something that we tried to improve at the hospital while we were there (in a very sensitive manner) but to little success unfortunately.



Pupils at the Presentation Convent School, Theni.

Week Two

We started the week by accompanying Dr Sr Rajapushpam to Varusanadu. This was a small village in the Western Ghat mountains about 2 hours by road from Theni. Here the Presentation Sisters have set up a small hospital for the local community. This was the only medical facility for miles around. It was run by 2 nurses but Dr Sr Rajapushpam visited each week to run a clinic and assess any inpatients. It was very sobering to witness what little resources these people had access to.

Varusanadu is a community of Dalits, the so called “untouchables”, so are very much forgotten by the local Government. It was so distressing to me that a whole sector of the Indian population were labelled as “untouchable” and therefore not provided with the support and care they needed when, as the poorest people in India, they needed it most. The Presentation Sisters have been working in this community for the last 30 years to provide education, healthcare and housing. They have transformed the community; when they arrived there was only one building in the village, everyone else lived in huts, now every family has a small house to live in. When we arrived we were greeted by some of the children of the community who performed a welcome dance for us. We helped Dr Sr Rajapushpam run the clinic in the morning and then were given a tour of the village. Everybody was so welcoming and happy to see us, so many families invited us in to share a drink and a snack. It was a very humbling experience.



Children dancing to welcome us to Varusanadu.

Experiencing the lives of people in Varusanadu.



The dispensary at the Varusanadu clinic. ..resources were very limited!



As the week went on we were also able to get involved in the immunisation clinic that runs at the hospital every Wednesday. We were able to give the immunisations ourselves which felt very nice to use some of our skills and actually be of use to the staff. We helped out at the immunisation every week after that.

It was just staggering to see how many people turned up to the outpatients' clinic each day. There were sometimes in excess of 200 patients to be seen by 3 doctors. People were queuing out the door and as the first patient was being seen the next came and sat in the consultation room to wait for their slot. Each patient could be afforded no more than 5 minutes of the doctor's time, which was not long for a full assessment of the patients' condition.

Week Three

In week three I was able to assist in caesarean section for the first time. It was such an amazing experience! The process of the operation is very close to how it is performed in the UK although the equipment was rather different. The anaesthetic machine was so old and very far removed from the high-tech versions that are commonplace in UK hospitals. Pretty much everything was washed, sterilised and reused too whereas in the UK things like gowns, drapes, scalpel blades, suture needles etc. are all disposable. The operating theatre itself was newly renovated following a generous donation from an organisation in the UK.



Me scrubbing up to assist in a c-section.

By this point the staff were getting to know us and our abilities a little better so we were also able to help with basic ward jobs such as wound care, suture removal and baby baths. It was great to feel like part of the team.

Week Four

Close by to Theni was an HIV hospice which was also run by the Presentation Sisters. We were able to spend some time there in week four learning about the lives of people with HIV/AIDS in India and their management in hospital and in the community. It was very shocking to hear how HIV positive people in India are often treated very poorly by members of the public; they find it very difficult to obtain accommodation or employment and are frequently subject to verbal and physical abuse. A lot of the hospice's work is centred around educating the local community about HIV both in order to reduce the disease transmission and also to reduce discrimination and violence against HIV positive people. There were a number of orphans there either from HIV positive families or who were HIV positive themselves, the hospice took them in off of the streets and provides a home and an education for them as well as attending to their healthcare needs. We were privileged to meet these young people who were so cheerful and friendly despite having such a difficult start in life.



Me and my elective buddy, Nicola with some of the orphans living at the HIV hospice and John, a member of staff.

Week Five

This week we made a trip down to the South coast of India to a place called Colachel. Here the Presentation Sisters had another hospital. It provided basic medical and obstetric care to the community and also had a large Naturopathy centre and an alcohol detox centre for people suffering with alcohol dependence. It was really interesting to learn about all of the alternative therapies offered by the centre and the belief systems surrounding them. Many of the patients held much stronger beliefs in traditional healing and Ayurvedic Medicine than in modern medical practices so the centre played a very important role in their treatment. The centre offered programmes for a wide range of different ailments. The New Life Centre was set up around 10 years ago for the

treatment of people suffering with alcohol dependence (now a growing problem in India). It was an inpatient facility where the patient and their spouse would stay together for 1 month. The staff helped them along a four step detox and recovery programme which included alternative therapies, medical treatments and counselling. I had no idea that alcohol dependence was such a huge problem in India before going there myself. The New Life Centre was one of a small minority of centres equipped to help people with this problem. I felt very privileged to sit in on some of the counselling sessions and hear the very sad life stories of some of the patients.



Staff at the Naturopathy centre with some magnetotherapy tools.



With staff at the New Life Centre.

Week Six

After returning to Theni we settled back into the routine at the hospital; attending ward rounds and clinics and observing deliveries. Later in the week we had the opportunity to visit the community centre to see the work they do. It was mainly run by one of the sisters and 2 community health workers. The aim of the centre was to increase the education and skills of the local community and provide health education. They were particularly concerned with the empowerment of women through education and skills. The centre ran a number of groups for men, women and children. We were able to meet a women's tailoring group which was a 10 week program which taught women basic designs for a range of garments and household items. They were then able to make them either for their own family or for profit and were helped to apply for a government scheme which provided a free sewing machine to people wishing to set up a tailoring business. After seeing the community centre the staff accompanied us on a visit to the slum area of Theni where we were able to meet some more of the women's groups and one of the "Childrens' parliaments" (a group of children who met to discuss local issues and were given guidance on how to tackle them such as writing letters and sending petitions to politicians). Everyone was very welcoming and generous which was very moving.



The children's parliament in Theni.

Week Seven

In our final week we mainly just spent time in the hospital to make the most of the time we had left. We also spent some time in the lab that week helping to process the laboratory investigations and taking blood samples. This was very interesting and something we have very little exposure to in the UK. We had a lot of goodbyes to say, it was very sad to think we may never meet some of the wonderful people we had become friends with again. The children at the school put on a concert for us to say goodbye.



A quick, simple test to find out a person's blood type.

With some of the teachers after the school concert.

