

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Medical elective Reflective Work – Apollo Hospitals, Chennai

The Apollo Hospital Group in Chennai is one of India's leading healthcare centres and caters to Chennai's vast 9 million metropolitan population. With its lead rank in the majority of medical specialities it often finds itself being the sought after place of treatment for various international patients. My future interest revolves around anaesthetics, and as such I asked to be placed in the Anaesthetic department. This gave me the opportunity to shadow and learn from the team, with its doctors covering a variety of medical areas including paediatrics, cardiology and gynaecology. This was my first experience in medicine dealing with paediatric anaesthesiology, and it was interesting to see the differences in approach in comparison to adults. Children are very emotional, and every normal procedure does become more challenging. The key was reassurance, with parents being allowed to stay with the child until the last moment and also a reversal with regards to induction, whereby gas preceded Intravenous drugs.

What are the major paediatric referrals in India? Understand how to treatment of said conditions impacts of the patient

The background of the country means that the presentation of cases in India is somewhat different to that of the UK. The major influence behind this is the country's booming population. The sheer number of people is an obvious reason behind the exposure to an array of medical conditions and in the UK it is unreasonable to expect the same. Furthermore, there are a significant number of cases whereby delayed presentation is the norm often simply due to lack of access to healthcare resources. As a result you often find yourself in a situation whereby diseases are more progressed and the patient's worse off with anaesthiologists then having to anticipate negative outcomes more than usual as it takes further medical input in order to bring the body's normal physiology back to normal states. With regards to paediatrics, it is normal to see everything we come across in the UK and much more (i.e increased incidence of congenital heart abnormalities, hypospadias, and inguinal hernias).

Congenital abnormalities are the cause of a lot of referrals in developing countries and India is no different. Birth defect incidences have not reduced in India for the last 8 years, with as estimated 1/33 infants being affected. The causes of this include the difference in the provision of healthcare, with the UK being very structured. The development of the child followed meticulously by the GP but the same cannot be said in India where children often present to the consultant for the first time with no record of prior medical housekeeping for the child as is the case in the UK with simple measures such as specialist nurses and red books. Those who are less well off often have no access to this. We can also add into this the lack of public knowledge/affordability on vaccinations, consanguineous marriage, tetratogenic substances and general public misconceptions. Of course this may not be the case in Apollo specifically but it may be the case across India overall. The treatment of such conditions is the same as any other, with a resulting increase in quality of life not only for the patient but for the immediate family as well. Ultimately this is our role as medical professionals.

Understand how the provision of anaesthetic services are provided in this predominantly privatised Indian system compared to the NHS, but also generally reflect on the nature of healthcare provision between the two

There is actually very little difference between how anaesthetic medicine was practiced in India in comparison to the UK. The only difference I noticed was the lack of a separate induction room but this seemed to be a very minor difference. There is of course a huge debate between whether privatised or government run healthcare services should be implemented in the UK at the moment. Spending time in India has allowed me to experience the nature of privately run corporations and it is of course a huge burden on the patient with regards to cost. Whilst the doctors are of high standard, the patient access to routine medical check ups, let alone major surgery, is often restricted.

Understand and reflect upon the role of the Anaesthetics MDT, especially with regards to trauma calls, ITU and infection control

The role of the anaesthetic team in the UK does differ significantly from what I saw in India. The privatised nature usually accounts for more sub specialisation with doctors being hired for particular purposes. The ACCS training scheme in the UK means anaesthetic consultants and trainees are expected to learn intensive care medicine in addition to standard theatres and trauma calls when bleeped and this is thought to be standard procedure across the NHS. However in India, sub specialisation means that critical care specialists handle ITU, whereas anaesthesiologists cover theatres only. The nature of the system also means that the hospital has services and specialist anaesthesiologists for each medical domain, which isn't always the case in every UK hospital given for example the Royal London may be a trauma centre of excellence but not handle cardiothoracic. Trauma was also handled in a very interesting manner here. Given funding, all traumas go to government hospitals as it is not feasible (for the patient in a lot of cases) for private centres to accept every trauma call and as such it operates on a referral system from one to the other. As result the team do not receive exposure to the primary management of emergency situations.

To develop a greater understanding of anaesthetics, but also improve as a doctor looking to start foundation training

My time in India has provided me with access to an area of medicine we do not get a lot of exposure to at medical school and I am grateful for that. The doctors and medical professionals at Apollo were very welcoming. Given the highly specialised nature of anaesthetics, I cannot comment on how much I have learnt specifically for my foundation post, but my time has given me a greater insight into whether a career in this discipline would be appropriate.