

Barriers to Optimal Healthcare in Rupin Valley, India

Danika Paulo

Rutgers-Robert Wood Johnson Medical School, Piscataway, NJ 08854

About the Trip

This past summer, I travelled to the North-East Indian state of Himachal Pradesh with the Himalayan Health Exchange group during the month of June. A group of about 30 medical students and 5 doctors, we embarked with a mission of travelling through the Himalayas and using our medical knowledge to improve the health and wellness of citizens in remote hill tribe villages who had poor access to health care. We were also accompanied by the leader of the HHE Program, Ravi Singh, and his team of porters who drove us, cooked for us, set up our campsites, and helped serve as Hindi translators in the clinic. Every day for two weeks, we hiked from our campsite nearby to the center of the closest village to set up our canvas tents for clinic. I soon discovered that there were many barriers to optimal treatment of these patients, despite our best intentions and efforts. After my time in this program, my clinical exam skills were certainly exercised, but more importantly, I became acutely aware of the common obstacles faced by healthcare providers working in the context of a foreign setting.



Geographic Location

Although breathtakingly beautiful, the state of Himachal Pradesh is quite desolate, being home to the Himalayan mountain range, and many forests, farms, and dirt roads. Villages are miles apart and most people do not have means of transportation other than by foot, since there was no public transportation. Some villages did not have electricity or running water either, which limited the medical equipment we could use on site and perpetuated the spread of disease. If a patient presented to our clinic with a medical problem more serious than we had the resources to help, then we would recommend they seek help at the nearest hospital, which sometimes would be 8-10 miles away and would require a long trek by foot. We could only hope that they actually did seek this attention, but realistically understand that many did not given their weakened state. The distant locations limited access to more advanced healthcare beyond what we could provide and negatively impacted the quality of life of the hill tribe villagers.



Limited Time and Resources

One major barrier preventing our group from providing optimal treatment to our patients was that we only could provide basic, acute care, since we were constantly on the move. In terms of medications and other medical supplies, we could only bring with us what our team was able to carry. Additionally, we were limited in the variety and amount of medications since all medications we had were donations. Medications were usually only dispensed for about a 2 week time period, after which the patient would have to find a local equivalent, which was sometimes impossible. The time we spent with patients was rather short, with each exchange lasting about 15-20 minutes. We also knew the reality that once we sent these patients on their way, we would never see them again, so there was no opportunity for follow-up care. Without the ability to follow-up with our patients, we were incapable of tailoring the treatment regimen to their needs, ensuring compliance with the medication, and confirming that it was actually working. Sadly, we had no way of making sure that our care had any kind of lasting impact on the patients' quality of life after their two weeks of medication were finished.

Use of a Translator

As you can see in the picture to the right, all medical interactions necessitated the use of a Hindi translator, which was another significant barrier to optimal health care. With any third party translator, there is an inherent risk that information gets lost in translation or is misinterpreted. Given the varying degree to which our group's translators knew both English and Hindi, I encountered many difficulties trying to communicate with my patients, sometimes getting two completely different histories depending on which translator helped me, and having to restate my questions in a slower and simpler fashion. Also, the patients spoke their village's local dialect of Hindi, which was also foreign to the urban translators from New Delhi. Adding another person into the interaction sets up an inevitable distance between the healthcare provider and the patient, which is difficult to overcome. I had to make a conscious effort to always talk to my patients directly, instead of at the translator, and to try to read their expressions myself. I sincerely appreciated the help of the translators since this exchange could not have occurred without their assistance, but sometimes it was a hindrance as much as it was a service.



A Typical Patient Visit

Patients were preemptively made aware of our arrival and once we set up camp, people from the village continuously sought us out all day. The hours would typically be from 9am-4pm, with the afternoons being busier. There were ten tents set up: 1 for patient registration, 1 for triage, 3 for adult primary care, 2 for pediatric care, 1 for OB/GYN, 1 dentist tent, and 1 pharmacy tent. A patient's name, age, weight, height, and chief complaint would be taken at the registration. Then, they would go to triage where their vital signs would be taken and depending on their medical problem would be sent to one of the 7 medical tents. A medical student would take a history, and do a focused physical exam, all the while communicating to the patient through a Hindi translator. A doctor would then check and amend or approve the student's diagnosis and plan, and the patient would be sent to the pharmacy tent to pick up any medications. Then, we would send them back to town, probably never to see them again.



Conclusion

Reflecting on this international health experience has made me realize how many barriers there were to our care, which ultimately diminished our impact and kept us from meeting our idealized goal of helping improve our patients' quality of life. During the trip, I often felt that these barriers were insurmountable and came to realize that my care would ultimately impact these patients' lives only transiently and to a lesser extent than I was hoping for. Nonetheless, it was still an unforgettable learning excursion and cultural immersion for which I am grateful I had the opportunity to embark on. Our group came and left filled with only the best of intentions and empathy for the patients we encountered. I genuinely believe we provided the best care we could given our limited resources and obstacles. I would recommend the Himalayan Health Exchange program to anyone looking to travel abroad, practice their clinical skills, meet new people, and learn about the nuances of global healthcare.