

Jessica Latona

## Global Health Summer Experience: Medical Interns India

After a year of medical school, I became aware of common issues that arise when interacting with patients that are accustomed to different healthcare systems and medical treatment. I felt seeing how healthcare is delivered in other countries would help me handle these situations better. Medical Interns India provided an opportunity to work in a state of the art hospital on the outskirts of Delhi, India. Throughout the program, I lived with a family in South Delhi. It was a very urban setting; always full of people and lively encounters. I took an autorickshaw to the hospital every day. The program itself was very flexible and I was able to shadow physicians in critical care, surgery, nephrology, and pulmonology during the four week duration.

Aforementioned, the hospital was very modern. The facilities were clean and air-conditioned. All of the physicians at Fortis spoke fluent English and many had also trained outside of India. As eager as I was to find out about a physician's life in Delhi, they too were excited to detail their travels and experiences, and were interested in finding out about our lives and what brought us to India. In general, the technology and standards at the hospital were very similar to that which can be found in the U.S. However, there were some aspects that took me by surprise. For example, due to the large number of dialects that are spoken, communication barriers even existed between the doctors, nurses, and patients. One of the most surprising aspects of our medical experience was how commonly people came from other countries (Iraq, Kenya) for medical care. It also became apparent very quickly how important a patient's financial capabilities were to the level of care he received. Since Fortis is a private hospital, the business end of healthcare is at the forefront of any patient's chart. Patients chose which type of room (from multiple occupancy with curtain separators to the "presidential suite") they wanted to be placed in based on the daily cost of the stay.

### *A Comparison of a Regular ICU Bed and the "Presidential Suite" at Fortis*



Because many of the doctors at Fortis had trained in government-run healthcare institutions, they really encouraged me to explore the differences, especially since that was the place where most of the population received their healthcare. I had the privilege of shadowing several surgeons during their weekly scheduled out-patient sessions at All India Institute of Medical Sciences (A.I.I.M.S.). The stark contrast between Fortis was noticeable immediately. Outside the ED, patients were found lying on the ground with catheters, parents holding their crying children, and others sleeping on the bare metal stretchers. Unlike Fortis, where there is a greeter and information desk in the front of the hospital, A.I.I.M.S. was much harder to navigate. Wandering the campus in search of the doctor I was meeting with, I was able to see how run-down and unclean the facilities were. The waiting areas were crowded; it was difficult to walk through the hallways. I learned that patients come from all over the country and often times sleep at the hospital for days in order to get an appointment. The quality of the medical products, supplies, and sanitary precautions were far less sophisticated. I clearly remember a doctor saying that it is amazing that patients actually get better when they are treated even under suboptimal circumstances such as those accessible at A.I.I.M.S. It was surprising to see how organized and efficient each of the consultation appointments was.

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*Waiting Area and Exam Room at A.I.I.M.S.*



My experiences made it very clear that there are massive inequities in access to healthcare. The wealthy (and foreigners) can afford the modern services while the poor often sacrifice other necessities in order to access the same services. Privatized healthcare centers are generally restricted to urban areas and do not have the capacity to meet the demands of the entire population. Most only get basic care through the national health service at government hospitals which are funded by taxes. 700 million people have no access to specialist care and almost one million Indians die each year because they do not have access to adequate facilities. It is disheartening when it is taken into account that India has the largest number of medical colleges in the world and licenses the largest number of new doctors each year. It seems that India is exporting many of its finest doctors, leaving many citizens without access to healthcare. This program was a great opportunity to broaden my perception of how healthcare is delivered in a variety of settings. I would have liked the experience to have been more “hands-on,” but would recommend this trip for someone who has more training and would have been allowed a more interactive role. In addition to the medical experience I acquired, I had countless opportunities for cultural enhancement and travel. It definitely gave me the insight into the essence of Indian culture which I was hoping for.