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The idea of understanding and practicing medicine in a different country was always a curiosity and interest of mine. Hence, when the time and opportunity for international health presented itself this past summer, I decided to embrace it wholeheartedly. My experience in international health was at Thrissur Medical College, a government hospital in Kerala, India. Here, I was under the direct supervision of Dr. T.P. Antony, an internist and rheumatologist by training. Being a teaching hospital, I was allowed to shadow various physicians, obtain histories of patients, attend lectures along with the second year medical students, as well as shadow "fifth" year medical students in an outpatient setting. As such, I felt that I was given a very thorough perspective on numerous aspects of the way medicine is practiced and studied in Kerala, India.



My international health experience taught me a great deal about medicine, and the way medicine is practiced. The majority of patients seen in the medical wards at Thrissur Medical College were infectious disease cases. Hence, I learned a great deal about the pathogenesis, diagnosis, and management of patients with AIDS, tuberculosis, rheumatic fever, and much more. In addition, I also saw many cardiac and rheumatic conditions including mitral stenosis, ankylosing spondylitis, and congestive heart failure. I noted a very systematic and thorough approach by every physician at the hospital. Moreover, a significant emphasis on clinical skills was evident. In nearly every case, the idea of serology and other "expensive tests" was left as a last resort, if

and only if the diagnosis could not be made on history and physical alone. This was not only the approach but also the economic reality of being a government medical college in a developing country.

I was also allowed to attend lectures with the second year medical students. I attended a variety of lectures from biochemistry and physiology, to the "physical diagnosis," class in which students were taught the approach to taking a history and physical. In a few weeks, I developed many friendships with the second year medical students that I worked with closely. I had many questions about their lifestyle, study habits, and perspective about medicine. Similarly, they also had a number of questions regarding my day to day life in the United States both as a medical student and as an Indian American. Therefore, I developed a great respect and appreciation of my fellow colleagues at the medical school as students and as friends.

Interacting with a variety of patients, I developed a greater sense of appreciation of the South Indian culture. I learned how the doctor patient relationship is a very unique one in that the doctor is given the utmost respect, and his or her recommendations were always followed. Moreover, another interesting aspect of the hospital was the separation of the wards by gender. In addition, a male physician was not allowed to examine a female patient alone. The idea of male and female separation was not only evident in the hospital, but also in the public buses of South India . The females usually sit at the front of the bus, while the males sat at the middle and back. This is not meant to be a sexist measure, but rather a means of respect for women.

I learned a great deal about the Indian culture, the practice of medicine, medical students, and the way of life in South India . I am glad that I decided to embrace this opportunity.