

Elective Grant Report



On outreach medical camp - the cutest kid in the land!

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Lady Willingdon Hospital is a 55 bed Christian Mission Hospital in Manali, Himachal Pradesh, a beautiful town nestled in the majestic Himalayan mountain ranges of northern India. For many remote villages in the surrounding region, it is the only hospital providing healthcare for the locals. I was incredibly fortunate to spend six weeks in the mountain scenery learning about life, medicine and myself in the presence of new friends and inspirational leaders.

The overnight bus from Delhi groaned its way up the winding mountain road, the River Beas coursing swiftly alongside, winding its way through the valley. I rose with the sun and took in the light, illuminating freshly fallen snow gleaming off the tops of the mountains, filtering through the grasses and the trees, bouncing off the surface of the river. It was a Sunday, the day before I was due to start my elective placement in Manali. I arrived at the mission campus that Sunday morning to the sounds of Hindi-language Christian hymns coming from the small chapel set off to the side of the main Hospital building, local kids playing basketball on the courts adjacent the mission school buildings and the magnificent mountain scenery in the backdrop. The serenity of the scene that quiet Sunday morning seemed to herald a peaceful six week period in my mind.

And then there was Monday. The morning came and the outpatients department was full of patients waiting to be seen – approximately two hundred patients would be seen between about five doctors that morning. In addition to this, almost one hundred women would be seen in antenatal clinics by the obstetrician and junior doctor. It was the busy tourist season in Manali which meant that patient throughput was at peak levels for the year. A land of contradictions, the frenetic pace on the ground juxtaposed against the still mountain backdrop, foreshadowed the six weeks which lay ahead of me - beautiful (organised) chaos.

Manali is a beautiful rural town, home to about 8,000 locals. It is popular with tourists from around India and abroad who come seeking snow, adventure and the beautiful mountain scenery. The catchment area of Lady Willingdon Hospital (LWH) covers a wide expanse. It is the only hospital providing healthcare for residents in the surrounding remote villages, servicing a population in excess of 30,000 people. Six weeks stretched out ahead of me and I was excited to be getting underway. For me, this was a part of India to which I had never travelled before and I didn't really know what to expect. I was spurred on by a desire to spend more time in my ancestral home, gaining insight into the local healthcare systems and learning about the practice of medicine in the context of a different country and circumstance. I saw it as an intersection of a number of my interests within medicine including rural and remote medicine, practice in a developing country and tropical medicine, with some wilderness medicine thrown in to boot. A raft of thoughts and emotions swirled within me as I began my journey north. I'd travelled some distance from the clinic in Katherine, Northern Territory where I'd first heard about the placement from one of the rural GP trainees.

The Hospital is run by a husband and wife team; Dr Philip, a general surgeon and Dr Anna, a physician. They work tirelessly year round for their patients and the community, inspiring all of their staff with their dedication and diligence. They see many patients during the day in clinics and theatres, in addition to receiving countless calls for advice throughout the night from the junior doctor in the emergency department. Having to make final decisions about a wide range of patients is a burden which both carry with the utmost care and composure.





No scrubs - at one of the clinics preparing to see the day's patients



Members of the team heading back down the road from the camp



The B-Team - with two junior doctors, the remote area healthcare worker and the ambulance



One of the camps in the Lahaul region

The staff at LWH featured some of the most impressive doctors I have ever seen. Dr Dennis, the young orthopaedic surgeon, in addition to his duties as the sole orthopedist also performed regular caesarean sections and had an extensive knowledge of internal and critical care medicine and paediatrics. It served to illustrate the nature of the work in a rural hospital - all of the doctors were rural generalists and demonstrated their skills and compassion in their service every single day.

It took a few days to find my feet and settle into my new surrounds. Starting each day with a hot cup of chai, I would then join the team of doctors on the daily morning round which was always a chance to learn something new and interesting. Following the round, the doctors would disperse - into outpatient clinics, the emergency department or the operating theatre, depending upon the day. Pursuant to my interests, I wound up spending most of my time in emergency working alongside the junior doctor, Dr Augustine. Dr Augustine was running the department for the day and night, however we also found time to chill out watching NBA and dine out in our downtime. Common presentations included gastroenteritis (particularly amongst tourists) and respiratory viral illnesses. Tuberculosis was always something to think about as a differential and there were extrapulmonary cases affecting the abdomen and spine. Trauma was also very common. There would usually be a few calls during the night to suture minor wounds which improved my skills significantly. Midnight feasts together with the sisters who were on night call who each brought some food to share were a special way to pass the early hours together. The working environment was geared towards patient outcome, but informal and enjoyable, with less emphasis placed on paperwork.

An important aspect of the Hospital's efforts are directed towards running outreach services to the more isolated parts of the region, deeper within the Himalayan mountain range.

I was very eager to participate in one of the remote medical camps which are run by the Hospital in some of the surrounding mountainside villages and towns. Remote outreach clinics took place across the wide Kaza and Spiti regions in the Himalayas. These are places, similar to parts of Outback Australia, without ready access to healthcare. These isolated towns and villages in the mountains become inaccessible in the winter months as the roads become impassable due to snow. Medical camps from LWH bring doctors, sonography, nursing, dentistry, pharmacy, optometry and rural healthcare workers together to provide services to the locals. Along with this, they also serve as screening camps for the surgical teams which then visit later in the year.

Many locals would take the opportunity to have a general check-up and to discuss any current or ongoing ailments. I was fortunate to accompany the team for the final week of their three week-long medical outreach camp and see patients alongside the junior doctors on camp. It was a great way to learn about life in the mountains. In all of my interactions with patients, I found the locals to be generally stoic, facing life with optimism and an easy smile. Toothless smiles from the young and the old alike brought great cheer to the spirit. Shy, young female Lamas were a source of some amusement and confusion as they spoke softly to me of their ailments, giggling all the while as I asked them to repeat themselves. One lady had the whole room laughing, herself included, when she complained of acid reflux and subsequently disclosed that her daily diet included upwards of ten cups of the sweetest tea every morning! We were brought several cups of this delicious tea throughout the day by our hosts as the clinics went on, and by the end of the week, I understood her compulsion.

Day camps were set up in available clinic spaces, local schools or monasteries which could be utilised for service provision. It was normal to see 200 patients per day between the two junior doctors and myself, which was an excellent opportunity to learn from these two brilliant young ladies.

Once the clinic day was over, some of my fondest memories from 2017 will remain playing card games and Ludo every night, especially when I aggrieved our elderly host by making her pick up cards in Uno or sent her pieces home playing Ludo!

The working culture was something I came to really admire, for the workload was often very demanding but the spirit of fun and teamwork made the difficult times pass amicably. On countless occasions when the casualty department was swamped, a passing doctor would call by on their way to dinner to offer a helping hand and takeout requests! Dr Dennis would take calls through the day and night and would frequently assist the lone doctor on, and Dr Philip did the same on many occasions. It was heartening to see senior doctors who were so involved 'on the ground' as it were. It represents an attitude towards their work as service and a camaraderie in teamwork which I hope to be able to emulate in my future practice.

The last official night of my stay was a Saturday. I had a bus booked for 0200 that Saturday night/Sunday morning to take me further north into the Himalayas. The new friends I had made among the junior doctors at LWH had taken me out for dinner and we clustered together in the casualty department, wiling away the final hours. A man in his late fifties then presented to emergency brought in by his family following an unconscious collapse or a syncopal episode. On arrival, he had a decreased level of consciousness, responding only to painful stimuli, unable to articulate the nature of his infirmity. He was placed on a cardiac monitor - the rhythm was one I recognised instantly. Third degree heart block, where the top and the bottom half of the heart are out of sync with one another. External pacing pads were placed to establish a line of communication, so the heart would beat as one. The hours that followed were a blur of activity - repeat ECGs were suggestive of possible ischaemia/heart attack (before or after his heart block, we weren't sure), he had a brief period of arrest where his heart stopped beating and we tried to get him as stable as possible to enable transfer to the nearest cardiac unit, which meant a long, difficult night's drive for the paramedic. It was heart-warming the way the staff had all worked together - three of the junior doctors and Dr Philip were on hand to help out.



A long and winding road - one of our stops in the picturesque Spiti region of Himachal Pradesh



We set up camp in the local monastery for a day - with the young Lamas (monks)



Some of the team visiting one of the local monasteries during downtime



The end of another day

For me, this captured the spirit in which the staff worked – though gruelling, they worked as a team, for one another and for the patient. The vital role the Hospital plays in the ecosystem of the town and in its surrounds, as well as some of the challenges it faces, was apparent to me to the last moment. At 0100 it was time for me to depart with some quick goodbye hugs, just as the ambulance was about to leave. He had been given a chance by the actions and care of the doctors at the Hospital, but on this occasion it wouldn't be enough. On my return from the mountains I found out that he had survived the journey and made it to the larger hospital but sadly he had subsequently passed away.

My surprise at the excellent standards of care revealed something of my hitherto subconscious preconceptions about the quality of medical practice in developing nations like India. The care received by locals in many cases equalled or exceeded that which I had witnessed in my clinical experiences. I witnessed the deliverance of good healthcare as time, space and means became limited resources.

Everything which could be re-used, from scrubs to gloves, was run through an autoclave. It was all a part of minimising the cost of care to patients and their families. In India, medical costs can become a crippling financial burden. A hard thing to confront was instances of means limiting choice. I remember a day clinic in Jibhi, a beautiful village 100 kilometres away from the Hospital, from where the Hospital runs fortnightly clinics. A middle-aged lady presented with vague complaints of tiredness and on testing her blood sugar level was found to be markedly elevated, 5 to 6 times the normal limit. Unfortunately, the clinic did not have appropriate medication for her and she was unable to present to the Hospital to receive the care she would need. This was both due to limited means on her part, and a lack of understanding on the part of her husband of her need to have treatment, in spite of our explanations. This woman's story truly illustrated to me how a number of local and systemic factors – geography, socioeconomic status, education, gender inequality – could intersect to affect health outcome.

Looking ahead to the future and looming on the horizon as one of the big upcoming projects for the Hospital is the introduction of aeromedical evacuation services to the region. The catchment area of the Hospital encompasses a large geographic region and the patterns of weather would make the ability to transfer patients from remote places to higher centres of care an absolute game-changer, a lifesaving initiative.

I am thankful to MIGA for their Elective Grant which will go towards offsetting the costs of a recent remote surgical camp held in the remote Kaza region of Himachal Pradesh. A team of general surgeons from LWH teamed up with a few colleagues from other mission hospitals around India to see upwards of 1,200 patients in outpatient clinics. They performed 23 major surgeries, 24 minor surgeries and 25 eye surgeries (principally cataract surgery) in addition to conducting 460 ultrasound examinations in the course of this camp. These services are provided free of cost to those in need in these areas. Unfortunately, this year the Hospital did not receive any financial assistance from the government and so the costs were carried by the Hospital alone. The MIGA Grant was a welcome source of funding for the outreach surgical camp and a wonderful cause to be able to support.

I highly recommend this elective to all medical students and look forward to returning some day in the not-so-distant future.

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