

In an attempt to decipher the key similarities and differences between the US and Indian healthcare systems, I decided to pursue a varied healthcare project for 4 weeks near Delhi, the capital of India. I did a 4 week internship through the IFRE, International Field Research Expedition. The culture of a place will undoubtedly affect all aspects of functioning in a given country. My first week was spent in Delhi with a host family understanding and learning more about the lifestyle and culture of India. I also learned some Hindi that would be relevant to my time in India; this also aided me in subsequent weeks while working at different health sites. I also spent a good deal of time inquiring about the medical culture of India in terms of what is expected, allowed, and prohibited.

Very quickly I realized that doctors are given much more authority and power in India than in the US. Weeks two through four took me to Faridabad, a fairly rural city of one million with patches of urban centers. This city was much smaller than Delhi, the capital of India with a population of 16 million. I stayed with another host family during my time in Faridabad. I worked at a few different sites during my time there- primarily the Sirohi Medical Center, QRG Central Hospital, and a free mobile clinic operated by HelpAGE India. Sirohi Medical Center was a smaller hospital with somewhat limited resources whereas QRG Central Hospital was a large state-of-the-art hospital.

Sirohi Medical Center is a fairly small 14 bedded mini no AC hospital that provides adequate medical care at an affordable price. During my time at Sirohi, I worked primarily with Dr. Amit, Dr. Shivani, Dr. Kavita Sirohi, and Dr. Hemant. I learned a great deal about the medical culture while working with each of them. Sirohi was a mini-hospital yet it also was a clinic where doctors had outpatient visits. Usually one doctor would be sitting in the office and

see patients on a first come first served basis. As soon as the patient walks in, they usually go to the doctor's office and check if there are other patients. If so, they wait in line but if not, they go right in to be seen. The doctor asks questions about the patient's ailment while the nurse takes vitals. After taking vitals, the doctor takes the patient to an examination table in the office to do a quick physical exam before making a diagnosis and writing in the patient file.



Picture above from Sirohi Medical Center

The table to the right is where the doctor would sit facing the patient while talking and writing in the notepad. The examination table is to the rear center in the picture. The other medical equipment and needles are found in the cart and cabinets against the wall in the rear and to the left in the picture.



Dr. Shivani



Dr. Amit



Drug rep presenting to Dr. Shivani. The drug reps presented in much the same way as in the USA. Most of the presentations were done in English.



There were several of drug rep presentations. Above is the drug rep presenting to Dr. Hemant, who works at both Sirohi and QRG.

I learned many things while at Sirohi Medical Center but most importantly I learned that it is relatively inexpensive to see a doctor; however, the quality of care given is reflected in this decreased cost. It costs 100 rupees for one doctor visit and to put it in perspective, the average general laborer in India will make at least 6000 rupees a month. This is in striking comparison to a doctor visit in the US costing a minimum of \$100 without insurance and the monthly salary of a general laborer is around \$1500. This means a doctor visit relatively costs four times less in India than the US. This made sense because after talking with the doctors about this striking

difference, I realized that basic healthcare maintenance is relatively inexpensive anywhere but it's the overhead expenses and office staff expenses that are high in the US. The most common medical problems I saw included diabetes, pneumonia, gastrointestinal issues, and a few sporadic cases of malaria. Diabetes is a serious problem with the largely vegetarian diet and the popularity of sweets in India. The cutoff widely accepted in India to diagnose a patient with diabetes is 110 mg/dl fasting blood sugar. This is lower than that accepted in the US of 126mg/dl. Studies have shown that various races have different glucose tolerances, hence the variations in accepted glucose cutoffs.

The next healthcare setting I was able to observe was QRG Central Hospital with Dr. Hemant. He worked at Sirohi as well as QRG. QRG Central Hospital is a fully modern hospital that reminded me of a normal hospital in the USA- fully air conditioned, proper front desk staff, and multiple stories with specializations ranging from the ER to the NICU. There were however a few marked differences: there was a ground floor where doctors could see patients on a by-appointment basis and in exchange the doctors paid the hospital a portion of the revenue. The cost per visit was 350 rupees unless further testing was needed. Another difference was again Dr. Hemant's office also had an examination bed. One of the most striking things I noticed though was the lack of privacy- patients' info was posted publically on each floor, as seen below:



Dr. Hemant

BED NO	NAME OF THE PATIENT	CONSULTANT	DIAGNOSIS
01	BABY ARCHUL	DR AMIT MGLANI	PERITONITIS
02	MR VIPIN	DR VC/DR HG	CAD
03			
04	MRS RENU	DR POONAM	PP SWELL
05	MR JAGDISH	DR VC/DR HG	D PICA
06	MR MAHARAJ	DR VC/DR HG	CAD + DMET
07	MR LALET	DR AK KUNDU	HEMODIALYSIS
08	MR CHEHAN DAS	DR S MISHRA	HT + TN
09			
10	MR JAIKUP SHARMA	DR RAJEEV	CAD + P

HAVE A NICE DAY

TOTAL PATIENTS - 6
DATE - 22/6/12

Patient info board in the waiting area

The last experience I had was during my last week and a half and this was the mobile ambulance. It was through HelpAGE India, which is an organization set up to provide essentially free healthcare to the poor elderly of India in rural settings. Every day, there is a morning and afternoon shift. Each shift is approximately 3-4 hours with a 2 hour break between them allowing for lunch and paperwork. Every week, we visit 10 different sites (2 per day, Monday through Friday).

Over the course of the week and half, there were close to 1000 patients. So it was a fairly quick paced environment to say the least. Because of how busy we were, we actually never fully realized that it was close to 105°F every day and there was no A/C. I would drink close to 5-6 liters of water a day to ensure I stayed well hydrated. It was amazing seeing the patients as they came one by one. Most were established patients just coming in for checkups and to get medicine for the next few weeks. The most common problems were high blood pressure and diabetes.

During my entire time in India, obesity did not seem to be as big of a problem as it is in the US. Overweight and obesity issues were prevalent more with the upper class; it was seen as a sign of wealth among some communities. Since this was a free clinic, many of the limits were

relaxed. For example, the doctor would only consider anything above 140/90 as something that needed to be further examined. This was because there were many other patients with even higher blood pressures and more pressing problems that there had to be some selectivity. Also, there seemed to be a shortage of drugs on certain days so medications had to be conserved as well.



The driver first checks in the patient by giving him the patient identification card

Then the patient comes to the back and I take vitals and discuss the patient with the doctor. We then record the diagnosis or document the chronic ongoing issue and give the identification card back to the patient.



The patient then comes to the side window and picks up his medication from the pharmacist who looks at the patient card and dispenses the proper medicine from various blue bins.



Everyone in front of the ambulance at the end of one day. From left to right: Me, pharmacist, doctor, manager, driver



Taking a blood pressure at one of the busier sites before the doctor sees the patient



A retirement community we visited one day.

This was an amazing 4 week experience that I know will greatly aid me as I continue my journey to become a physician. I was able to witness and take part in many of the similarities and differences of the healthcare system in India as opposed to that of the US. I would like to take this opportunity to say thank you to the Brody Family, the board of directors, and the very helpful office staff for making this trip possible.