

## Medical Anecdotes from India

For my elective in my final year of medicine, I did two expeditions in northern India over 40 days – the Spiti Expedition and Medical Anthropology Expedition of June-July 2017. It made for the most beautiful, enlightening, inspiring, humbling, and soul-satisfying experience of my life. Although making up the minority of my journaling from the trip, I thought I'd share some of the clinical encounters that had me stopping and reflecting at the end of the day.

### Tabo

After three long days of travel on mostly unsealed road, meandering along the base of the Northern Indian Himalayas with breath-taking scenery, we finally arrived at our base for the next five days. We're staying in guest houses beside a monastery built in 996AD – the oldest Tibetan temple in India! The four clinics we've run so far have been a lot of fun, seeing roughly 100 patients a day, in school yards, apple orchids, and in the local hospital. The common presentations have been vision problems and eye soreness from harsh weather exposure, reflux disease, skin infections, arthritis, and anaemia/nutritional deficiencies. The people are just so happy, so trusting and appreciative, and so beautiful! They have bright bold tapestries, women cradling a little bundle of joy on their back, with nicely combed black hair, gold jewellery and colourful clothing, and their faces decorated with a wide bright smile and wrinkles from smiling!

### Kaza

Today we ran a clinic in a town 30mins away, which just so happens to be one of the highest settlements in the world! We ran a hillside clinic, seeing around 150 patients, making it our biggest clinic day yet. I was on triage, which I thought would be quite cruisey, but I was absolutely knackered by lunch time, as were most people. At the end of the day, two of the doctors, another student and I did a home visit. We walked further into the village, scrambled up a dirt hill and entered the house through a tiny door-frame into what looked like a cave, and followed two steep flights of stairs up into a room. We found a woman sitting over the side of her bed, with her 10 year old son sitting quietly in the corner. She fell down her stairs two years ago and broke her back, and hasn't been able to afford spinal surgery. She's unable to walk without the assistance of her son, who helps her to a from the bathroom located down a flight of stairs. He further cooks and cleans and manages the house for the both of them. There are also generous people within the village who bring them meals occasionally. Upon neurological examination, she had significant weakness in her left leg, with moderate strength in her right. We encouraged her to use a cane or a walker to aid in mobilisation and build muscle strength, but in all honesty, we couldn't imagine a worse environment for her to live in. It was a sad prognosis for both mother and son.

### Rangrik

Today has been a relatively quiet clinic, set up inside the town temple. I've had success with managing patients on my own, which is always a nice feeling. I had a 12 year old boy come in with a one-off small nose bleed from yesterday, which resolved spontaneously with a bit of cold water. I thought it was peculiar that he made the effort to come in with his friend, so I asked about his ideas, concerns, and understanding. It turned out he was worried he'd have anaemia from the minute blood loss... The concern for blood loss I'm assuming arises from the well-known prevalence of anaemia among

the women, who come into clinic presenting their hands and pressing their palms, as if showing you their capillary refill. With some reassurance and education, the boy's face instantly softened and lit up with relief. Lesson learnt – asking about ideas and concerns and providing education might just be all that's needed to 'treat' the patient.

### *Second Expedition*

#### Tabo

Today we had clinic in a little village just 3km from the Chinese border. A 23 year old female came with her 1 year old son with what sounded like a 3 day history of an incomplete miscarriage of a 10 weeks gestation pregnancy. After asking more about her symptoms, I took a moment to realise the loss and grief this young woman must be dealing with. I paused and placed my hand on her knee and asked the translator to tell her I am really sorry for what's happened. He looked at me and innocently replied, "Well that's not going to do anything", and waited for instructions to translate more efficient and helpful information. It showed the cultural difference in expectations of the role of a doctor.

#### Kaza

It was 5pm after a long day of clinic. As I'm showering, I thought I heard a knock at the door, but keep on showering. Just as I dry off and dress myself, there's more knocking at the door. I answer and it's one of the staff, "Elisabeth, we need you. Sick patient downstairs.". I grab my stethoscope and pen light and head down. A 75 year old gentleman has come in with a 6 day history of acute abdominal pain. He's sitting in the lobby of the hotel with a family member to help translate his local dialect. As I'm taking my history, I'm careful with every question I ask, as it takes three people to answer; it goes from me, to the staff member, to the family member, to the patient, and back again. It's been 20 minutes and I've taken my history, done my examination, checked his vitals, blood sugar, and urine. My top differential is acute pancreatitis. The three doctors and nurse practitioner are out shopping in the market, and I have an idea that they'll be back in the next half hour. But until then, I'm frontline being asked, "So what medicine do you want to give him?". I take some space, grab one of the pre-med students and talk through my thought process, as would an intern on the ward who's just slightly freaking out (actually, an intern would've referred the patient on to a senior a long time ago and definitely wouldn't be calling the shots). Luckily, two of the doctors return (who speak Hindi and a bit of the patient's language), and I handover my summary and differential diagnoses. As they continue with the investigation, it's obvious some information was lost in translation, but nonetheless, I was in the ballpark. It came down to either pancreatitis, kidney stones, or something to do with his spleen. He clearly needed more of an extensive work up in a hospital, of which is nine hours away on an unsealed road. We didn't have the medicine he needed, but suggested some to get from the local pharmacy in the meantime. We debriefed as a team afterwards, and was really encouraging to hear their positive feedback on the work-up I'd done. It was such a rare learning experience I'm very lucky to have had. I'm feeling slightly more confident in taking on internship next year.

India is a country that surprised me entirely; it was an incredible journey for which I will forever be so grateful for. I'm also grateful for the outstanding staff of HHE; we couldn't have been in better hands. I'm honestly already excited for my next trip!

*Elisabeth Dumitriu, M4, Griffith University, Australia*