Elective Report – West Bengal

I spent seven weeks in Purulia, a rural area of West Bengal, in the Leprosy Mission Hospital. This is a 120 bed hospital specialising in all aspects of leprosy care, and which also treats general patients, particularly those with dermatological, ophthalmological, orthopaedic and diabetes related complaints. I chose this hospital as a friend of the family spent some years in the 1960s as a missionary there, and so I had heard a lot about it. I was eager to see how the hospital now compares with the work done there in the 1960s when leprosy treatment centred on Dapsone. I considered that though leprosy is not endemic in Britain and I am unlikely to see any cases within the NHS, many lessons and skills learnt from working with leprosy patients are applicable to clinical practice here. The hospital I was working in had a large multidisciplinary team, Doctors working closely with physiotherapists, lab technicians, primary health workers and counsellors to treat leprosy patients holistically.

When I planned my elective I thought that I would spend a lot of time using the clinical skills that I have acquired whilst in clinical school. I presumed that there would be a need for me to cannulate, take blood, do dressings and catheterise. In fact I did relatively little of this as the hospital had an abundance of partially skilled staff that were able to perform these tasks. In fact, on the few occasions when I did take blood it really only slowed down the work. I spent time in clinics, with the community outreach team, with the primary care worker and in theatre. I also spent time in what remains of the ‘mercy home’ where 7 women live full time since they were rejected by their communities after developing leprosy related disabilities years ago. I was able to assist in minor surgery – debriding ulcers and amputating toes. I had not intended to spend much time in theatre as surgery is not a specialty I have a particular interest in, but in fact it was a good opportunity to gain experience suturing, and developing surgical technique. Though I still do not wish to pursue surgery as a career it was undoubtedly useful to gain some experience. Sitting in on clinics was of limited usefulness as the consultations were exclusively performed in Bengali or Hindi. Though I picked up some Bengali during my time in West Bengal it was not enough to be able to follow complex consultations. It was beneficial how ever to get a feel for the length and style of consultations, I did a lot in the way of clinical examinations and the doctors were often happy to translate some of the dialogue for me.

One of the most valuable experiences was getting to examine patients with serious pathology. Particularly knowing that there were very limited imaging opportunities forced me to focus on examination and eliciting signs. For example one gentleman came in with shortness of breath, on examination he had reduce breath sounds unilaterally and dullness to percussion on the same side. Based on the history and examination the doctor (who was trained as a GP) inserted a chest drain and drained what turned out to be a malignant pleural effusion. It was considered in this case that a chest x-ray would be an unnecessary expense for the patient. No other radiology was available. Similarly a young woman presented with paralysis and sensory changes, we were unable to find a cause for her symptoms but through examination worked out that she must have a lesion at the level of T2. Without imaging and advanced surgical resources which we did not have we were
unable to offer the patient any sophisticated management and unfortunately we ended up opting to discharge her without a diagnosis or treatment. Despite this unsatisfactory outcome I was impressed at how much information could be gleaned from clinical examination alone.

The elective overall met and surpassed my expectations. I got a huge insight into the difficulties that are faced in the day to day running of a missionary hospital. Funding, resources, skilled staff and internal politics all limited the services that could be provided to the patients. For example, the hospital had no trained surgeon as surgeons can earn much more money working privately in India rather than for missionary hospitals. This meant that the below knee amputations required for sepsis were carried out by a GP, more complicated surgeries were referred to Kolkata, which in practice meant that they never happened as patients were unwilling or unable to travel the long distance to the Kolkata hospital. One issue that particularly concerned me was that whilst leprosy patients were treated free of charge, patients with general pathology had to pay for every aspect of their care. This means that someone who has an infected neuropathic ulcer due to leprosy will have an admission, dressings, medicines and potentially an amputation with rehabilitation therapy free of charge, whereas someone who requires the same services due to a diabetic neuropathic ulcer will have to pay for each of these services. I saw one patient who discharged himself as he could not afford to continue to pay for admission and returned one week later in septic shock and with irreversible damage to the tendons of his hand that had been exposed by a debridement early on in his admission.

The most memorable aspect of my elective was my friendship with one of the residents of the mercy home. Though she spoke very little English and I spoke even less Bengali we managed to communicate between ourselves using gestures, expressions and opportunistically finding interpreters. I got to know her well over the seven weeks and I know that she looked forward to me visiting her. She was in her early 30s and had been living with the Leprosy Mission since the age of 6. She had deformed hands and one amputated leg. She wanted to find work as a tailor but was unable to find employment due, partly to her disability, and partly due to the lack of jobs available. I learnt as much from her about the consequences of disability in the developing world than I did from the rest of the elective.