Emily Bruggemann Observership – Lady Willingdon Hospital, Manali, India

On the evening of Wednesday 13th of December, myself and 3 of my peers left Brisbane for India to undertake 4 weeks of observership at Lady Willingdon Hospital in Manali. Manali is a town at the base of the Himalayas in northern India, approximately 15 hours north of Delhi. It is very picturesque, nestled between snowy mountain ranges and valleys, but as a result can be somewhat isolated particularly in the winter months when there is snowfall that can close down surrounding roads.

Lady Willingdon Hospital is a 55 bed hospital fully equipped with a four bed Intensive care unit, six bed Emergency Department and two operating theatres. They also have many imaging services and an antenatal and well baby clinic. As a mission hospital, the Australian equivalent of a private hospital, funds can be limited however the staff do all that they can to provide health care to all of those who need it. The Poor Patients fund is available to assist patients who struggle to pay for care and to ensure that all individuals are able to access sufficient health care regardless of socioeconomic status, cast or religion.

As soon as we arrived at Lady Willingdon all of the staff were so friendly and welcoming. Everyone was eager to teach us and answer our questions. Dr Philip and Dr Anna, the medical superintendant and the vice medical superintendant, are the main consultants at the hospital and have done amazing work for the hospital since taking over these positions in 2004. They are supported at current by two general surgeon consultants, an obstetrician and a radiologist consultant as well as several hard working junior doctors. It was a privilege to work and learn alongside all of the staff and I am so thankful for all that they have done for us inside and outside the hospital.

A usual day at Lady Willingdon would start by attending rounds, where we would follow all of the doctors and visit every patient in the hospital. Here we had the opportunity to learn more about the patient's care and treatment, as well as being able to view their scans and test results to better understand the interpretations of these investigations, as well as the patient's overall condition. We would then sit with one of the doctors in the outpatient department which is similar to a GP clinic. Whilst majority of the consultations happened in Hindi, the doctors explained to us the patient's complaints, conditions and follow up investigations.

Tuesdays and Thursdays are surgery days in the hospital, with bigger surgeries occurring on Tuesdays and minor procedures on Thursdays. Outside of these times emergency surgeries and caesarean sections were also performed. I had the opportunity to watch and even scrub into several surgeries. The surgeons were also very happy to teach, I learnt more about anatomy, pathology, surgery and other skills such as suturing and intubation. Some of the main surgeries and procedures I was able to observe were cholecystectomys (gallbladder removal), appendectomys (appendix removal), endoscopys, skin excisions and uroscopys. Despite being in a lower resource country, the operating theatres were well equipped and resembled Australian theatres. However, some equipment and drapes which in Australia are often single use plastic, were instead reusable materials or metals that needed to be sterilized after each use. Bigger surgeries, including orthopaedics, did need to be referred to bigger hospitals in other cities. Something that we found quite confronting was that for surgeries such as hernia repairs, if they did not have mesh which can be expensive and of limited availability, sterilized mosquito nets were sometimes used. Furthermore, due to its rural location the hospital did not store any packed red blood cells or plasma, meaning that their ability to perform large surgeries was limited, as they would not be able to replace blood if large amounts were lost.

The hospital also has several outreach clinics and visits, some occurring every other week and others that are annual fortnight long trips. Two of my peers visited the Jibbi outreach clinic which was a four hour drive from Manali. Here they saw many patients, some who had walked several days to see the doctors. It was incredible to hear stories like this, as it is something that we would never hear of happening in Australia given that health care is so accessible, or services such as the Royal Flying Doctor Service which are readily able to connect those in rural locations. I attended the opening of another rural clinic only a half hour away from Manali. Here we set up a tent with a desk and a shed for performing examinations. This clinic had not been advertised at all but through the local villages and word of mouth, knowledge of the clinic spread and we saw many patients in the two hours that the clinic was open.

Whilst in the hospital and outpatient department, we saw many patients with many different health conditions. What we found surprising was the high levels of diabetes and hypertension. Whilst these conditions are prevalent in Australia and other Western countries, it is not necessarily something that would be considered in less developed countries. Given the great difference in diets and lifestyle and that lack of obesity, fast food and standard stress/pressures in India, we were surprised to see such a high prevalence of these conditions. The attitude toward disease and treatment was also very interesting. Some patients, even as young as 21, refused medication such as Insulin injections (which are necessary for those living with Type 1 Diabetes Mellitus and some individuals with Type 2 Diabetes Mellitus) as they were afraid of becoming addicted to these injectable medications (which is not actually possible as they are not addictive substances). Tuberculosis is another condition that we saw a lot of in the hospital. In Australia, TB is very rare and almost never heard of, however India has the highest rates of TB in the world. At university we learn a lot about pulmonary TB as it is most often a disease of the lungs, however in India we also saw patients with a lot of extra pulmonary TB, in their lymph nodes, spine and even in the elbow. Whilst treatment is available and generally effective, the chance of reinfection is very high.

One case that sticks with me is when I went into surgery for a woman who had complained of abdominal pain for 6 months. When she had visited the hospital 6 months prior, they were concerned that she had appendicitis but due to her financial situation she did not want to have surgery. When I was in her surgery we found that the appendix had perforated – probably 6 months ago when she initially complained of pain – which in Australia and even in India is a medical emergency. The woman had fluid and inflammation in her abdominal cavity which was cleaned out and her appendix removed and luckily there were no further complications.

With our Feros Grants, my friend Ashley who was also on placement with me, and I were able to purchase on oxygen saturation monitor with reusable infant, paediatric and adult probes. One day we saw a premature baby using the machine, so it was amazing to see straight away that it was being used on the most sick and vulnerable. We also partnered with Airborne Aid to provide various other small medical supplies which I have no doubt will be put to good use.

Overall, I had the most amazing experience and was privileged to work with some incredibly knowledgeable doctors and a very compassionate and hardworking hospital community. I am so grateful for being welcomed into the community and for the small role I was able to play in the community and the lives of patients. One day I would absolutely love to return to Manali and work at Lady Willingdon Hospital so that I can continue to give back to this community and use my knowledge and skills to make a positive change in the lives of patients.


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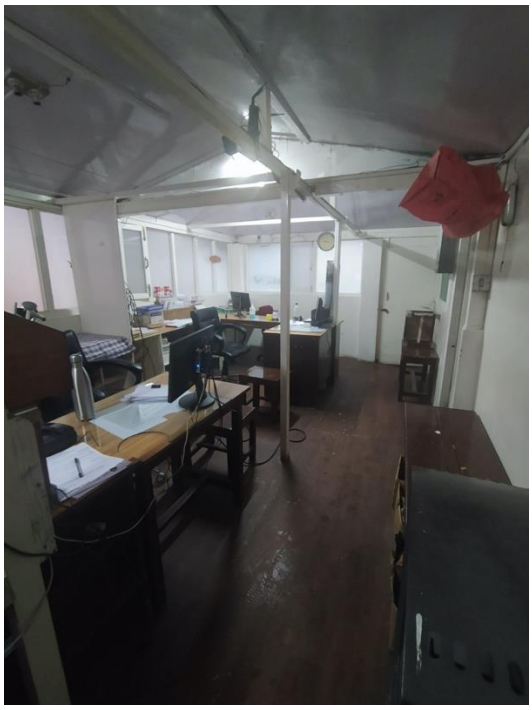


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