

My experience of JSS Health Centre, June-July 2017

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“Welcome to the real world”, Dr Yogesh Sir sighed after I had given him an account of what I had discovered during my first three weeks JSS, and indeed, in India. Conversely, this place felt like a different universe compared to what I knew to be the ‘real world’, but that wasn’t entirely a bad thing.

Having done my fair share of travelling in the past, namely backpacking through China, South America, Australia, New Zealand, South Africa etc. I have always been in search of a place that truly was an escape from the ‘real world’, where you truly felt the distance from home, as opposed to what we now know as a lengthy flight and a couple of awkward transfers. Globalisation, the advent of the internet and social media pose a double-edged sword in this respect: Of course it’s great to be able to call home without worrying about roaming charges and facebook’s a convenient time-killer wherever you are, but as a result, can you ever really get lost somewhere with this overwhelming connectivity at your finger tips? It’s tricky.

My generation was brought up on the radical notion that having fun, whether it be through exploring different cultures, meeting new people or seeing something interesting, isn’t satisfactory on it’s own – you have to demonstrate to others that this is the case. Hence why there’s such an emphasis on recording every moment when you go somewhere new or try something different. Of course it’s nice to have memories, but the pressure to document your travels and experiences in the most impressive way somewhat blunts the experience. However, what happens when the reality defies, and surpasses, the contents of a photograph? This paradox became quite clear to me as soon as I entered the establishment.

Hungry and tired, I arrived at JSS at 11.30pm after a 3 hour taxi journey from the airport, covering 120km and costing only 2000 rupees (£25) – not bad compared to black cab charges! I was escorted to my room by the security guard, although given the number of people lying on the grounds of the health centre, I assumed security wasn’t too tight. I initially supposed my lodgings were basic but adequate – a single bed with a modest mattress and a fan suspended above it – although I soon realised that in terms of space and privacy, I had been afforded a very good deal. Coming from a country wherein a small spider creeping in the corner would be enough incentive to sound the alarm, the insects hopping and flying around the place were something that required a few days (and sleepless nights) of adaptation. However, I soon found that if I minimised the light exposure, and kept my distance, they would also keep theirs.

Over the coming days, I would realise that these people lying on the floor at night, along with the numerous stray dogs and free-roaming cows (who are protected from hunting and eating by law), were in fact patients or families of patients, who had travelled up to hundreds of kilometres from their small, isolated villages in search of the reputedly honest and affordable care of the JSS practitioners. This image fitted together with my preconceptions, narrow-minded though they were, of what a rural health centre in central India would be like – crowded, old-fashioned and resource-deprived. Although in some respects I will admit this notion wasn’t too far off the mark – the general aesthetic of the establishment was a far cry from the reflective floors and aseptic interiors of the RVI in Newcastle – the presence of WIFI in all buildings and a sophisticated online patient documenting system caused me to question how archaic this establishment really was. Further, aside from certain amenities that one would only expect in the

larger UK hospitals, such as MRI and CT scanners, endoscopy centres etc. JSS had all the investigative technology that we did back at home: An ultrasound machine, echocardiogram, X-ray, a modern HDU, extensive labs, you name it!

I split my time at JSS between outpatient departments, operating theatres and the wards. Patients registering would be assigned an outpatients department to wait at based on the general theme of their complaint. These departments included (but weren't limited to) to general medicine, paediatrics, obs and gynae, surgery and psychiatry. I was astonished by how the crowded chaos at the registration building was transformed into the conveyer belt-like orderliness that I witnessed in each individual OPD. This was as much due to the patients' patience than the hospital's organisational ability. Imagine, having carried your ailment countless kilometres from home, at great personal cost, and slept on the floor over night, and then you're crowded into a stuffy waiting room with a hundred other patients hoping to see the doctor that day, unsure how many hours you'll be there, and what your condition could mean.

In England, I envisage this scene would devolve into anarchy, with disgruntled patients shouting over each other about how their problem is the most urgent and that they have a bus to catch at 4 or a yoga class at 5. Here, however, the waiting room is silent. The reverence shown to those who work at JSS is astounding, as though patients' haven't been let it on the secret that healthcare is a right, not a privilege. Perhaps in this part of the world that isn't the case. Perhaps the respect for and unquestioning obedience to the doctors is earned, as the patients here realise that any doctor who works here has made a conscious sacrifice – that of an easier, more luxurious and more affluent life. The doctors who work here have attained degrees from the best medical institutions, and their knowledge and skills are equally respected and coveted by the richest and poorest alike. And yet they choose to come to a place and people forgotten by the rest of society, and serve those who's need is the greatest. However, maybe the need of the doctors to treat is equally as strong as the need of those to be treated? Maybe their decision to toil at their trade in an area beset with socioeconomic difficulties is less of a resentful capitulation to their social conscience, and more of a spiritual calling, that breeds inner peace?

There is one full-time surgeon on-campus, and that is Dr Raman Sir, a fellow founder and a man who redefines my understanding of general surgery. With the help of a few assistants, and the occasional guest surgeon, it seems to me that he can tackle any surgical problem that comes through the doors. I have witnessed gastrostomies, gastro-jejunosomies, colostomies, nephrostomies, nephroplasties, hysterectomies, mastectomies, hernia repairs, fistula repairs, malrotated gut repairs, cyst removals, abscess debridements, pulmonary decortications, skin grafts, TURPs, the list could go on and on! I can't help but feel that the job of 10 surgeons at home, each having trained for years in their own specialty, is being performed over here by just one! It leaves you in awe of the remarkable achievements that can be made in a low-resource setting such as this, but equally it makes you question whether things are being done efficiently back at home, with a £130 billion budget but a national health service still supposedly 'in crisis'.

Much like any other elective student travelling to an exotic, far-flung part of the world, I anticipated that I would be thrust in at the deep end, with responsibilities beyond my experience and a steep learning curve. At JSS, however, I soon realised that my role would be one of observance, and that my contribution to the every day running of the health centre would be minimal. Aside from my own low ranking in the medical hierarchy – being just a lowly medical student – the main barrier which impeded my ability to assist was the language: Even to have a grasp of Hindi (which I didn't) was insufficient in this area, wherein a majority of patients spoke Chattisgarhi, the local

dialect. Although a little deflating at first, I soon came to appreciate the opportunity this provided for hassle-free learning: I had free reign to float between OPDs, wards and operating theatres, ensnaring any learning opportunity like a cunning thief! The doctors were more than happy to translate the pertinent information from any case, and I found myself increasingly able to corroborate my differential diagnoses with theirs. Indeed, having the luxury of sitting back and contemplating the information a patient gives you (history, examination, investigations etc.) without the need (or ability) to communicate, record and resolve affords one the opportunity to start creating mental diagnostic pathways which take up permanent residency! And at this stage in my learning, taking a break from constant assignments and assessments and instead focus on the crux of the matter – the patient – leads to crucial epiphany-like moments where you begin to realise that the knowledge you crammed into your brain prior to pass an exam is suddenly becoming relevant and contextualised, and the impossible dream of becoming a full-fledged doctor who can actually make a difference in the world realises itself as a visible – and reachable! - spec on the distant horizon (figuratively speaking).

On an irrelevant side note, a guilty pleasure of mine was engaging in the amenities intended only for doctors but afforded to myself, as that was the category I was affiliated closest with, namely: Being called ‘Sir’ by all the staff (after meagrely denying the title a couple of times, I soon gave in to the ego-trip and responded with a smiling nod and a ‘good morning/afternoon’ in return) and the regular cups of chai tea and coffee kindly served by the men working in the canteen, who’s presence were rewarded with overly-enthusiastic celebration and gratitude from myself!

Circling back to my original point of escaping from ‘My’ real world to ‘The’ real world, it is my belief that, after having spent a month here (hardly an adequate amount of time to postulate on such matters, but I shall do regardless), it is the combined senses of purpose and necessity which provide that escapism-real world juxtaposition. To elaborate, the necessity for health care and medical expertise is so great here, that any external inputs from the outside world become unimportant and irrelevant, as nowhere else could possibly require your efforts more than those who flock here in their hundreds every day. Additionally, and consequentially, your purpose, and the purpose of the entire workforce, becomes singular and united: If those with the greatest need are here and in need of your help, then who else and what else matters? It is this shared mantra that pulses through JSS like a life force, and the camaraderie and team spirit it creates between those who work here is palpable. So appealing is this prospect, that one day I hope to escape here again as a qualified doctor, hopefully armed with a little more Hindi, so that I may fully contribute my service where the need is greatest.