

An Indian dilemma

Ranjana Srivastava

*Bhagalpur, Bihar, India
2200 h, Dec 4, 1996*

I stand by the bedside, holding his hand as he writhes in pain. In the dim candle-light, I notice his bare feet, hardened by years of walking unprotected through sun and rain, his hands callused, scarred, and capped by black nails, his dirty torn kurta, and old khaki pants. I take in the agonised look on his face, the trickle of blood at the corner of his mouth where he has just bitten his lip.

I am in the private clinic of Dr Jha, on an elective in India at the end of my fifth year of medical school at Monash University, Melbourne, Australia. Dr Jha is still working in his office so we sit down for a chat. That is when Mr Lal is carried in by his wife and brother.

In whispered conversation with his wife, she tells me how Mr Lal was pulling his rickshaw when he suddenly felt a pain in his abdomen. Fortunately, he had been close enough to return home, where he collapsed. His brother and wife had taken him by rickshaw to the local hospital, only to find that the power supply had been cut off, there was a shortage of medications and equipment, and at that time of night help was unavailable. It is now 3 hours since the pain began. Dr Jha diagnoses acute cholecystitis, prescribes analgesia, and admits Mr Lal to the clinic for a cholecystectomy.

0830 h, Dec 5, 1996

Mr Lal is third in line for theatre. He looks curiously at the young man lying on a table in one corner of the room who is making choking sounds. The young man was first on the morning's list and is recovering from the anaesthetic in a room that serves as theatre and recovery room. As soon as he climbs on to the operating table, Mr Lal's eyes are covered with a piece of cloth, so that he does not see Dr Jha finishing a hernia repair. Mr Lal is given an injection and begins to feel drowsy. The anaesthetist, watching the second patient, walks to Mr Lal and intubates him. An attendant undresses Mr Lal and paints his abdomen with iodine.

Having finished the hernia operation, Dr Jha quickly makes his way to his room where other patients wait to consult him. The restless crowd spills into the consulting room. The attendant attempts in vain to admit only one patient at a time. Finally, the attendant and the crowd reach a compromise; while Dr Jha sees one patient, another lies down on the second examination table, and the others sit on a bench inside the room. A woman complains of a history of peptic ulcer. Dr Jha would like to send her for endoscopy but knows no such facility is available, so starts her on a course of medication to stabilise her condition.

Lancet 1997; 350: 286-87

Faculty of Medicine, Monash University, Clayton, Victoria 3168, Australia (R Srivastava)

Raj, a 4-day-old baby, has not urinated since birth. Dr Jha gently refers his distraught mother to a paediatrician. Nina is 21 years old and has a breast abscess. Dr Jha tells her he will operate on the abscess in the morning, notices her blanched look, rightly guesses her fear, and reassures her that it is not cancer.

I suddenly notice an old schoolfriend sitting across the room from me. She unwraps her scarf to reveal a large dressing on her neck. A recently drained tuberculous abscess discharges pus. While Dr Jha examines her wound, our eyes meet. I am embarrassed to meet her under such conditions and leave the room. On returning, I ask Dr Jha whether clean and well-nourished people can get tuberculosis; the sight of a schoolfriend with tuberculosis has shaken me, as if I expected all those who I know to be free from disease. He replies that tuberculosis is very common throughout India and no one is spared.

One of the theatre staff arrives to tell Dr Jha that the theatre is ready for Mr Lal's cholecystectomy. The rest of the throng outside must wait, most of whom have travelled long distances, many on foot, to seek treatment here. Word has spread far about Dr Jha, who, after finishing at the top of his medical class, went to the UK for specialist training and then returned to India. He cares for his own people. At least half the waiting patients will have a non-surgical complaint, but in India there is no medical system to channel patients to appropriate specialists. Dr Jha is first a general practitioner and then a surgeon, as well as physician, paediatrician, obstetrician, and gynaecologist when needed.

Dr Jha rolls up his trousers and shirt sleeves, discards his tie, scrubs up, dons a sterile gown and gloves, and walks into theatre. There is a combination of clean and unclean, qualified and unqualified in the theatre. Although the surgeon wears a sterile gown and uses autoclaved equipment, there are six other people present in civilian clothing. The ward is next to the theatre and the attendants walk freely between the two areas. The theatre door is wide open and one of the ubiquitous houseflies finds its way in; someone reaches quickly for the Baygon spray, filling the room with its intolerable smell.

The anaesthetist has been working in this clinic for the past 3 years. Before his arrival, a man with no medical background, personally trained by Dr Jha, carried out all anaesthetic duties, and he still assists when the anaesthetist is unavailable. The other attendants, all without medical training, are familiar with different antibiotic regimens, the various intravenous solutions used, and the general care of patients. This clinic works 365 days a year. Thousands of patients go through its doors, and they share between them just three medically qualified practitioners.

There is a cauldron of hot water beside the operating table where Mr Lal lies. Dr Jha uses the hot water to wash two large swabs during the operation. He never uses more than two swabs for fear of leaving one behind in the abdomen. There are no special staff to keep count of the equipment. The power supply fails suddenly in the middle of the operation. Someone immediately appears over my shoulder with a powerful torch until another attendant switches on the alternative power supply, a familiar routine in this power-starved state.

Dr Jha is relaxed and amiable during the operation. At the age of 63, his so-called retired life is busier than his years as Head of Surgery at the local hospital. He begins each day at 0400 h with a brisk 90-minute walk and finishes work at 2100 h. He works tirelessly, with amazing grace and confidence. There is silence as he isolates the common bile duct. 20 minutes later, Dr Jha deftly removes the gall bladder and takes the opportunity to explore Mr Lal's intestines for signs of tuberculosis. He decides not to remove Mr Lal's appendix. If feasible, Dr Jha removes the appendix prophylactically because most of his patients are too poor to seek immediate attention if they suffer an attack of appendicitis. In a few more minutes, the incision is sutured. Mr Lal is taken aside to recover from the anaesthetic while Nina, the girl with the breast abscess, timidly arrives.

0700 h, Dec 6, 1996

I accompany Dr Jha on the ward round. We check on Mr Lal. There are ten beds in the room; no curtains separate the beds. The patients share two bathrooms. Two or three family members attend to each patient because there is a shortage of nursing staff, they sit on the bed, others on the floor, there is little space for chairs.

Mr Lal lies in bed with his wife beside him. Dr Jha smiles, takes his hand and asks him how he feels while he inspects the dressing. Mr Lal complains of pain. He is reassured that some pain is natural after surgery but it will diminish. In the meantime, he should try to walk a little and not rely heavily on pain killers. Dr Jha tells Mrs Lal not to spoil her husband just because he has had an operation. Her worried face breaks into a girlish giggle and she nods vigorously. As he recuperates, Mrs Lal buys the prescribed drugs everyday so the clinic staff can administer them to her husband.

0800 h Dec 14, 1996

As I walk in, I notice that Mr Lal's belongings are packed up. He had to bring his own bedding and utensils for his 9-day stay in the clinic. The rickshaw puller's meagre resources have been almost depleted by the cost of the surgery and drugs. He must also pay for the dowry and wedding of his adolescent daughter. He haltingly tells the

doctor of his situation. Dr Jha, without a moment's hesitation, scribbles a large red F on the discharge sheet, telling Mr Lal he does not have to pay for his care. The next moment, Mr Lal and his wife are on their knees, touching Dr Jha's feet in gratitude, calling him a godsend, beseeching the heavens aloud to bless this man who has just waived his fees of thousands of rupees. I follow the couple's shadows into the distance as they walk away, Mr Lal with a spring to his step. I turn back with a lump in my throat, speechless.

This is the miracle of medicine in Bhagalpur and all over India. Even the poorest man has a chance of some relief from suffering. Unaware of the full potential and sophistication of medicine, all Mr Lal knows is that he is a man free of pain. For what good are the drugs and equipment of modern medicine if they are unaffordable, unavailable?

1400 h, Jan 5, 1997

6 weeks of my elective have passed and I leave the clinic for the last time. Some of the staff believe that they will see me in India in a few years' time, others are convinced that once I have gone to a country of comfort I will have no reason to return. I struggle in an effort to resolve this dilemma. Do I look the eager, honest faces in the eye and assure them that of course I will come back because India is my home? Or do I admit my reluctance to leave the comforts and conveniences of life in Melbourne?

My mind flashes back to Mr Lal, in excruciating pain, then to my parents, who also live in Bhagalpur. I am uneasy at the thought of my parents ever needing medical care in this city. I am consumed by the conflict. I hear Dr Jha's grim words "superimposed on every disease here lies poverty and malnutrition", and feel an urgent desire to escape from this inadequate health-care system, the burgeoning population, the suffocating heat and dust. Yet something within pulls me powerfully to the people of India. How would I ever be able to come to terms with my conscience if I decide never to return? Not only am I unable to promise my parents, friends, and the clinic staff that I will return to India, I cannot even promise myself.

Melbourne, Australia

0100 h, Jan 13, 1997

In Melbourne, I wine and dine with friends I have not seen for many weeks. I adopt all the luxuries life affords me with natural ease. Yet, in moments of quiet, I grapple with the issues of my identity and future. I write in my journal, hoping that the path ahead will suddenly become clear. Never far from my mind is the eternal, unanswered question: am I my brother's keeper?