Tim Ruttan
Junior International Selective
July 2009

I spent July of my junior year in Chennai, India. Chennai is the fourth largest city in India with close to ten million people, but it sees relatively few Western tourists and remains a much more traditional corner of India. I spent my time at Sundaram Medical Foundation (SMF), which is a non-profit hospital with an emergency department that sees about 20,000 patients per year.

Medicine in India is a complicated system with multiple tiers of service. For those who have the money, medical care and access is pretty much equal to that in the United States – witness the recent rise in medical tourism. For everyone else, health care is determined by the ability to pay. While SMF is a nonprofit hospital and does better than other facilities, a discussion of cost is central to any diagnostic and treatment decisions and patients must pay for all procedures. As a result, diagnostics are more limited (which is both good and bad) and patient and family resources influence treatment decisions. For example, a patient with a STEMI might opt for treatment with thrombolytics rather than PCI due to the huge cost savings.

I functioned as an observer in the ED at SMF, where I saw patients and discussed cases along with the staff physicians. Recent medical school graduates do most ED staffing as EM is not yet a formal specialty of its own in India. Consultants are regularly used for diagnostic and treatment decisions, and ICU consultants are present for all resuscitations and critical patients. In addition to spending time at the SMF ED, I also observed at other hospitals in the Chennai region to see the range of health care options from public to private facilities. I also spent a few days in a more rural region visiting a community health center and NGO that worked with an underserved rural population.

While there is some distinct pathology seldom seen in the US – malaria, typhoid, advanced TB, and diseases of extreme poverty, to name a few – much of the pathology in the urban Indian population would be familiar to US trained physicians. Heart disease is incredibly common (one estimate is that within 30 years India will have half of all heart disease in the entire world), and I saw more STEMIs in my month in Chennai that in my entire intern year.

In addition to clinical work, I attended resident teaching conferences, gave a talk on EGDT in sepsis, and helped to develop the induction curriculum for an upcoming EM fellowship that SMF is planning to implement.

The staff at SMF was very warm and welcoming and went out of their way to be accommodating to me. The ED director, Dr. Pari, is an incredibly generous man who helped to make sure that both my wife and I had a good experience in India.

Limitations included language. I do not speak Tamil, and while most of the physicians speak English, other staff members and patients often do not, which makes a translator necessary and can limit meaningful interactions at times.

Currently, SMF is working to develop a fellowship in EM, which will take medical school graduates and offer them two years of training in EM. While not formally recognized by Indian medical societies, this will be a step in helping to advance emergency medicine in India. As the fellowship develops, SMF will be an even better place for future residents to rotate, as they will be able to interact with EM fellows and take on a teaching role about how EM works in the US.

Contact Information:

Dr. Parivalavan Rajavelu (Pari), Emergency Department Director:
parivalavan@gmail.com
SMF Website: http://www.smfhospital.org/


EMERGENCY


HOME DELIVERY
SARAVANA BHAVAN