



Raymond Matthews

University of Manchester

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In the summer of 2018 I spent 6 weeks rotating in Adult and Paediatric Dermatology in Manipal Hospital and in the Centre for Human Genetics (CHG), Bengaluru. My time in India was a fruitful experience as I familiarised myself with how common skin conditions manifest themselves in darker skin types, had the opportunity to contribute to the care of those with rare genetic skin conditions and witnessed stark contrasts in the delivery of healthcare in comparison to the UK.

At the beginning of my placement I was not sure what to expect. I found a steep initial learning curve as I got to grips with the various presentations of common conditions such as eczema, psoriasis and tinea. I found the presentation of skin lesions in darker skin types challenging as most of my clinical experience has been with Caucasians. To add to my initial difficulties, skin malignancy was a somewhat specialist topic of mine before going to India and this knowledge was only needed once during my 6 weeks. My list of differential diagnoses was quite narrow as well as my lesion description being quite stunted. Therefore the objectives which I set myself during the placement were to improve my skills in description and identification of skin lesions, to be able to formulate thorough differentials, and to be able to construct basic management plans.

The team in Manipal Hospital helped to facilitate this by letting me spend a significant amount of time with the patients. I was able to examine them, describe any lesions and give differentials before receiving any necessary corrections. Regular informal seminars took place multiple times a week in the department and I was given differentials from each case to read up on and then present the next day. As a result, I saw a huge improvement in my clinical knowledge and skills in this field and felt that I achieved the objectives that I had set out.



*Manipal Hospital Dermatology Department Staff*

One day a week was spent with my supervisor in the CHG in Electronic City, Bangalore. His specialist clinic here was one of my favourite activities during my elective. He is in the process of setting up a specialist centre for Epidermolysis Bullosa patient in the state of Karnataka and which hopefully will eventually be a national venture. Activities relating to the expansion of this clinic, seeing the formation of multi-disciplinary teams and the utilisation of finite resources in order to give specialist advice and care of this condition were extraordinary, and a stark reminder of things which I took for

granted in the UK. Patients travelled hundreds of miles to reach this clinic for genetic testing, wound care advice and follow-up. I was lucky enough to play a part in the expansion of the patient information resources by identifying the need for more leaflets and instructional videos. These are in relation to the techniques being taught in order to help increase adherence and I am currently helping in the authorship of one such leaflet. My research involvement has also led me to the process of writing a case report of a particularly rare case which I encountered in the CHG.



*CHG Staff*

Striking differences between the healthcare systems in India and the UK were made apparent to me. One is able to walk into a Dermatology clinic and often get a same day appointment without any previous referral- something which would be both shocking and alien to any member of the administrative or clinical staff in an NHS hospital. Private healthcare lead to disheartening situations, particularly with the CHG patients, as insurance companies generally did not cover these genetic conditions. Witnessing parents who were forced to choose between which necessary quality of life improving surgeries to go for as they could only afford one was upsetting, and made me greatly appreciate the NHS in the UK.

The patient population on a whole were incredibly well informed about their health and medical history and played a more engaged role than I have previously seen in the UK. However I feel that this is a habit which, rather than being due to a cultural difference, was born out of necessity from the general lack of a centralised health records system. Although records within a single institution are well kept and easily accessible, so many individual private practises and hospitals have resulted in a fragmented health service. Adding into the equation a plethora of state and national languages, patients being uncontactable after they leave the room or patients having to save up to pay for a

flight to come and see a specialist, one would think that follow-up and inter-professional communication would be a logistical nightmare. Surprisingly, things seem to work.

The reason why things work is because of the aforementioned role that patients play. Medical notes are kept in full by the patients. Everything from consultation notes, biopsy or imaging reports to every prescription that is made is kept by the patients and are presented to the doctor in a clear and logical way. Seeing the doctor is usually a family affair- not only for emotional support, but to fill in any details which the patient may have forgotten, to present a picture of a missing report from the notes and nearly always a translator from the local language into either the more commonly spoken languages of Hindi or English.

India was invaluable for my personal and professional development. I fell in love with the specialty and I have affirmed that it is a career path that I want to pursue. I would like to thank; Dr Ravi Hiremagalore who was my placement supervisor, organiser and tutor in Paediatric Dermatology; the staff and patients in Manipal Hospital and the CHG; Dr Mukta Sachdev for allowing me to rotate in the Adult Dermatology in Manipal; and lastly doctors Abraham, Ninon, Suraj and Franklin for their tuition, friendship and exquisite home-cooking during my stay.