

Special Article

Health Care in Kashmir

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Abstract

The author reports on his trip as a first-year medical student volunteering through Kashmir Corps to work in Kashmir. He compares the health care systems of India and the United States and some of the differences in medical education and practice. The author also describes his participation in two medical camps to serve rural communities.

Key words: India, public health, medical education

My experience as a KashmirCorps (www.kashmircorps.org) health care volunteer in Kashmir during the summer of 2007 was immeasurably rewarding. Not only did I have the opportunity to help provide medical care to the needy, I also learned a great deal about the medical infrastructure of India in general and Kashmir in particular. Besides giving me a framework to understand health care in the region, my time in Kashmir also provided me with a basis of comparison with the system in the United States.

I found out about this program through a friend from college, who heard about it at an Islamic Society of North America (ISNA) conference. The founders of the program are mostly Kashmiri-American students and young professionals hoping to make a difference in their homeland. The program organizers help to coordinate with local nongovernmental organizations (NGOs) for the volunteers to work with local health care facilities. They also provide lodging for a month or \$500 towards lodging and local transportation daily to and from the sites. Volunteers pay for their travel to and from Kashmir.

The most fundamental difference between the health care system in India and the United States is

that India's system is much more socialized. To see a doctor in India, all a patient needs to do is to obtain a ticket for the price of 2 Indian rupees (INR), the equivalent of almost 4 cents, and present to the hospital. There is no charge for a consultation. If the patient requires a procedure, imaging, or medication, he or she would then be required to pay a nominal out-of-pocket fee. In a country where more than a quarter of the population lives in poverty, such a system certainly confers many advantages. In comparison, in the United States, where health care spending far exceeds that of any other nation, 15 percent of the population is uninsured.

We were able to get a first-hand look at an Indian hospital when we visited the outpatient psychiatry ward of Shri Maharaja Hari Singh (SMHS) hospital, next to the General Medical College (GMC) in Srinagar, Kashmir. There has been a tremendous increase in the number of post-traumatic stress disorders (PTSD), anxiety disorders, and other psychological problems in the last two decades. The problem is complicated by limited resources available to help people with these problems and the social stigma associated with being a psychiatric patient. The consultation room was small (maybe 250-300 square feet), hardly enough to accommodate health care providers, the patients, and their families.

Whereas I am taught in medical school to spend the first few minutes of office visits building rapport with patients and getting to know them and their

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social conditions, the doctors I saw in India cut out this dialog. For example, doctors would usher in the patients, tell them to sit, and ask them for their records. Patients then would list their symptoms to the resident or attending, who would occasionally interrupt to clarify a point or ask a question. When the patients finished explaining their symptoms, the doctor would give them a prescription and send them on their way. The whole process usually took fewer than 5 minutes. This does not mean, of course, that the doctors did not provide adequate care to their patients. When necessary, they would spend a considerable amount of time with the patients. Because they are so pressed for time, however, brief consultations were the only way to ensure that every patient was seen. No matter what the patients' problems were or whether the medication they needed was available, the doctor always made sure they passed on an encouraging word to the patients.

The training of physicians in India is also different than in the United States. First, a student must decide in high school whether to pursue a humanities track or a science track. After 12th grade, students wanting to be physicians take a competitive entrance examination for medical school. Those who pass the examination get into the medical school without undergraduate college training. Medical school is 5 years, and the curriculum, with few exceptions, is similar to that of American medical schools. Most striking is the cost of tuition: 1300 INR, approximately \$27. In the United States, the cost of attending a public medical school is about \$13,000-15,000 a year. In a private school, students pay more than \$40,000 a year.

While in Kashmir, we were able to visit the GMC medical school and sit in on a biochemistry class. The lecture was about gene replication. Table 1 compares the Medical College of Georgia (my medical school in the United States) and GMC.

A few days after visiting the medical school, we had a chance to also see a maternity hospital in Sanat Nagar. There, we had the opportunity to talk to interns and revisit the topic of health care in India and Kashmir. All of India has problems, such as shortages of doctors and facilities that are overwhelmed by patients. These problems in Kashmir are worsened by the violence and a "corrupt government." The interns I spoke with had finished their 5 years of medical school and received a bachelor of

Table 1. Comparison of MCG and GMC.

MCG	GMC
190 students, mostly from Georgia	100 students, mostly from rural Kashmir
95:95 male:female	60:40 male:female
Microsoft PowerPoint presentation software main visual aid	projector with transparencies and chalkboard
attendance optional (no roll call)	attendance mandatory (roll call)
men and women sit together	men and women sit on separate benches
students clap after lecture	students stand when professor enters

medicine, bachelor of surgery (MBBS) degree, which is equivalent to the medical doctor (MD) degree in the United States. They were then on a year-long contract as interns, preparing for an entrance examination to become a medical doctor that would allow them to enter the equivalent of a residency program. As they were at the top of their class, they were able to choose their internship hospital, so they chose this easy assignment that would also afford them more study time. They told me that Lal-Ded, the other maternity hospital in Srinagar, was so busy that it sometimes had two or three patients delivering on one bed or even on the floor. At times, a woman would deliver her baby with no doctor present.

As mentioned previously, there are distinct advantages and disadvantages of the Indian health care system. The fee, or lack thereof, for medical services as well as universal access to health care is a definite plus, all the more so when one considers the number and means of India's population. In contrast, insured American patients often have to pay at least a \$10 co-pay for every office visit in addition to insurance premiums; uninsured patients most surely pay much more. The problems that the Indian health care system faces include physician shortage, lack of

jobs for physicians, lack of incentives to specialize, and a loss of properly skilled personnel to better-equipped locales. The first two problems seem to be contradictory, but the difficulty lies in bureaucratic mismanagement and politicians who dictate policy regarding health care. If, for example, there are four vacancies at a particular location, only one physician will be hired. These politicians, none of whom is a physician, send highly specialized doctors to remote areas to practice general medicine. The interns at the maternity hospital earn 18,000 INR, the equivalent of \$374, while some doctors with subspecialties earn less. Hence, there is a lack of incentive for specialization. It then becomes obvious why many of these highly skilled doctors opt to study for the U.S. board tests and immigrate to the United States and other countries to practice in order to support their families.

Because of the inadequacies of the health care system, it is apparent how NGOs fill an important role in supplementing government health services. The organization I went with, Kashmircorps, was started by a group of young Kashmiri-Americans who wanted to get involved and help their homeland. They coordinated projects in the fields of health care, economic empowerment and education, and partnered with local organizations. Two other volunteers and I were assigned to work with the HELP Foundation (Human Effort for Love and Peace), and it was there that we met the doctors we would shadow. These doctors were very generous in not only donating their time after hours to provide free

consultations in the HELP clinic and travel to rural areas to set up medical camps, but they were also happy to have us come along and shadow them in the hospitals. As I had not yet spent too much time in the wards at this stage of my medical training, I learned quite a bit about the physical diagnosis skills that are vital to making a diagnosis. Furthermore, I knew enough about how medicine was practiced in the United States to appreciate the difficulty of providing good health care with limited resources. We embarked on two medical camp trips, where we provided consultations to rural communities that were considerably far away from health care providers and brought medicines with us to dispense. I helped one doctor by taking blood pressure while he interviewed the patient. We had an anemia screening at another camp. Elderly men and women were included in the patient demographics, with elderly women being prevalent. The complaints varied from vague pain and feelings of fatigue to painful-looking rashes and scars. I found it amazing what some people have to endure because of inaccessibility to medical care. Being deluged in a sea of patients, all clamoring to be seen by a single doctor in a bare room, was a sharp contrast to the sterile tedium that I associate with a doctor's visit in the United States. Though my experiences were different than what I was familiar with, I was happy to be reminded by those around me of the essence of a doctor's role: providing aid to those who need help, even if it is nothing more than a word of reassurance.