

Cheung Yeuk Hang, Joshua (CUHK25) Elective at The Duncan Hospital, India

Expectations

I was looking forward to mainly two things during my time at Duncan. First was being able to join in hands-on work that we seldom had the chance for in our rotations in Hong Kong. I had heard from seniors who visited Duncan in the past that there would be many chances to do so, as the doctors and staff were all willing to teach us and give us the opportunity to try new things. This wish was met quickly, as I had many chances to suture, to do blood taking and inserting IV cannulas, and even my first time doing a pleural tap and a lumbar puncture.

My other wish was of course to look for the way in which God would want me to take part in medical missions. Does God want me to be a missionary doctor, that I should take my calling as a doctor to the unreached and underprivileged regions in the world? I have always thought about this possibility, and here I was, on my first time visiting a missionary hospital myself.

This was my first time going abroad alone for such a long time. Truth be told, I was worried whether I would be able to adapt well to my life in India. As expected, air conditioners were a rare sight, and I definitely did not have them in my room. It was hot even at night, as well as the droves of mosquitoes that were endless despite how many I kill. (Great news! The staff in charge of the guest house told me they would likely install air conditioners this year!) Food was fine for me, but the variety was quite limited.

Even in the marginal living conditions --- at least very different from what I was used to back in Hong Kong, my time was made much better largely due to the very friendly people I met there. I spent most of my time with the junior doctors and dentists at Duncan, as all my meals were at their block. They welcomed me and treated me as a friend, and introduced me to much of Indian culture, food, what it was like in their hometowns, and even what being a Christian is like in this very spiritual country.

Life at Duncan

A typical day there started with morning devotions (in Hindi), doctor's meetings to discuss the patients who came the previous night, a prayer to start the day. Then we would have normal hospital activities like ward rounds, clinics, procedure and surgery days depending on the rotation. In my 5 weeks here, I had the chance to rotate to medicine, paediatrics, orthopaedics and obstetrics.

During our breaks we would play table tennis, as they had a table in the common area of the junior doctor's block, (just like what I have at my college dorm back in Hong Kong!) If there is not much wind we could even play badminton outside sometimes. What I look forward to most are the few occasions where the junior doctors bring me to visit the Raxaul town and the shops around. I had chance to taste some local desserts there, but they told me it was not so authentic like what they have in their hometowns

Other than the daily hospital activities, we have a doctor's fellowship on Saturday nights, as well as services in both Hindi and English on Sundays. Overall, it was quite a busy schedule, but since there was not much to do outside of the hospital grounds, I gladly joined as many activities as I had the energy to.

Unique Challenges at Raxaul

The Duncan Hospital is strategically placed in the town of Raxaul. One of the poorest towns in the poorest state in India. Why strategic? Other than reaching the poorest people in all of India, it is also right at the border with Nepal, the country being only a 10-minute walk away. As such, patients come from both rural India and Nepal.

Due to such a low socioeconomic status, there are many obstacles to achieving proper delivery of healthcare and communication with patients. Often, patients and their carers do not understand the situation even after the doctors and nurses have spent a long time explaining the issue. They may even write off pneumonia and a heart attack as just a stomachache which will hopefully resolve soon. Combined with the fact that the price of treatment is far from negligible considering their incomes, they often refuse care or at least, refuse admission. As such, doctors spend a significantly longer time counselling patients and their families on their illnesses.

Proper healthcare here is a rarity. However, there are many so-called clinics and hospitals around. However, most of them are run by unlicensed providers, practicing medicine and selling drugs without any regulation. Even worse, the government is not doing much about it. The staff there told me about the poor governing system as well corruption being a norm.

To sum up, Duncan faces many challenges, many of which makes us feel powerless, as the problems are completely out of a hospital's control. My mentor at Duncan told me that not much has changed in the patients and what we have to deal with, even since her father's time, and perhaps even earlier than that. This all the more reminds them and myself of the need to rely on God all the more so. As God is in control, that we can focus on the work that He has put in front of us, while continually praying for this place, having hope in our hearts.

Reflections

I started having my clinical rotations since last year, and only now am I starting to be able to picture the burden that doctors face on a day-to-day basis. The long working hours with night shifts, the burden of loss when the patient does not make it, as well as the fear of incompetency in taking care of patients. I see many doctors who, in order cope with such stress, convince themselves that medicine is nothing more than a job, such that when they leave work at the end of the day, they are able to detach themselves from the burden.

But here at Duncan Hospital, I am constantly getting reminded of how to be a doctor is our calling. When I see consultants taking call every night because there is no one else to help, when I see all the staff here who come from days of travel away from their

hometowns, learning a new language in order to practise here, I realise how in the same way, God has a calling for me, and that he has prepared patients for me to take care of, that he has prepared lives for me to save through Him.

I have also been reminded of how knowing God deeper should be our priority in life, even before our calling as a doctor, or someone in whatever role. I now understand that I had been seeing the calling as the end goal, but really, it should be one way that we can know God more. In walking in the path that God has designated for us, we, through this path, should know God even more intimately, to know and practise his word.

