Karapitiya Hospital

A Sense of Community, a Culture of Kindness

Text and photos by Misa Noda

The paediatric ward in Karapitiya Hospital

"Who's in charge of this patient?" asked the consultant during the morning ward round. "It's me, Sir!" answered a nervous final year medical student in a short-sleeved white coat, hugging his Paediatrics textbook. Hurriedly, he squeezed through 15 other students to the patient's bedside, where there stood a male consultant in shirt and trousers, feet shoulder-width apart; and female house officers in bright pink, sky blue and golden beige embroidered saris. As the consultant asked the student what the patient was admitted for, the group of medical students crowding around the bed and filling the corridor craned their heads over shoulders, eager to listen to the discussion occurring before them. In January this year, I did a short two-week paediatric elective at the University of Ruhana in Galle, Sri Lanka. During my elective, I experienced deeply how Medicine can be practiced so differently yet with the exact same dignity and compassion in a neighbouring country.

Each final year medical student was assigned one or two beds in the paediatric ward at Galle's Karapitiya Hospital. They were responsible for knowing their own patients well, for consultants might decide to ask any one of them about their patients. Every morning, a different student in the paediatric clerkship presented one of their patients' cases in front of a clinical tutor and 30 other students. Simulating a real examination setting, the students were given 40 minutes to present their case and discuss it with the "examiner". 40 minutes! I was shocked by the amount of time allocated. But after hearing that each student was also given an additional 40 minutes to take history and do a physical examination, double the time that we are given per case during an exam in Singapore, 40 minutes for the presentation did not sound that shocking after all.

Although the Sri Lankan medical system is not perfect, I still learnt much from it with regard to the education of medical students and patient care. Thorough history taking was one of the things that made the medical education experience there extremely meaningful. Another was the presence of great clinical teachers. But what left the greatest impression on me was the strong sense of community and respect people had for one another, between the patients, doctors and medical students. This sense of community was embedded in their culture, and could also be felt outside the medical setting through simple acts of kindness.

A memorable night call

The students had a night call on my very first day. Most of the medical students came from other parts of the country, so they stayed in the dormitory next to the hospital. The girls welcomed me to join them for supper in their dormitory kitchen when they realised I was still figuring

my way around the area, and that after class, I would either take a trip back to my apartment or go to a local food stall alone to find supper before the call. Their kitchen consisted of two small portable gas stoves and a dining table. There was no fridge, so they cooked every morning. The girls filled their plates mostly with red rice, with modest spoonfuls of vegetable dishes served alongside. They also offered me a dish of red rice, and each of them placed on my plate a taste of what they had cooked as early as 5.30 am that morning. During the meal, they happily shared dishes from each other's plates.

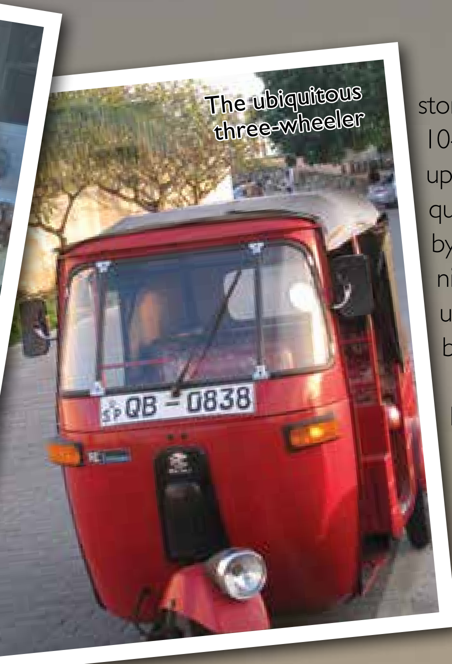
Early into the call, students prepared for the rounds by seeing the patients and their families whom they were responsible for, together with their classmates. I observed that the students built good rapport with the parents, and the patients' parents in return entrusted their children to the care of the medical students. Parents attentively answered every question that was asked, despite spending nights on plastic chairs by their children's beds, and were often busy helping their children feed, study, play and bathe. Not a single child or parent showed any sign of awkwardness at being asked questions or being examined by 15 medical students repeatedly, day after day. Instead, the parents thanked us with much gratitude as if we were experienced doctors who had cured their children of disease.

On the other hand, students worked together as a group, making sure that everyone had an equal chance at examining every child. I could not speak Sinhalese, yet students approached me one by one to inform me of any child whom they thought I should not miss out on. The warm smiling faces of both parents and children eased any difficulties. Students stood at the bedside to read from textbooks on the conditions that they had encountered, and wrote extensive histories and examination findings in full sentences in their A4-sized notebooks. The rest of the time was spent on sharing and discussing cases with one another. Students had their own esprit de corps: one doctor in the hospital told me that when a student fails the exam at the end of the final year, other students will voluntarily spend their precious vacation time in the wards to help that student prepare for the remedial exam.

Enjoying a meal in the dormitory kitchen with medical students from University of Ruhuna

By 10.30 pm, many students had already gone through a day's worth of histories and examinations, composed essay-like patient reports in their notebooks, so everyone was eagerly waiting for the 11 pm end of call. Suddenly, the students hushed and a crowd started to form at the front of the ward: Dr A had arrived for the night shift. Dr A was someone feared by every student, for his cunning ability to extend the students' clinical rotations for any possible reason they could ever imagine. His standard of discipline drew from his own dedication to patient care and student education, and his favorite topic was social history.

A family admiring the sunset at Galle Fort



That night, he picked the story of a healthy but thin 10-year-old boy. The boy sat up quietly on his bed as he quickly became surrounded by 30 anxious students on night call. His mother stood up modestly from her chair by his side, smiling.

"This boy is ten. Does he attend school?" asked Dr A. "Yes he does, Sir," replied a medical student, rather tentatively. "How long does it take him to travel to school?" "Ten minutes, Sir."

Everyone paused, and Dr A countered, "I don't believe you. Let me talk to the mother and show you why."

After conversing with the boy's mother in a mixture of Sinhalese and Tamil, he turned around to tell us that the child travelled ten miles to get to school daily so ten minutes would definitely not be enough time for him to reach school. He stated that from his observations of the mother's dental health states, their ethnicity, and the name of the town, how isolated and large the disparities were between them and us. Then he revealed that the boy had been transferred from another hospital in a critical condition and had experienced a cardiopulmonary arrest the previous night, to which Dr A had attended overnight. Although public buses run along most main roads throughout the country, three-wheelers (also known as autorickshaws or tuk-tuks) and motorbikes are often the only modes of transportation that can negotiate the narrow, steep, winding streets of the tea plantations. The long and difficult journey to the hospital had put as much risk to his life as it did for treatment. "You cannot become a good doctor if you don't even know the geography of your own country," concluded Dr A.

Dr A did not pose his query to elicit a simple answer, but to question how much we understood the patient's social circumstances, and to illustrate how management had to be changed accordingly. He taught students to think about why young children in their own country came to the hospital so ill, and to turn empathy for the patients into action. Taking time for an accurate history is the first step, and the only way of understanding the real challenges these patients face, which if we do not ask, we would never learn.

Improving patient management

Once the challenges are identified, addressing financial issues before the medical problems may be one way of improving management. One possible solution to reduce financial strains on patients would be to push back the follow-up clinic visits as far as possible. Sometimes, doctors have no choice but to prescribe a non-first line medication to patients to avoid a costly follow-up trip for the latter. In the long run, this can benefit the patients immensely when compared to the complications that could develop as a result of non-compliance, an issue caused by obvious inconveniences outside of the patients' control.

At Karapitiya Hospital, I saw many thalassemia major patients who were admitted for a few days just for a blood transfusion. Many of them were much smaller than other children their age due to growth stunting, and darker than their parents from chronic iron overload; these patients came in with severe anaemia too. Their families simply could not afford the time and costs of travelling, and being away from work; not to mention the costs to feed themselves for the few nights away from home (usually packaged food wrapped neatly in brown paper, bought from the vendors in three-wheelers parked at the hospital entrance). Since medical care in Sri Lanka is free, I had not imagined that there were all these other reasons that could delay their hospital visits. Doctors never accused these patients of not coming back to the hospital as advised, because they understood the difficulties they faced.

In Sri Lanka, acts of kindness were a part of everyday life, regardless of whom it was directed towards. Students, doctors and patients were all kind and appreciative of one another. The people of Sri Lanka reminded me that medical care must be accompanied with kindness, a kindness that is universal and extends far into each community. How much of what we do for our patients were performed out of pure kindness, and not as part of a checklist of care? Is putting our work aside and asking patients about their everyday lives, like we do with family and friends, something that we should be doing naturally? And in times of hardships, do we still have the heart to show kindness to the people around us, as demonstrated by the doctors, students and patients in Sri Lanka? I hope that I will remember to ask myself these questions whenever I find my heart numb from all the work that I have to do, and not forget to give that essential kindness that is part of Medicine, community, and my own humanity. SMA

Misa Noda is a final year student at Duke-NUS Graduate Medical School. Her interest in global health brought her to Sri Lanka to conduct a research project on occupational health, which won the Most Outstanding Third Year Clinical Science Research Thesis Award at Duke-NUS's Research Presentation Day this year.