

Chapter 11

Lived Experiences in Cardiothoracic Surgery: A Personal View

Anjan Kumar Das

Stempeutics Research Malaysia, Malaysia

ABSTRACT

This chapter narrates the story of patients with cardiac illnesses requiring surgery and reveals how the physician-surgeon tries to reconcile a low resource setting patient care narrative with resource demanding modern scientific medicine and the areas of disconnect that this generate. This chapter is written in three parts. The first part is a narrative of training that the author received and the development of his philosophy of medicine. The second part describes his experiences in the government health services in the State of West Bengal in India and the third describes how we worked in a remote location in Nepal, the author was able to set up a cardiothoracic unit. The chapter narrates the problems, solutions and outcomes of surgery in these circumstances and how it was possible to overcome difficulties to offer a service to the patients which, while having many flaws, did offer treatments that would have never been possible for them to access otherwise.

INTRODUCTION

Early Life

I was born in a very typical middle class family in Calcutta, then still the first city of India. I belong to the Midnight + 10 generation, meaning that I was born a decade after the coming of independence changed the lives of everybody in the

subcontinent and particularly those of the people of Bengal where I was born. This was because the British succeeded in dividing the country before they went, a tried and tested formula that they had used in Ireland with success a few decades earlier. All other considerations apart, what this meant was that there was an exchange of population that surpassed anything that had ever taken place in human history earlier and a large proportion of the Hindu population of what became East Pakistan fled to a truncated state of West Bengal.

DOI: 10.4018/978-1-60960-097-6.ch011

Calcutta was cut off from its economic and cultural hinterland and our childhood was the time that the Western half of Bengal, which remained a part of India, tried to come to terms with this. My mother's family was part of the exodus: her family left their East Bengal home to come to Calcutta where my parents were married in 1955.

I however was privileged in that we were in the upper reaches of the middle class and I went to one of Calcutta's leading English Medium schools, run by the Salesians, an order of Catholic monks who originated in Turin in the nineteenth century. This meant that the teaching was in English and we learnt our own language as a second language. I passed out from school in 1974 and was able to successfully compete in the stiff admission tests to the Medical College, Calcutta.

The Medical College had a proud inheritance. It was the first institution to be set up in Asia to teach Western Medicine, and it was here that the first human dissections took place in the subcontinent, a practice which was strictly taboo in the India of the early nineteenth century. By the time I joined in the middle of 70's, decay had set in, as it had in all institutions in Bengal. This was partly because of the shift in economic priorities; the democratic government of India was now more concerned about the vote bank states of the Hindi heartland and the major Southern states. Bengal, now truncated, with its major part lost in the vivisection that followed Independence now counted for little in the new dispensation. This slow decay was aggravated by the Naxalite movement which blew through West Bengal like a cyclone in the mid sixties. Hailed by Communist China as the "Spring thunder over India" this movement, which supported a Maoist type communist uprising, closed institutions, caused a flight of capital and began the brain drain from West Bengal that continues to this day. The violence came to an end when the movement was eradicated by an equally brutal state intervention, but it left the state ripe for a communist takeover, albeit of the constitutional kind. Ever since 1977

West Bengal has been ruled by communists and while this led to some land reforms in the rural areas, and ensured a better life for the rural poor, it also meant a cynical degradation of all institutions of higher learning which were derided as elitist. The 30+ years of Communist rule have left West Bengal's institutions in a state of paralysis. There has been little progress and the State has progressively fallen behind all the leaders in India today. This is a humiliating comedown for a state that prided itself in "thinking today what India thinks tomorrow".

However when I joined the Medical College it was still a name to conjure with. It was even then one of the leading medical colleges in India. The college buildings were built on a grand scale, the Corinthian columns of the principal Medical College Hospital building still awed in its magnificence. The Anatomy Museum and the Pathology museum were still the best in India and teaching was excellent. The biggest advantage was the rush of patients. The number of patients and the variety that we could see in the wards and the OPD enabled us to perfect our clinical skills. Though we did not realize it at the time, medicine was becoming more and more technology dependent and we were still learning the medicine of the past. This had two effects one good and one bad. The bad part was, of course that we fell more and more behind when technology driven medicine became the face of modern medicine. But the obverse was that we were capable of handling patients with little equipment and back up that stood us in good stead when we went out to the real world that was the Indian health care system.

I was influenced by the system. I remember my first "Boss", under whose tutelage I did my initial house job in surgery, was very skeptical of what he called unnecessary and new fangled interventions. He laid immense emphasis on the clinical eye and tailoring the surgery to the patient. This meant that he would never recommend gall bladder surgery for a 65+ patient (In the seventies, this was considered old). Neither did he allow us

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