

## **Agony and Ecstasy: A gynecologist in a Rural Hospital**

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Ramwati, a woman of 38 years, in her sixth pregnancy advanced to the seventh month, with severe bleeding and in labour, came to our hospital on a hot summer day. She was severely emaciated, anaemic and restless. Her Bp was 100/70. After examination I came to the diagnosis of ante partum hemorrhage, with placenta previa central.

Ramwati knew me well because two of her children were born here. But her last baby was born in another hospital, with cerebral palsy by a caesarean section. That was another reason why she came to our hospital, with the hope of getting a normal baby.

Unfortunately her husband was not with her at that time. It was her neighbours who had brought her to us since they found her bleeding profusely. One among them, who was apparently more educated, came forward pleading of me to do the needful, because nobody knew when her husband would arrive. I tried to explain the risk of both mother and the baby and the need for an emergency ultra sound and operation. But, our small hospital does not have any of these facilities. Therefore she had to be shifted to a referral hospital, around 25 k.ms. away from our place. Since her husband was not with her, nobody would take a decision. However, we started conservative management and necessary blood tests. Her Hb was 6 gms., with O negative blood group. Meanwhile as she progressed in labour and lost much blood, her condition became worse.

In the meantime, her husband reached the hospital. I explained to him the critical condition of both the mother and the baby and the need to shift her to a major hospital. He stood there helpless. Totally lost, he requested, "Doctor, you do he needful! I just can't do anything!" We decided to shift her to our referral hospital. Since information about our arrival was already sent, the anesthetist, staff and theatre were ready to attend to her upon our arrival. I did the cesarean on her, and took the baby out. The newborn was normal, but premature. But, alas! Ramwati had post partum hemorrhage and went into a cardiac arrest on the operation table! My heart sank. Though he tried his best, the anaesthetist gave up hope. That was the climax of my agony! I just trusted in the Lord. I prayed.

To the surprise of all, slowly Ramwati recovered her heartbeat. A moment of joy, after hours of agony! Our prayers were answered! Ramwati became stable within 12 hours.

After 3 days both the mother and the child were shifted back to our hospital.

This experience is not mine alone. Many of my colleagues have similar or worse experiences, because, in remote areas, with limited facility – even without basic diagnostic equipments - such agonies are part of the daily struggle.

The hospital where I work caters to the healthcare needs of a population of almost 50,000. People from the neighbouring villages also come here. Ninety-nine percent of them are Hindus and Muslims. Majority are very poor, illiterate and do not care for their health. TB, Malaria and other similar communicable diseases are very common. Most of the pregnant mothers are anaemic, and do not have any ante, intra and post natal care. Our place is 25 k.ms. away from the city, where the referral hospital is situated. The roads are very bad.

Our hospital has 20 beds. It has a small laboratory, labour room, nursery with a radiant warmer and phototherapy unit. We have five very good nurses, and I am the only doctor, a gynecologist. We have a Sonologist visiting once a week, who brings along his ultra sound machine, for which he charges. Ours is a microscopy center for DOT programme. Though the hospital was built in 1975 to serve the poor in and around this place, the hospital remains in its infancy due to the lack of availability of doctors.

There are lots of problems in managing the patients in such hospital set up. Lack of infrastructure and diagnostic tools are major difficulties. Each time I attend emergencies I wish to have the needed facilities in the hospital so that morbidity and mortality can be reduced. Administrative and financial strains cripple effective functioning. Since no other doctor is with us, most of the time we are in a dilemma to get a second opinion about our patients. Non-availability of diagnostic tools makes the situation worse. In certain areas, consumer court can be a big threat which can paralyse many of the activities. The demands of the patients increase daily. Also there can be problems with the administration. Things go worse when there is no one to understand and support.

At the same time, difficulties can be seen as opportunities. Problems can be converted into advantages. Personally I think that we have become more confident. We have learnt to improve the working conditions of the hospital, in spite of the limitations. I feel that my clinical efficiency has improved. We have learnt to be in touch with other people in the same field. We have become more humane to those who suffer. Many ask me: “Why should you be there in such a risky situation?” My answer is that it is my commitment to the people. It is my faith in my Lord. And, He will never fail me. He will turn all tears into joy and will transform every struggle into success!