

A Village (bed?) - Side Manner

A typical visit to a village with the Psychiatric team and some suggestions for the development of a village service delivery "style"

The visit has been initiated by an adjoining village. A villager had reported a case of a small boy suffering from convulsions, A doctor and a social worker arrive in the project van and introduce themselves to a small quick-forming assembly of the curious - a few children a few women and one or two men. The psychiatric team is taken to the front of the temple where a mat is spread in the shade, and soon a boy is produced accompanied by his father and a short history taking and examination takes place, notes are made by the team, medication is provided and an appointment suggested at the Sakalavara Centre. (The Basic Health Centre where the psychiatric unit is to be located).

Meanwhile the village "audience" grows; many more children, an increase in the number of women, and by now a fairly large number of men - perhaps 60 in all. Two young women are urged to consult the doctor and seat themselves cross legged before him, all of us upon the ground. One of the women is 7 months pregnant and medication is restricted until after the birth of the child. The other woman seems likely to be suffering from a neurotic disorder rather than epilepsy..... All are advised to present themselves at Sakalavara for further investigation. An old man displays his arthritic clawed hands and he and another complain of failing strength, a toddler is displayed with ulcerated sores upon his legs smeared with some preparation; they are festering, unclean, and attracting flies. A tiny girl with stomach trouble, on examination, is found to have an infected burn on the nape of her neck. Enquiry reveals that she has been 'treated' for her stomach complaint by a local remedy - the placing of a copper bangle into a fire and when it is very hot applying it to the child's neck - thus the burn. A number have various aches and pains which they associate as an aftermath of tubectomies. The doctor advises the various patients as best he can, chides the mother gently for the burn. (the audience smiles somewhat embarrassedly). The doctor certainly has made a good contact with the village. A man arrives with

coconuts which he chops open and presents to the guests ... a young man who speaks very good English explains about the village and answers questions regarding the numbers of children at school etc. On the way back to the van a woman who has been hovering on the fringes of the crowd way-lays the team and presents her child, the doctor notes that the mother is very anaemic and urges her to come to the Centre... On the road we stop to pick up a man carrying a small child...he is on the way for medical care .. the child has had diarrhoea for some days and has a painful anal prolapse.... Some miles down the road, at a cycle repair place under a tree a man waits to collect medicine for a patient who works in a nearby factory.... a woman with seven children, recovering from the shock and physical reaction to the death of her young husband (in the neuro-surgery unit) some weeks previously, also awaits her medicine and seems to be kindly supported by neighbours, although she does not belong to that village and is relatively a newcomer.....

No one can fail to be impressed by the concern shown by the team for the villagers, and the care that is taken to meet with any known village healers, and the way the team gently try to understand what the healer offers, and to establish a working arrangement with these important "gate-keepers" to village life.

I would like to comment on how I think the considerable professional and personal assets that the team exhibits can be enhanced in "style" to meet the community aspects of the project. It is clear that the visit of the team invariably attracts an "audience" - curiosity, even entertainment, is part of it, but essentially it is integral to village life... 'Confidentiality' is not a strong element in village life in terms of middle class medical ethics, (although one suspects that there are some attempts to hide those things which may compromise life chances in relation to marriage.) The public audience quality of the situation seems to me to lend itself to the development of a public 'style'. Instead of the audience being perceived as peripheral to the job of examining treating and advising patients, and 'visual' messages being transmitted by the team writing things down and selecting medicines from a small array, I suggest the 'audience' be considered as a prime target and the examination and curative aspects of patient care withdrawn to the background, while the public performance elements be given pride of place and moved to the foreground of the teams activity.

Thus the team might deliberately tell the 'audience' who they are and why they have come rather than let it generally be an introduction only to the first comers, when seeking to find the patient. Examination of patients should be something in the nature of a public case conference discussion in a terminology which the village can be expected to understand. Tell the village what one is looking for and finds in the patient, explain simply the nature of the illness, where possible causes too, especially those which have a preventive element, and something of the medication, what it is meant to do, possible side effects and what management of the illness must be followed. Thus the epileptic patient will provide the opportunity to talk about the build up of 'tension', the 'discharge' in convulsions, the 'subduing' effect of the medication, the attempts to fix the right dosage, the possibility of recurrence, how to deal with a person in convulsions, etc. etc.. in a simple village language. It is not expected that the villagers will understand all this, certainly not first time round, but the attempt aims to demystify medical care and to offer an alternative way of thinking about sickness and treatment than the ones which are familiar. Where there are things the village can do, or not do, either for the patient or for the community, these should be carefully spelled out and attempts made to see if someone will take specific responsibility. The audience should be invited to ask questions which could also lead to clarification, dispersing of fears and to positive action. A health worker attached to the team to attend to some of the non-psychiatric complaints which invariably are presented would be a useful addition. Such a worker for example could have shown the parent of the child with ulcerated legs how to clean one leg while the parent copied the worker in cleaning up the other. All kinds of simple aids could be demonstrated and practiced by the villagers in this way.

Without hitting the copper bangle burning ritual or any other such harmful but popular beliefs head on, one could observe out loud to the audience for example that "these days there are some other possibilities available for the child's condition which might avoid the necessity for the additional problem that the old way presents - in terms of the burn, The first or second time these things are said are unlikely to change anything much, but some of the village people hearing this may eventually turn to more modern forms of care - especially if this is to become more available in the centres 'reaching out'. Slowly one conveys and reinforces the possibility of modern medicine.

The villagers themselves, for example the young man articulate in English, might be encouraged with planned help to pull together all kinds of information for the village and for the team. This could be the beginning of some simple village level planning, the preventive aspects, water supply, immunization, elimination of parasites, nutrition, more skilled birth attending, and early case finding and treatment, etc. Village problems which are not specifically medical are often mentioned during these visits and a response might be to offer to help make contact with appropriate community development or technical personnel... The medical team cannot get too ~~far~~ into village level planning but can sow its seed as an idea; make the contacts with other development workers and also illustrate what is possible by at least helping to plan with the village the care of its psychiatric patients - collecting medication, reminding about appointments, providing simple occupation for defectives, and so on, according to the possibilities of each case and the resources of persons and initiative in each village. The social potential of each village should be as carefully documented and charted as is a medical case sheet, and specific thought given to the work to be done in organising and increasing use of village resources and resourcefulness.

D. DRUCKER

(Bangalore, May 1977)