

CASE STUDY 3



“Given a chance, I would rather be a third class citizen in India where everyone is also a third class citizen rather than be a second class citizen in a foreign country where someone else is the first class.”
- Dr Sudhir Chatterjee

DR SUDHIR CHATTERJEE is a clinician at a reputed hospital in Kolkata. He attended the Calcutta International School, affiliated to the University of London. His grandfather was a doctor and his father encouraged him, as the eldest son, to take up a career in medicine. Dr Chatterjee has 2 siblings, both of whom are currently pursuing PhDs.

Dr Chatterjee completed medical school at a college in Moscow in 2004, and has been working in India since 2005. He has been at a reputed hospital in Kolkata for 5 years and holds the post of Registrar in the Department of Nephrology.

PRE-MIGRATION

After completing high school, Dr Chatterjee took the medical entrance examination in India but could not pass it at that time. He had two choices: to spend the year preparing for the entrance and take the examination again next year, or to go abroad to study. His school in Calcutta was under a foreign curriculum and board making it conducive to study abroad. Also, most of his friends from school were non-resident Indians (NRIs) and were already studying abroad. However, education expenses in foreign schools were an issue. His initial choice was studying in the US, but the fees were too high and no scholarships were available for under-graduate courses. Education in Europe was also expensive.

Dr Chatterjee came to know about medical studies in Russia through newspaper advertisements and recruitment agencies and sent in an application. Applying and processing the necessary documents required individual effort. He visited the Russian embassy's education department that provided guidance to students on the pre-requisite information for the course of study, fee structure, and information about Russia. He learned that, the Moscow college was ranked 2nd in the WHO global ranking list of medical schools, and the expenses to be incurred were not huge. In addition to all these favourable factors, his mother had been interested in Russian studies and encouraged him to go. To ensure his future prospects, confirmed with the Medical Council of India (MCI) that a medical education degree from the college was valid in India. The Russian embassy helped him correspond with the college. There were some delays due to bureaucracy and he had to make many visits to the embassy to complete all the paper work.

MIGRATION

Dr Chatterjee went to Russia in 1998. The college had sent a foreign student (Sri Lankan) to pick him up from the airport, show him around, and take him to the hostel. This introduction was helpful and alleviated all his hesitation of being in a new place. After that, he could manage on his own. The school was not like the enclosed college campuses in India but was spread out over the city. Initially he was worried about reaching his classes, but soon he befriended some Indian students in the hostel and travelled with them by buses, metros, and trams.

Dr Chatterjee first enrolled into the course in English. In the first 3 years, there were pre-medical courses in English and Russian, after that the medical courses were in Russian.

It took him one week to get oriented. Mixing with foreign students belonging to North Africa, Mediterranean countries, South East Asia and China did not pose a problem to him, though it seemed to be challenging for other Indian students. Some others faced problems adjusting to the bland diet in Russia and the “openness of culture”.

Students could seek help from the school’s Indian association. They were advised to bring dollars for to pay their fees, because due to the economy, the *rouble* was not the best option. Every student was issued a student card to open a bank account and for local travel, etc. Students were asked not to keep money in banks as the economy was not stable. There were some issues related to personal safety, but feels it was not much different from any other part of the world. Some parts of city were not safe and students were asked to avoid them. A sect of Neo-Nazis created some problems related to racial discrimination and there was an incidence of an Indian student who had ventured alone and was killed. In general, the police were very strict as was the college. In fact, the college instituted rules, like declaring two days as holidays on Hitler’s birthday, so that the students stayed in.

Dr Chatterjee had heard a lot about the tough living situation in Russia, with its very cold climate and the endless queues for bread and other amenities. In reality, he did not find many queues. People seemed quiet and reserved due to the current political situation, which at that time was uncertain. People did not mix with foreigners and stayed in their own groups. While he was there, his main problems were the language barriers and communicating with his family in India.

The medical internship in Russia was different from India, where students have to complete compulsory posting in all departments. In Russia, students were required to work in one department of their interest. In the final year, students basically reiterated the learnings from the courses content completed in the previous year: medicine, surgery, obstetrics, and gynaecology.

The college atmosphere was amiable. There was no formal teacher-student relationship, teachers were friendly and helpful and, unlike India, there was no system of seniors and juniors. It was more of friendly situation with a ‘first name basis’. Students were encouraged to work on their own with no ‘spoon feeding’. Dr Chatterjee recalled, “Course studies depend on how interested you are – no one tells you go there and do that. If you are interested in some subjects or projects, discuss with your teachers and go ahead”. Dr Chatterjee did some informal project work, like assisting his professor in the translation of course lectures into English.

Dr Chatterjee fulfilled his objective to become a doctor in the same number of years as it would have taken in India. Overall, it was a good experience. The only loss which he could cite was the feeling of home sickness for the first few months, as he was staying away from his family for the first time in his life.

Grade performance of students after course completion determined if they could move on to the next level of studies. Dr Chatterjee had received good grades (5/5) and had the option to stay in Russia, complete two-years of work and training and then enrol into a 3-year post-graduate course. However, the salary amount he would receive for work was not much. Moreover, the post-graduate courses were expensive and it would have put a strain on his family, who were also supporting the education of his siblings then about to join college. Dr Chatterjee considered and rejected the option of taking up higher courses in Germany, since there he would again face the challenge of learning a new language and high fees. Dr Chatterjee decided to come back home and enrol into post graduate studies in India. His teachers supported him in this decision.

Dr Chatterjee had anticipated some of the difficulties he may have to face in India. He knew that the rules for foreign medical graduates had changed in India and that the medical degree may not be automatically valid to practice in India. Foreign degree holders now had to clear a licensing examination from the Diplomate of National Board (DNB) and a mandatory internship in a designated medical college in India. The examination was non-competitive and was similar to the postgraduate entrance test in India. He was ready for these challenges.

After six years, Dr Chatterjee left Russia in 2004. He recalls that in his years of stay, he was able to see visible changes in the culture and atmosphere of the host country during the political transition. He felt that people had become very open and more 'western'. By the time he left, "Russia seemed to be more like any European country".

RETURNING BACK

Dr Chatterjee came back to India in July 2004 but the DNB examination for licensing, which is held twice in a year in March and September, had been put on hold that year due to some internal problems at the DNB. Some fellow students had joined the post-graduate entrance courses and some had started working. "You could work in private hospitals 'informally' but would be paid less as you still did not have the licence". Dr Chatterjee decided to prepare for the post-graduation entrance examination and not work.

In January of the next year, he went to Delhi to take the March DNB examination. There he faced some problems with his eligibility for taking the examination. Since his school examination had been held under a foreign board, the officials did not consider him to be a part of the Indian system and therefore cancelled his eligibility for the licensure examination. His test result was put on hold and the matter took 3 months to resolve. He faced similar problems when he applied for internship through the University in Kolkata. He procured a letter from his school principal and referred to the article that had been passed by then to ratify graduation from foreign schools.

So while his peers had joined internship in 2005, he lost one year running around and getting clearances from institutions. Due to lack of clarity in directives and lack of standardization in the system, he could join internship only in April 2006 and only procure a provisional registration into the Medical Council of India. He recalled that two friends from the same school had joined medical studies right after completing school and had never faced this problem. In spite of this long struggle to fit back into the Indian system, is not bitter and would rather look back at it as a 'one of a kind' incident.

Adjusting to the work atmosphere also took time. During internship, he had some initial problems due to staffs' unprofessional behaviour towards patients. During Obstetrics and Gynaecology rotation posting in the wards, he observed that some nurses and doctors shouted at, and even slapped patients who were screaming with labour pains. This shocked Dr Chatterjee, who had been trained to be polite with patients. Moreover, he felt that staff did not believe that patient care was their priority and were absent from duties for extended lunch and tea breaks. For him, lunch time was a brief break and holidays were not important. The patients observed his sincerity and many would come to him specifically.

According to Dr Chatterjee, the teaching standards in India are better as there is more patient exposure and, therefore, better learning. However, there is a lack of ethics and the work attitude is not supportive. He remembered an incidence when he had protested against a professor who was smoking in the ward but instead, the professor threatened him, citing his seniority and post. Thereafter, he decided to keep quiet and concentrate only on his work. These times were challenging as a young person educated outside India and working hard to be accepted back. Thankfully he had a close friend to rely on for support. He says "after a while everyone gets used to this atmosphere. If you do not support it, you do not have to practice it". He had also heard from friends that sometimes Indians with foreign degrees feel less welcome after returning to India and that others look down on them.

After completing his internship, he cleared an interview to join senior residency in a public hospital from 2007 to 2008. He worked in the Intensive Thoracic Unit (ITU) and nephrology, where he developed a keen liking of the latter. One of the consultants recognized his performance and suggested he join the nephrology department in a private hospital in Kolkata. Dr Chatterjee started working there in 2008, initially as a Resident Medical Officer (RMO) for two and half years and thereafter as a Registrar in Nephrology.

His experiences in India and abroad have given him some insights into the system. He feels though the capacities of health professions in India and abroad are the same, there are differences in the work culture. He finds that Indians are lazy, which makes their performances suffer. "People just want to finish their work even if the work is for 6 hours. It does not matter to them how well they have done the task". A recent personal experience highlighted the same findings. His mother was recently admitted to a hospital in England and again in India for some treatment. Comparing the experience she had in both places, she said she never wanted to be admitted in India again. Analysing the situation, states that nurses and doctors abroad are friendly with patients, explain the medical situation to them, and allow them to ask questions. On the other hand, in India, if a patient or her/his relatives ask more questions, it is considered wasting the time of the health staff. He feels that the staff are not interactive and senior doctors seem to have a condescending attitude towards patients.

The appraisal system in India is informal. Feedback of one's work is received through some good words being said by the patients, nurses, and other staff. Salary in the private sector in India is better than Russia, but much less than in Europe. Salary increments are not regular and often staff have to argue and convince the management. Still, Dr Chatterjee believes that hard work pays off. He has worked here for many years now and feels his work is appreciated and reflected in his improved salary package.

In Dr Chatterjee's opinion, systems abroad are more organized and patient care and investigations are done step-by-step. In India, he feels that sometimes patients get sent directly for MRIs and higher investigations just after the initial check-up, without following a logical sequence based on evidence. This creates a scope for corruption, unnecessary use of high end antibiotics, and more investigations. Conversely, practitioners rue that often they are not able to do all relevant procedures for poor patients or prescribe all required medicines for them, as treatment is expensive. Many patients do not have money or insurance and are unable to complete treatment.

Dr Chatterjee's motivation comes from senior medical professionals who are working in India, after returning from overseas, and retain their work ethics and an attitude of service towards patients.

Looking back...Looking at his own experience, Dr Chatterjee's advice to students and professionals is to plan well for the future before going abroad for studies. They should plan to study, work, and complete a post-graduate course before returning to India. This would ensure they wouldn't waste time like he did. He feels that you can learn more while living outside India than living under the shelter of your parents.

He thinks there is a need for more people to come back and work in India to foster a "mix of Indian and foreign systems". He opines that Indian medical professionals have good knowledge and believe in instincts, while foreign professionals are more protocol based and are more updated on newer developments.

Health systems in India should create more lucrative jobs which offer more money, ensure that the staff are looked after through logistical support and give them the freedom to work. "Try to remove 'red tapism' and unnecessary delays and make Indians with foreign degrees feel welcome," he urges. It is important to ensure that skills acquired abroad be recognised in India. Health professionals would want to come back and work if their requirements are fulfilled. In turn, they would need to re-adjust to the system.

CONCLUDING

Recounting his experiences now, Dr Chatterjee feels he had a smooth transit from school in India to Moscow. Thereafter, residency in India provided a lot of experience and hands on training. That, along with the support he received from his family and professors, made him grow as a health professional.

"Given a chance, I would rather be a third class citizen in India where everyone is also a third class citizen rather than be a second class citizen in a foreign country where someone else is the first class." This disparity affects promotions and a person then has to work doubly hard and for longer to achieve success.

With a depth of understanding of the system that comes from experiences abroad, he concluded that he has learnt to "walk with the system but not be a part of it."

¹ 'Consultant' is the title of a senior hospital-based doctor who has completed all specialist training and been placed on the specialist register. Consultants accept ultimate responsibility for the care of all the patients referred to them so the job carries significant personal responsibility.

