FOCUS

CMC VELLORE – SERVICE TO THE NATION

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It was a culture shock as we entered the Out Patient Department (OPD) block of the unimpressive building of Christian Medical College (CMC), Vellore. A steady stream of people was coming in and out of the hospital, similar to scenes outside popular puja pandals in Kolkata during Durga Puja. The crowd is the visual indicator of the true enormity of the hospital’s scale of operation: everyday more than 6000 OPD patients walk through these ramparts, often with one or more people accompanying them. Once inside the premises, you can feel the difference in spirit and service that the hospital provides its patients - poor and rich with equal magnanimity. It is frustrating when you stand in a 100 ft queue for a blood test, but your frustration dissipates when, within a very short time, you are before one of thirty cubicles where technicians are working in tandem to take a sample of blood. You are not anguished when you see that people around you work diligently without any malice and everybody is meted out the same treatment.

The outpatient waiting area or the housing lodges feel like a virtual Bengal as many of the patients are either from West Bengal or Bangladesh. And all cases, including mine, are unique in terms of the nature of the disease as all options would have been explored and exhausted in their respective home towns before finally approaching CMC. Not that everything is exemplary in Vellore. The Orthopedics department located in the basement of the OPD block is appalling and the conditions border on the margin of humanity and cries for immediate overhaul and

Front view of CMC, Vellore where more than a million patients in a year are treated
improvement. The process for getting repeat appointments with a specific doctor, especially for out-of-town patients, also demands close scrutiny.

The establishment of the hospital has an interesting story. It was born out of the missionary zeal and indomitable spirit of a young woman, Ida S Scudder, to serve the poor and needy. Ida was born to a missionary couple working in Tindivanam, sixty miles south of Chennai. Her father, Dr. John Scudder, was a well-reputed doctor who decided to go into missionary service. With memories of her early childhood amidst India’s poverty not providing a compelling reason for her to return, Ida decided to stay back in the US, where she completed her education and began enjoying the good life among parties and friends, until she was called back to India to attend to her ailing mother. One evening in India, Ida was busy writing a letter to her friend Annie Hancock on why she would not ever become a missionary when suddenly there was a huge thump on the door. There was a man at the door seeking help from Ida for his young wife in labour - not from Dr. John but from Ida. She was shell shocked at the local customs where women were allowed to die rather than allow a male doctor to attend to her. Surprisingly, there were three such incidents the same night – three girls, all her age, all of whom died during childbirth for want of a woman doctor. The next morning, Ida was a changed person; she tore down the letter to her friend and went to her parents to say that she had decided to go to the US, study medicine and come back to help the women here. And thus was sown the seed of this great institute, Christian Medical College, Vellore.

The mission of CMC, Vellore has been to develop through education and training, a team of compassionate, professionally excellent, ethically sound individuals who will go out as servant-leaders of the health industry and healing communities. CMC is committed to the promotion of health and wholeness in individuals and communities with special concern for the disabled, disadvantaged, marginalized and vulnerable, while pursuing its commitment to professional excellence and holistic health that goes beyond the mere absence of disease. Statistical data for the year 2010-11 shows an outpatient treatment of 6183 patients per day across all departments, over a million outpatients a year, 2166 in-patients per day in a 2500 bedded hospital, serviced by 1290 doctors, 2481 nurses and other administrative staffs – a remarkable journey from the single 10 x 12 foot dispensary that the hospital started with by Ida Scudder in 1900.

It is said that CMC began and grew through the guiding hand of God clasping the trusting hand of frail human beings. Its wide range of clinical services; the commitment to high standards of medicine with a preferential focus on the marginalized; the accolades it receives in health care and education; the coveted academic courses; trust of the many who come here – all these are undoubtedly important. But what is of utmost importance are the signatures that many role models have left behind which has encouraged and motivated generations of doctors and staffs towards a selfless devotion to the downtrodden and deprived. There have been personalities who served in and shaped the CMC. Each of their lives involved a turning point, a surrender that led to a road less travelled, giving up their earlier hopes and aspirations. Other than their founder Dr. Ida Scudder, the hospital has seen persona like Dr. Howard Somervell who had the courage to surrender an affluent life in England to serve as a pioneer surgeon in South India – to take risks, to think clearly and save lives even in daunting circumstances. Then there was Dr. Edward Gault who did not hesitate to give up his primary vocation of surgery to pick up pathology which was the need of the hour. He showed to his students that life is all about sharing and learning, to inspire lives and reveal hidden potentials. The hospital has also been gifted by Dr. Paul Brand who applied his hands to painstakingly dissect bodies of leprosy patients in a thatched hut to cure them out of their wounds and made a radical discovery around the root of leprosy wounds. The hospital believes in simplicity, provides the basic needs of a patient and utilizes its assets towards development and growth, research and innovation.

What is the driving force behind the success of this institute and what keeps the doctors motivated are a few questions that began taunting me. A tête-à-tête with the PRO of the hospital brought out the basic philosophy of the institute and helped me to get some answers to these questions. It became clear that there is no single factor but a series of coherent, synchronized aspects that kept the doctors and staff motivated to elevate this hospital to its unique status. Doctors serving the hospital are mostly students of their own medical college which helps maintain a very high standard of education and training. Our younger generation of aspiring doctors is very well aware of the challenge of getting admitted to CMC, Vellore. Admission is strictly on the basis of the merit — there is no capitation fee, no management quota, no special quota for ministers and politicians. Out of 60 (which will be increased to 100 from next year) MBBS students admitted every year, a significant number of students are sponsored by Christian Societies and have to serve a mandatory bond of providing service to CMC or any other units of CMC.
for two years. The cost of study is subsidized to an extent of Rs. 4000.00 per year, which protects students from the pressure to rush for money and pay back bank loans after they graduate. During their period of study, students are compulsorily associated with programs like RUHSA (Rural Unit for Health and Social Affairs), CHAD (Community Health and Development), LCECU (Low Cost Effective Care Unit) and CONCH (College of Nursing Community Health). The doctors and staffs grow up in an environment that is conducive to mould young minds towards dedication and service instead of a money making profession. Private practice by doctors is strictly forbidden; on the other hand, doctors are encouraged to travel abroad to attend seminars, conferences and trainings for their professional upliftment.

They are also allowed 2 years of sabbatical leave after five years of service. These are seen as the only professional incentives that a CMC doctor enjoys!

The whole system of treatment at Vellore is unique. Doctors will leave no stone unturned to arrive at the correct diagnosis of an illness. As a patient arrives from outside, he is taken through a full investigation from all possible angles before a treatment is started. A case in point could be a patient who arrives at Vellore after 4-5 months of futile exercise locally with a ptosis of eye (drooping of the eyelid). The patient has gone through the hands of eye specialists, ENT, general medicine, neuro-medicine and neuro-surgeon locally without anybody being able to identify the root cause of the issue. As the patient arrives in Vellore, there is an initial 1-1.5 hrs of complete history briefing followed by advice on various investigations and checkup by other doctors like neuro, neuro surgeon and eye. This was immediately followed up by an urgent conference of several senior doctors from the relevant departments at 9 o’clock on a Saturday morning, putting their heads together to arrive at the possible diagnosis. Doctors at Vellore discuss problems of patients when needed without any inhibition of their status or seniority, which exists in principle in many other hospitals but hardly ever followed in practice. The committee advises the patient to go through a MRI and that was the breakthrough. (Incidentally, an MRI was done locally as well, however the diagnosis was entirely different). CMC Vellore is declared as a ‘filmless’ hospital, all images produced using imaging devices such as x-rays, CT or MRI are stored in computers and any doctor on the hospital intranet has immediate access to a patient’s records. This is a great advantage compared to the static picture (read film) that we are used to, as the doctors can analyse the images by zooming, rotating and looking from different angles, which helps diagnosis. The eye specialist during his checkup at 11 am could check up on the MRI record done at 9 am and diagnosed that there was an ‘inflammatory mass’ under the eyelid which was causing the drooping of the eyelid. The Neuro department checked on the MRI the following day and got an ultra-sonography done on the eyelid to confirm that it was really an ophthalmological problem and not a neurological problem and handed over the patient to the right department. The rest is history – the diagnosis was made, medication started and the eye doctor made sure that the patient was responding to the medication before allowing the patient to go back home with a 6 month prescription on a tapering dose of the medication.

Overwhelmed by the method of treatment and armed with the data that the number of out-of-state patients treated is largest from West Bengal, we went to the Director’s office to request and convince them to open up a unit in West Bengal. According to them, Vellore is a place which is very conducive for the kind of service they are rendering and they are not in a mood to open any unit outside the state which may compromise the service for which they are proud of. Vellore has had only ‘strike’ in its 111 years history which is commendable by any stretch of standards. I am not sure how many states in this country can guarantee this kind of an environment. However, they are soon going to open a unit capable of handling about 100 outpatients daily in the neighbouring state of Andhra Pradesh on the persistent request from the Government of AP and monitor how it works out. Incidentally it was heartening to learn that the present Chief Minister of West Bengal Ms. Mamata Banerjee has also approached CMC for this purpose. The state will benefit a lot if her request is taken seriously by the CMC.

CMC Vellore is not a ‘Non-profit’ organization but a ‘Not for profit’ organization, which implies that while the hospital has not been set up as a profit making organization, profits do come in which are fully utilized towards better service for the needy and deprived, towards research and innovation. The dedication of doctors and staff at this hospital is awe-inspiring— hands of the clock do not tie down the availability of doctors, and their politeness always rules over the queries of exasperated patients. One of Dr Ida’s early patients had said, “we go to the government hospital for many things; but when we want sympathy, we come to the missionaries”. With a little tweaking, I feel confident proclaiming, “when you want treatment, go to Vellore”.

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