

Guest Editorial

Unite For Sight in India



Vendors selling fruit, motorized scooters whizzing down the street, car horns honking, bicycles dodging people – so far this may be painting the picture of any big city in the world, but an accurate representation to capture the richness and uniqueness of this particular city would require pages and pages of description. New Delhi, India, a city of more than 12 million people, is certainly a bustling metropolis but is also steeped in traditions dating back to the time of British rule and centuries before that too. During the month of July 2008, I had the opportunity to experience such traditions as well as the state of healthcare in India as a volunteer with the non-profit organization Unite For Sight.

Throughout the month, my fellow volunteers and I certainly learned more about eye care than we would have otherwise as rising second year medical students. However, being able to learn while helping in a country where the incidence of preventable blindness is considerably high was an experience second to none. Unite For Sight's partner hospital in New Delhi is Dr. Shroff's Charity Eye Hospital (SCEH). As a volunteer, I witnessed first hand the hospital's wonderful work for both the rich and the poor. Located in a densely populated and older part of the city, SCEH caters to poor families that are close by, as well as more affluent patients that travel from further away due to the good reputation of the hospital and its staff, and it has an excellent outreach department.

As volunteers, we were closely involved with the outreach activities of the hospital. While SCEH is a tertiary level hospital, its outreach department

helps set up and monitor "vision centers" in neighboring districts within a days drive or so from Delhi. The hospital trains community members in basic eye care, and then organizations like Unite For Sight help fund medical costs and transportation to Delhi in case a patient from a village in that outlying district requires surgery. As a volunteer, I had the privilege of helping the hospital conduct "cataract workups" in which villagers that were brought to Delhi received a full examination prior to surgery to assess the grading of the cataract and to take necessary measurements like curvature of the cornea.

The hospital's outreach wing also aspires to identify all children in the greater Delhi area that require glasses. During these "refractive error camps" at local schools or community centers, dozens of kids were screened for the first time. While learning about refraction, I also learned about the school life of children in rural India and shared laughs with kids of all ages.

Because of a desire to interact directly with patients and an interest in trying to improve my Hindi, a fellow volunteer and I put together a project in which we developed a questionnaire to assess parental perception of patching amblyopic children. The project is still ongoing thanks to the help of ophthalmology fellows at the hospital, but it was a great way to have exposure to public health issues in India and to see differences in perception due to varied cultural and family values.

Helping to build the questionnaire also gave me a chance to leave something behind in a place where discovering cultural differences from

the West and how they influence medical decisions is almost as important as breakthroughs in treatment itself. By going to India during the summer after the first year of medical school, I was able to use a medical avenue to ascertain barriers that culture or socioeconomic conditions might create and what people are doing there to solve those problems. In the future, it will help me understand the problems that people face and factors that may influence their medical decisions.

To learn more about the program go to www.uniteforsight.org.

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A smiling pediatric patient



Amblyopia patient smiles as father fills out questionnaire



Dr. Archana Gupta, Mrs. Kalpana Gupta, Dr. Umang Mathur, and I.