

MEDICAL STUDENTS SPEAK

My first suture

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Internship is the final year of medical school in India. The Medical Council of India defines internship as "a phase of training wherein a graduate is expected to conduct actual practice of medical and health care and acquire skills under supervision so that he/she may become capable of functioning independently" (1). It is meant to serve as a bridge between the theoretical learning of a medical student and the practical skills of a trained physician. It is also meant to provide future doctors with exposure to the problems they will face at some point in their practice.

Surgery was my first rotation during internship. During the early part of their internship, medical students are usually excited about learning different procedures, and I was no exception. Emergency surgery, conducted in the "minor operation theatre" or "minor OT", is usually considered to be the place to learn and master the art of suturing for beginners. In the hospital associated with my medical school, interns were given a chance to suture during their first emergency duty.

I was on duty from nine in the morning and the emergency load was quite heavy that day. I was exhausted after dressing wounds, drawing blood samples, inserting Ryle's and Foley's catheters, doing paperwork, and so on, but the hope of getting a chance to try my hand at suturing kept me on my toes. Emergency rooms in government-run tertiary care centres are overloaded with patients.

Finally I got my chance. My senior resident asked me to attend to a young girl who had apparently been in a road accident. She was around 10 years old. Her left cheek was covered with a towel which had bloody spots on it. She seemed to be bleeding heavily from a cut on her face.

The moment had arrived for me, but I hesitated. I told my resident that I had never done a suture before and I didn't feel confident. He bluntly replied that I wouldn't ever get the confidence until I actually did the task myself, and he was right. I asked him who would guide and supervise me, and he pointed towards the nurse.

I saw the nurse approaching with a suture kit in her hand. She told me to take the girl to the minor OT. Her voice was commanding and I obeyed. The little girl lay before me on the stretcher. I had all the necessary tools in my hand. I looked into her eyes and wondered: "Is it right for me to make my first try at suturing on her? What if I leave a scar on her face? What wrong had the child done to face my first attempt at suturing?"

"Ok, doctor," the voice of the nurse shook me out of my dreaming. "Here is the lignocaine. Now start the procedure."

I cursed the medical profession and the educational system. Despite all our advances, we must still "practise" on real patients. But then I wondered if there was any other way out. I then prayed silently to God for a couple of seconds and started the suture. I followed the advice and orders of the nurse carefully and tried to make the stitches as neat as possible. The nurse had to leave in the middle of the procedure and I was left all alone. I kept the child engaged in conversation, to distract her attention from the process. After I was done suturing, I dressed the wound, removed my gloves and washed up. I wanted to follow her up myself, at least to remove her sutures later, just to see how efficiently I had performed. But government hospitals have a high patient load, and there is no scope for proper follow-up.

This is a common dilemma for interns. Obviously they need to learn to do things themselves, but is it ethical to let them conduct procedures without optimum supervision? If an unsupervised intern makes an error it can have serious repercussions.

Reference

1. Medical Council of India. Salient features of regulations on graduate medical education. New Delhi: MCI; 1997.

Note: The author was an intern at the time of submitting this comment and has since graduated.