Our experiences whilst being vaccinated against COVID.

Sunil Pandya[[1]](#footnote-1)

A private hospital: Jaslok Hospital

My wife and I are in our eighties. We were thus keen in getting ourselves vaccinated against COVID as soon as we were eligible. Since I have been working at Jaslok Hospital, I was cheered when I was approached by an executive from this hospital stating that they would let me know as soon as the hospital was eligible to vaccinate its staff. I sent in whatever details they requested. I never heard from them subsequently and my queries to them on when I could be vaccinated went unanswered.

A public sector hospital: King Edward VII Memorial Hospital (KEM)

Learning of my plight, Dr. Lopa Mehta, who retired as the head of the department of anatomy at the affiliated Seth Gordhandas Sunderdas Medical College (GSMC), suggested that I contact Dr. Nithya Gogate, head of the Department of Clinical Pharmacology at GSMC.

I had no hesitation on doing so as I know Nithya and have long admired her work, including the manner in which she improved the standard and quality of the *Journal of Postgraduate Medicine* as its editor.

Nithya has been very helpful indeed. First, she attempted to find out if we could be included under the category of senior citizens. She succeeded in getting my wife’s details on this list and obtained an appointment for her vaccination. As she tried to place my name, the system was halted on instructions from New Delhi and I had to await its reopening for inclusion of new names. My vaccination was thus delayed.

Since KEM is the principal municipal hospital, there were large numbers of patients – most of them very poor or from the middle classes.

When we reached the hospital in time for my wife’s appointment, we found an orderly and well-regulated queue outside what we used to call the New Building of the hospital. This 13-floored unit has the vaccination centre on the second floor.

When we were taken in, we found the atmosphere most unlike that in an average outpatient clinic in public hospitals. Peace reigned. Patients were let in one by one and attended to immediately by staff members checking their appointments and Aadhar cards. This done, each person was asked to sit on a comfortable chair in a row of spaced-out chairs. Each person was given a token number. As numbers were called out individuals stood up. Each person who stood up was at once attended to and seated in one of the many vaccination cubicles where details were re-checked on the computer. Name, age, telephone number, Aadhar card details and the appointment for vaccination were verified. Once this was done, a senior nursing sister explained details on the vaccine, how the patient would have wait for at least half an hour after the injection to check for possible side effects and measures to be adopted on returning home. Queries were patiently answered. The vaccine was injected. Before rising from the chair, a sheet bearing numbers of doctors who could be contacted in the event of an emergency and a slip showing the exact time of injection were given to the person who had just been vaccinated. Appropriate details had already been entered on the computer.

An attendant walked the vaccinated person to a chair in the waiting area. Every few minutes a doctor walked past each vaccinated person to ensure that there was no ill effect from the vaccine. This medical round continued uninterruptedly all the time we were there.

In addition to this doctor, there were nurses walking around the waiting area, vigilant for any untoward reaction to the vaccine.

Some impatient individuals attempted to leave within a few minutes of the injection. As they approached the single exit, an official requested the slip given after the injection. If the period elapsed after injection was less than 30 minutes, the vaccinated person was shown the time and told that the minimum observation period was 30 minutes. He was then led back to the chair in the waiting area.

On completion of the half hour, during which no untoward event had occurred, the person was allowed to leave and asked to return after four weeks for the second dose of vaccine. (This period was later made six to eight weeks.) A policewoman at the exit gate noted the name and details of each person in a register before exit.

During the period we were there (and on the two subsequent occasions), we saw no untoward reactions.

Once my name could be included in the list of appointments, I went for my vaccination. The two of us made our final visit together on 20 April for the second injection. Each of us had concluded 6 weeks since the first injection.

As soon as it was time to leave after our second injection, we were provided the Final Certificate of Vaccination before we could ask for it! Equally praiseworthy was the receipt of clear digital copies of these certificates from the COWIN centre in Delhi within 24 hours of the second injection.

Striking features

On each of the three occasions we were struck by the absence of any hurry, fuss or ill-temper. We saw a smooth system working efficiently. The poorest of individuals received the same attention and post-injection observation as did the others.

Each of the various cubicles were staffed by the computer operator, a senior nurse and one or more attendants. The large number of cubicles ensured that there was no crowding. Patients were ushered in one by one, treated and led out without any confusion.

The nurses and doctor patrolling the waiting area were watchful, attentive, kind and courteous.

The most welcome feature for the poor was that all this free of any cost.

Unfair reputation of public sector institutions

Talking to friends and colleagues, we were often asked why we did not go to private hospitals.

The reputation of private hospitals, in the minds of the lay public, rests on the contrast between public areas in them with similar areas in municipal and government hospitals. Lobbies, outpatient clinics, general waiting areas, public toilets are some such areas.

Given the huge numbers attending public hospitals, their concepts of hygiene and sanitation based on experiences in their very humble surroundings and relatively indiscipline born of having to confront shortages at every step, it is not surprising that these zones in public hospitals lack the spick-and-span cleanliness seen in private hospitals.

Having worked in public sector hospitals [Sir Jamsetjee Jejeebhoy Hospital (JJ) and KEM] for over 35 years and in a private hospital (Jaslok) for over 22 years, I am aware of these contrasts.

I am also aware of other differences. At KEM and JJ every effort is made to keep costs as low as possible. Up to a few years ago, ALL services and therapy at these hospitals were totally free of costs. In fact, this was the *raison d’être* for setting up these hospitals They were always intended for the very poor.

Both these public sector hospitals are teaching hospitals. They thus have a cadre of postgraduate and graduate teachers and the cream of medical students and resident doctors.

The quality of medical care is, thus, of high quality.

Private hospitals have, in addition, considerable financial resources that enable them to get the best of the latest equipment and technology. These, however, come at a huge cost to the patient. The poor peasant and labourer can never dream of obtaining the funds for meeting these costs.

Our experiences whilst working in both sectors and the recent experience of obtaining the two doses of vaccine against COVID leave us convinced of the lack of merit in the unqualified criticism of public hospitals, especially when this is by members of the privileged ‘high’ society. There is no doubt that much can be done to further improve public sector institutions in general and hospitals in particular but they are performing their tasks admirably.

For those who have not yet seen the film, I strongly commend Ms. Gulserene Dastur’s compelling documentary on KEM entitled *Getting better*. It is an admirable corrective for widely held misconceptions.

Acknowledgements

My wife and I are grateful to Dr. Nithya Gogate and her young colleagues for their help and guidance. My wife has a weak heart that disallows climbing stairs. I use a walking stick owing to the handicap caused by a fracture near the right hip. They were attentive to our special needs. Their kindnesses and courtesy leave us indebted to them.

We are also grateful to the nurses and other staff in the vaccination centre. They were equally kind, helpful and courteous. Their smiles and good cheer must be a tremendous help to those who enter the centre full of apprehensions.

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