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RVN BHS Stage 2 (Horse Care and Riding)

Jo has been nursing for six years, qualifying in January 2009. She has worked in several veterinary practices around Scotland, England, Northern Ireland and Wales, and is currently a locum, which allows her to fit her work around travelling. Jo owns a Springer spaniel, Wilson, and a cat, Sophie – both 'rescues' from veterinary practices.

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☑ **Figure 1:** The resident dogs at TOLFA relaxing in the sun, with the quarantine block in the distance



# Notes from a VN abroad – India

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I went to Northern India for six weeks over March and April in 2012 and spent a month of that time volunteering for a charity veterinary hospital, Tree of Life for Animals (TOLFA).

## About the practice

TOLFA is a charity veterinary hospital situated in the desert just outside Kharekhari village, about eight kilometres from the town of Pushkar in Rajasthan. It has been open for seven years, and was founded in 2005 by a veterinary nurse, Rachel Wright. The hospital deals with all types of animals, but mainly dogs, cows and goats.

The hospital focuses on the health and welfare of street dogs, running an animal birth control (ABC) sterilisation project and vaccinating against rabies. Injured or sick dogs, cats, cows and wildlife are treated and rehomed or released to the area from which they were picked up, and the charity also runs daily clinics for local farmers and pet owners.

## Premises and facilities

The hospital was purpose-built and currently consists of over 100 kennels (including a quarantine block and a yard for paralysed and semi-paralysed dogs) and two large-animal enclosures (Figure 1). Up to 200 animals can be hospitalised at any one time.

There are a small-animal prep room and operating theatre, large-animal operating theatre and an office building. The facilities are basic – but fairly modern – and work well. There are plans in place to expand the current facilities to include specialised wildlife enclosures and an equine shade area.

## Staff

There are two qualified vets and 26 staff – staff roles vary from veterinary nurse-

type work, such as administering medications and assisting with surgery, to kennel cleaning and dog walking, catching and releasing the street dogs and administrative duties. There are also volunteers at the clinic throughout the year, either non-qualified 'nurturing' volunteers, veterinary or veterinary nursing students, or qualified vets or VNs.

## Population and lifestyle

As of 2001, the population of Pushkar was around 15,000. Tourism is a key source of income in Pushkar itself, although in the very rural areas surrounding it, including Kharekhari where the hospital is based, farming is the main industry. The lifestyle in the rural villages is very simple and traditional, whilst the influence of tourism on Pushkar has brought in some slightly more Western aspects, such as Western-style restaurants.

## Language, culture and religion

The main language is Hindi, although most of the local people speak English to some extent – some very well! As a non-Hindi speaker, I managed to communicate with the staff at the hospital well; but in order to communicate with some of the villagers who brought animals to the hospital, I did require a translator.

Although Rajasthan has many religions, the main religion in the Pushkar area is Hinduism. This impacts upon the hospital directly – because cows are sacred in Hinduism and cannot be killed – so the staff see and treat many cows with horrific injuries and illnesses, which would normally be euthanased in the UK.

This is true for all animals seen at the hospital, as, although they are not all sacred, the Hindu belief in reincarnation means they are very unwilling to cut any life short or to euthanase any animal.

This was the most difficult thing with which I had to deal, because animals that would have been euthanased a long time ago in the UK were still struggling on. On the other hand, many of them did eventually recover fully or partially, whereas they would not have had this chance for recovery in the UK.

## Advantages and disadvantages

### Advantages

To me, the advantages of working in India included the hot weather; although at times it was too hot – up to 40°C in mid-March/early April – which could be classed as a disadvantage! The people were always friendly and happy, despite their poor living conditions and the difficulties they face in day-to-day life.

The cost of living is extremely low by Western standards, and I found it easy and cost-effective to travel to other cities within Rajasthan, using Pushkar as a base. From a nursing point of view, the biggest advantage for me was the amount of hands-on work I was able to do with the animals – volunteers very quickly become part of the team and are encouraged to do as much as they feel comfortable and competent enough to do.

### Disadvantages (veterinary)

Disadvantages from a veterinary point of view are the limited diagnostic and treatment options – the hospital has no diagnostic aids, such as X-ray or blood analysing machines, for example, so all diagnoses are based purely on clinical signs, which can be very difficult to narrow down to one condition.

Treatment is also very basic. So fractured legs are either splinted or amputated, wounds are cleaned and bandaged with gauze only, and patients requiring fluid therapy receive an intravenous bolus over 20 minutes rather than being placed on a drip – most of the street dogs wouldn't tolerate being left in a kennel on a drip in any case, and also the cost of putting every one that needed IVFT on a drip would be more than the hospital could afford.

Because the hospital is a charity, finance is always an issue and certain compromises have to be made, such as re-using giving sets, needles, syringes and gloves.

### Disadvantages (personal)

From a personal viewpoint, one

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disadvantage of living in this particular part of India long-term is the strictly vegetarian lifestyle – although this didn't bother me for the month I was there, as a non-vegetarian, I would definitely start to miss eating meat if I were there for much longer! The regular power cuts were another down side.

### Formal qualifications

India does not have a veterinary nursing qualification, as such. However, it is possible to study to be a Livestock Assistant (LSA). This is a two-year diploma course which can be taken up by anyone aged 18 years or over who has been enrolled in science-based subjects for two years prior to starting the course.

This qualification is large animal-based – 95 per cent of these diploma holders go on to work in the government sector, working with large animals under the direction of a qualified vet. The LSA course covers subjects such as anatomy and physiology, animal handling, pharmacology, disease control and pathology. Any small animal or wildlife training is on-the-job only, which is how the staff at TOLFA have been trained.

Ninety-nine per cent of the LSA workforce is male.

### Regulation of veterinary nursing and representative organisations

The LSA qualification is regulated locally by the Animal Husbandry Department and state-wide by the State Veterinary Council. These are only regulatory bodies in the respect that they issue the diploma at the end of the course. After completing the LSA course, there is no follow up or annual fee for registration and it is not necessary to do CPD.

As far as I am aware there is no veterinary nursing representative organisation.

### Typical salary, benefits and working hours

As I was working on a volunteer basis, I was unpaid, and I don't know how much

a UK-qualified VN wishing to work in India permanently could expect to earn. As a guide, the basic salary after graduation as an LSA is 6,000–8,000 rupees (approximately £69–92) per month.

After a two-year probation period, the worker would be eligible for a housing allowance of an additional 20 per cent of basic salary, and every year they are eligible for a further 5 per cent salary increase.

The pay scale is set by the Government, so it is the same across the board. This would be considered a medium salary and adequate for living. There is no pay allowance for transport to and from work, although if the worker was sanctioned to use their own vehicle to attend a sick or injured animal away from the hospital, they would be remunerated for their fuel costs.

The average working day is six to eight hours, with no 'on call', and they are entitled to 120 days holiday a year!

### Daily duties and responsibilities

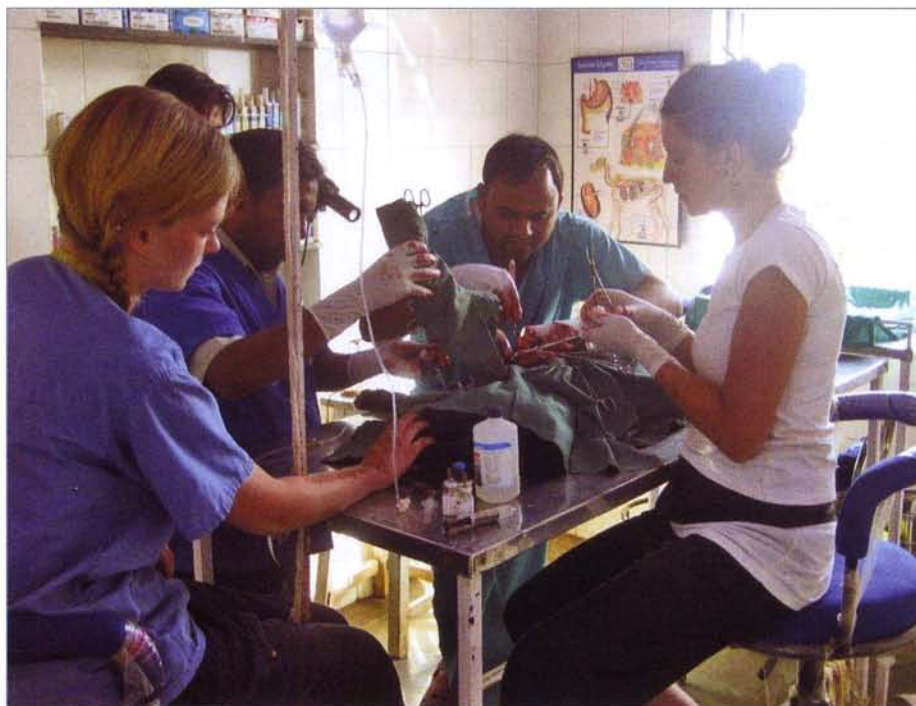
Daily duties varied depending on the area of the hospital in which I was working. The volunteers work on a flexible rota basis that takes into account their individual areas of interest, previous experience and length of their volunteer placement. It is usually a week in each area.

I spent the majority of my time in the kennel blocks and theatre because my main practical experience is with small animals, and I felt I could be of more use working with the dogs and wildlife than with livestock.

The working day in India is not nearly as structured as in the UK and this did take a bit of getting used to at first – rather than working to set times, things are done as and when they need to be, at a much more relaxed pace than I am used to. Although this sounds disorganised, it does work well and much work gets done by the end of the day.

A typical day for volunteers in the kennel blocks starts at around 9am (staff start ☐

❑ Figures 2a and 2b: Leg amputation – the author is in blue at the end of the table monitoring the anaesthetic



❑ Figure 2b



cleaning kennels and feeding at 8am) with about an hour of dog walking. There are often non-qualified ‘nurturing’ volunteers who walk dogs all day and spend time giving them some TLC and attention, and encouraging sick or nervous dogs to eat.

Treatments usually start at around 10am and are carried out by two teams – each with two staff members and either one or two volunteers, depending on how many are available. One team covers ‘40 block’ which can hold 40 dogs and is where the most intensive and time-consuming cases

are housed. The other team covers quarantine, the ‘paralysed yard’ and ‘60 block’ which houses the less sick dogs and those being held prior to – or recovering after – neutering.

Treatments can include mange baths, wound care, fluid boluses, splinting or re-splinting of fractures, basic physiotherapy and anything else that needs to be done. Staff and volunteers become closely involved with treatments, as the vets tend to be much more ‘hands-off’ than Western-trained vets. Nursing staff members make a lot more day-to-day

decisions about a patient’s care than VNs in the UK would be allowed to do.

Depending on how many patients need to be treated, the teams are usually finished by 5pm in the afternoon. On days when we finished earlier, we often did some more dog-walking or ‘nurturing’ in the evening before going home.

A typical day in theatre also starts at around 10am with a ward round to check the patients due for surgery that day, before preparing the prep room and theatre for the day’s operations. The volunteer or staff member on theatre duty then places a butterfly catheter in the cephalic vein of the first patient and administers the first dose of anaesthetic in the kennel before moving the dog to the prep room.

There are no facilities for gaseous anaesthesia at TOLFA, so all patients are anaesthetised with a combination of ketamine and xylazine. The person monitoring the anaesthetic has to rely on observation of heart rate, respiration rate, jaw tone, eye position and blink reflexes, and top up the anaesthetic as required (Figures 2a & 2b).

The patient is shaved with a razor blade and the skin is scrubbed with iodine before the patient is moved into the operating theatre (Figure 3). When the procedure is complete, the patient is returned to the kennel to recover and the next patient is anaesthetised and prepared. Surgery is usually finished by lunch time and afternoons are spent either helping with treatments in kennels

❑ Figure 3: Bitch spay – all spays are undertaken via a flank approach rather than the midline



❑ Figures 4a, 4b,4c: The author medicating and holding various patients



or assisting the vet with the daily clinic, to which local people can bring their sick or injured pets (Figures 4a, 4b & 4c).

There is always a team out on the road with the rescue vehicle which picks up any street dogs they see without an ear notch (indicating they have not been neutered), and responds to any calls from the public about injured animals. Large-animal work is carried out throughout the day and there is a daily goat clinic which runs in the afternoons, although I was not involved with any of this during my time at TOLEA.

### Differences in working practice

I found many differences between working as a VN in the UK and volunteering as a VN in India.

The diseases encountered in veterinary practice in India include many which have not been seen in the UK for many years, if at all. During my time at the hospital I saw conditions such as rabies, distemper, infectious canine hepatitis and ricketts. Also, many of the wounds and other injuries I saw in India were much more severe than any I had seen in the UK

– a result of the heat, the high incidence of RTAs, and the fact that most of the dogs we treated were street dogs, so wounds could have been festering for several days, weeks or even months before we saw them (Figure 5).

There are several more ‘exotic’ species for veterinary staff to deal with routinely in India – during my month there I helped to treat several monkeys, a couple of peacocks and a camel, as well as the dogs and cats (Figure 6).

As a charity hospital, mainly dealing with street dogs, there are obvious financial constraints, so treatment options are often limited; for example, which drugs are used often depends on what has been donated or what the clinic can afford to buy, rather than what might be the best choice as is the case in the UK. ❑

❑ Figure 5: Treating an RTA dog



❑ Figure 6: Another volunteer helping a member of staff to treat a monkey with an electrocution wound



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Whilst some pet owners do bring their animals to the clinic and pay for the services they receive, the majority of the animals seen are street dogs; so financial income from the veterinary work done is limited and, therefore, the hospital relies on fund-raising and donations to allow it to function.

Despite the financial constraints, I did find that in many instances TOLFA would carry on a patient's treatment for longer than would be usual in the UK – it was not uncommon to see paralysed dogs which had been undergoing treatment and physiotherapy for months, for example; whereas in the UK the same dog would have been euthanased after a few weeks if no improvement had been seen.

I had mixed feelings about this as my initial reaction was that these dogs had very poor quality of life and were highly unlikely to recover, even partially, and as such they should be euthanased. However, I did see some dogs start to improve during my time there, and was also told of dogs which had been paralysed for months but that had made a full recovery and were now back on the streets living normal lives.

I still feel that some of the animals I saw

should have been euthanased, but perhaps we are too quick to euthanase some animals in the UK which, given a longer time frame, could recover.

### How are UK-qualified veterinary nurses viewed?

The General Public within the local area is probably not aware of the UK veterinary nursing qualification or what UK nurses do, because it is not directly relevant to them. However, the people from the veterinary industry with whom I came in contact were aware of the qualification and considered it of a good standard.

The vets and staff with whom I worked had a great deal of respect for my UK VN qualification – on many occasions asking for my opinion on a treatment course and what changes, if any, I would make to the way they were dealing with a patient. This gave me increased confidence in my own abilities, as well as a huge amount of job satisfaction.

TOLFA doesn't receive as many qualified VN volunteers as it does vet students and nurturing students, but it is keen to encourage more VNs to volunteer as they find their practical experience and willingness to get 'stuck in' so useful.

### What advice would you give a VN considering coming to India?

I would advise any veterinary nurse considering working or volunteering in India to go out with an open mind and be aware that she or he will see some things with which they may not agree ethically or may find distressing (regardless of how long they have been in practice).

It is important to remember that the culture and religious customs are very different; and that culture has to be respected and embraced even if this means observing or doing things that many VNs would consider unacceptable practice at home. However, there is a lot that can be done by veterinary nurses to improve the standard of care given and the quality of life of the patients, and it is hugely rewarding work.

It would suit hardworking individuals who are able to use their initiative and 'think outside the box' when it comes to treatment and nursing options. From a practical personal point of view, it is very important to receive the recommended vaccinations especially for rabies, and to apply for a visa in plenty of time.

**Anyone interested in fund-raising, donating veterinary supplies or volunteering for TOLFA can obtain more information from its website ([www.tolfa.org.uk](http://www.tolfa.org.uk)), from its Facebook page (Tolfa India and UK) or by sending an e-mail to: [volunteers@tolfa.org.uk](mailto:volunteers@tolfa.org.uk).**



## BOOK REVIEW

### Understanding canine urinary incontinence by Professor Peter Holt

This is one of the most practical little books I have come across. I could find little to fault with the publication and its 46 pages of well-presented explanations. There is an excellent glossary of terms used by vets, together with a list of further information sources.

For clarification, words shown in colour in the text are explained in the glossary section. Basic anatomy is expressed in easy-to-understand terms with diagrams where necessary. Explanations of X-rays and their interpretation will help owners understand the problems.

The various forms of treatment – ranging from surgery to medication or a combination of both – and discussion with their vet will help owners make the appropriate decision for their dog. Relevant information which will be of value when discussing the situation with the vet is listed.

I appreciated the section on 'Knowing when to say "Goodbye"'. In all the years I was in general practice, clients needed support in this unbearably difficult and sad decision and this book does help.

Criticisms – did I have any? Yes, just a couple. How many years ago did we have Dobermann Pinschers (and with only one n)! I found one error; the term dermatitis was used instead of dermis. Otherwise, I cannot fault it.

**ISBN 978-0-9556913-9-3 £9.99**

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