

## **ELECTIVE (SSC5c) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

**1. Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: What are the prevalent general medicine conditions in Sri Lanka and how do they differ to the UK?**

Sri Lanka being a relatively small island, has a large proportion of its population living in urban areas (15%), with the large proportion of its hospitals also being situated in these areas to accommodate the growing population in these areas. Sri Lanka is a developing country, which means that there are many people living in great poverty meaning areas with higher poverty are usually found to have higher levels of communicable diseases. One example of this, which additionally is a major difference between the UK, is the prevalence of dengue and malaria and leptospirosis. This despite efforts to eradicate and vaccinate.

Despite the prevalence of these tropical diseases, 70% of deaths are due to cardiovascular, cancers, diabetes and chronic respiratory diseases. Sri Lanka is one the few places where healthcare is free for everyone, however despite this, many patients present late to primary healthcare meaning that on the general medical wards, there was a high prevalence of patients presenting with complications or late presentations of diabetes (renal failure, gangrene etc). It would seem that primary prevention of these diseases is less well managed than in the UK, which may account for why so many patients appeared to present late. This in addition to the local diet, which comprises of food that are very sweet and those that contain high amounts of fat.

It would seem that similar medical conditions are found in Sri Lanka to the UK, the difference being that in Sri Lanka, the patients admitted will usually be in later stages than those in the UK, and were found to be suffering from more complications.

**2. Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: How are the general medicine services organised in Sri Lanka and how do they differ from the UK?**

In Sri Lanka there is very little in terms of primary healthcare compared to the UK. Whereas in the UK there is a huge emphasis on primary and secondary prevention, in Sri Lanka there seemed to be more emphasis on secondary prevention due to the fact that many patients often presented too late for primary prevention to have a significant effect.

When comparing government led hospitals and privately ran hospitals there was a big difference not only with the staff but also with the patients. I found that in the private hospitals, there were more doctors to each patient and the range of medication that they could prescribe seemed to vary more than in the government led hospitals.

Another thing which I noticed was that in terms of antibiotic use, there were no specific guidelines as to what ones to use for specific infections, with penicillin being the antibiotic of choice in many cases.

This most probably is due to its relative cheapness and it being readily available. This is in contrast to the UK where every hospital has different guidelines on which antibiotics to use, with a multitude of antibiotics being available.

In general however, when comparing how the general medical wards were organized, it would seem that it is in a very similar manner to those general medical wards found in the UK. The main difference being the number of patients that were allocated to each bay sometimes outnumbered the number of beds. This I found only happened in the government led hospitals. Another difference noted was the length of time it took to complete the ward round most probably due to the high number of patients to see.

In Sri Lanka compared to the UK it would seem that an even greater emphasis is put on history and examination of patients due to the fact that many investigations routinely used in UK may be too costly for routine use in the government hospitals. This is not to say that routine investigations weren't performed, but when they were, they were chosen wisely.

**3. Health related objective: How are general medical wards organised and run in Sri Lanka and how does this differ from those found in the UK.**

When comparing government led hospitals with private hospitals in Sri Lanka there was a major difference. It would seem that in the government hospitals everything seemed to be limited. The ward round would take a long time but it seemed that with each patient, the doctor was under a time constraint in order to see everyone. This is in stark contrast to the private hospital, in which each patient was afforded enough time it seemed. However this is understandable given the high number of patients who cannot afford private care, given the amount of poverty in Sri Lanka.

In terms of how the wards were organized, it is very similar in terms of specialty and systems, with each team of doctors being allocated to a specific ward. However in the government hospital it seemed that the team I was with had to see a huge range of patients, from a range of different specialities.

Overall however, the vast majority of wards I was on seemed to be run in a very similar manner to the general medical wards found in the UK.

**4. Personal/professional development goals.: To reflect on how I will cope in an alien environment and find out the attitudes towards health care professionals in Sri Lanka in contrast to the UK and if this would have a bearing on this would affect how I work. Additionally this will give me an opportunity to compare how different health cares work with regards to patient care and management. This will hopefully give me a broader perspective on how different countries manage healthcare differently.**

It was a daunting prospect of having to go to not only have to go to a foreign country, but to also have to work in a completely different climate to what I was used to. However these fears were unfounded, because as soon as I was introduced to the team, I felt that I could quickly become part of that team. Although I was in a foreign hospital, all the ward rounds were performed in English, which made it much easier than I had hoped. I found that although I was introduced to the team as a medical student on elective, they did not regard me as inferior, but they took me on as part of the team and I was able to get involved in many aspects of patient care. I found that I was able to approach the team with ease if I had any questions.

When I wasn't with the team, I was trying to take history in order to feed back to the team. However in some cases English was not the patients first language, so in order to elicit an adequate history, non-verbal skills, which I have rarely used in history taking, were needed. I was surprised by myself in this respect because I was unaware of how difficult this could be but after a few attempts I was able to get what resembled a history and managed to convey this to the rest of the team. I found that here communication was paramount as I had to ensure that the what I had interpreted from the patient was correct and that this information was appropriately conveyed. I feel that this new found skill will be of use to me in the future as I'm sure I will encounter patients whom English is not their first language, here in the UK.

With respect to attitudes towards healthcare, I was not surprised to see that not only were the consultants treated with a great amount of trust and respect, but that even the Sri Lankan medical students were treated with similar amounts. As mentioned previously I felt I was part of the team, and talking to the Sri Lankan students I found that they were greatly involved in patient care, and the consultants equally treated them as part of the team.

One thing I did notice was that patients in Sri Lanka would not question the doctors on why particular procedures were being done etc. This may be that they have an inherent trust in the medical professionals.