

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

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

**Objective 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 most common causes of emergency admission in Sri Lanka? How does this differ to the patterns seen in the UK?**

The Sri Lankan healthcare system does not have a formalized specialty of emergency medicine. Instead emergency admissions are initially managed in the Preliminary Care Unit (PCU) before being admitted under either the medical or surgical registrar on call. Many of the reasons for medical admission are similar to those seen in the United Kingdom. For example common causes for admission include myocardial infarction, cerebrovascular disease and infective exacerbations of COPD. There are however some differences.

The incidence of road traffic collisions seems to be rather higher in Sri Lanka, this is likely to be due to the rather less risk adverse driving style employed by the average Sri Lankan when compared to British drivers. The lack of seatbelts in many of the vehicles on the roads is also likely to contribute to accidents' severity. Having witnessed a woman being hit by a bus during my elective it was interesting to note the differences in the management of a patient at the scene of an accident. In the UK the most likely course of action would be to call an ambulance and await its arrival before moving the patient, in order to protect the C-spine in the case of any injury. In the incident I witnessed it was surprising to see that the woman was carried to the nearest three-wheeler which then immediately drove to hospital.

One condition I have certainly seen less of in Sri Lanka is deliberate overdose. I have only seen one case on the medical wards during the elective. During my A+E placement in the UK this was something I witnessed daily. Other commonly seen group of conditions in the NHS (particularly at the weekends) are injuries sustained whilst under the influence of alcohol or drugs. Although there are alcohol problems in Sri Lanka, indeed many patients on the wards are ex alcoholics, the rate seems to be lower than that in the UK. There is also a much lower rate of illicit drug use.

Peradeniya hospital also has a toxicology unit for dealing with snake bites. This cannot be considered a common cause of admission but is worth noting as it is virtually unknown to the practice of medicine in the UK.

**Objective 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 does the provision healthcare differ to that in the UK?**

Sri Lanka is unique in South Asia as the only country that offers free universal healthcare. In practice healthcare is provided partly by the state and partly by the private sector. For example if a patient arrives at the hospital with a suspected MI they will have an ECG performed for free. However, the troponin blood test is not covered by the state and thus the patient will have to pay for it themselves or, if they cannot afford it, go without. In general the provision of healthcare is excellent in spite of the somewhat limited resources. The hospital is able to offer all of the plain films as well as CT, MRI and functional cardiac imaging. Some of the more specific blood markers are not available.

Diagnosis is often made by doctors on clinical findings rather than with the use of expensive tests. This has a knock-on effect on the training of medical students, who are expected to have an extensive knowledge of clinical findings with less focus on specialized investigations. This makes for an efficient healthcare service with limited wasting of resources. However, I think Sri Lankan doctors must sometimes be frustrated by a lack of funding and greater access to investigations would only improve care further.

**Objective 3: Health related objective: Describe healthcare promotion and public health measures in Sri Lanka to prevent unnecessary attendance to hospital.**

During the course of the elective I have not spent much any time in primary care and therefore cannot comment extensively on public health strategies. However, I can remark on what I have seen in the community. The rate of smoking in Sri Lanka is lower than in the UK, especially amongst women. I have seen no Sri Lankan women smoking during my time here. Though this is primarily due to cultural reasons it should be noted that the health warnings on cigarette packets include vivid images of people in hospital, strongly worded messages and cover a more extensive area of the packet than that seen in the UK. I have seen a few health promotion posters around though these have mostly been in close proximity to hospitals and pharmacies. The limited amount of Sri Lankan television I have seen has included no public health broadcasts.

There is clearly some emphasis on preventative medicine in Sri Lanka with many patients preemptively prescribed statins, antihypertensives etc.

**Objective 4: Personal/professional development goals: Gain a better understanding of the clinical diagnosis, particularly with regards to medicine in the tropics.**

I have very much enjoyed my elective period in Sri Lanka. The reliance on examination and radiological findings has helped me to improve my skills in these areas. In most cases the patient's English/my Sinhalese has been insufficient to allow me to take a proper history, however I have been able to learn a few words of Sinhala relevant to medicine. During the course of the placement I have been able to observe a number of tropical diseases not common in the United Kingdom. I have seen dengue fever on a near daily basis on the ward rounds; this exposure has allowed me to become familiar with its clinical course as well as the examination findings (especially the typical rash). I would also feel more confident at identifying the serious manifestations of the disease. I have also been able to observe a number of cases of typhus and one case of leptospirosis. This has been a very useful learning experience.

There also seems to be an abundance of clinical signs on the general medical wards at Peradeniya Hospital. Possibly, this is due to later presentation to the medical services in Sri Lanka. This has, however, allowed me to identify a number of conditions that are uncommon in the UK. On auscultation of the chest I have been able to hear the murmurs of mitral stenosis and regurgitation, which are uncommon in the NHS due to low rates of rheumatic fever. I have also observed digital clubbing, another rare finding at home. On abdominal examination I have been able to appreciate a number of patients with hepatosplenomegaly, as well as others with masses of the colon, gallbladder and stomach. I also believe my interpretation of plain x-ray films has improved during the course of the elective especially chest x-rays.

Overall my time at Peradeniya hospital has not only been a valuable learning experience but also an enjoyable one.