

ELECTIVE (SSC5b) REPORT (1200 words)

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

Introduction

Vietnam is a country devastated by war, having faced incredibly brutality in recent history, the country is now beginning to develop and grow. As a result, a lot of the medical practices have been affected and even now, resources are incredibly limited. Since 1980, the healthcare system requires the patient to pay for the care they receive which greatly influences who gets the treatment they require. I completed my elective in Cho Ray Hospital, the largest general hospital in Ho Chi Minh City. It offers subsidised rates of care for patients where the government contributes around 20% towards the medical costs. Many of the patients that come to the hospital are incredibly sick and require urgent medical attention. Some patients were transferred from other hospitals once they are unable to afford the care provided. The department I chose was Tropical diseases, a department I had never worked in before. It was incredibly fascinating and educational to see conditions we rarely see in the UK.

Identify different conditions suffered in Vietnam

There are many conditions seen commonly in Vietnam because of poor hygiene, poor vaccination schedules and poverty resulting in patients being unable to afford the care they require. Common examples of infective conditions seen are: malaria, encephalitis, cellulitis, tuberculosis and Dengue.

While at Cho Ray Hospital I saw many patients with snake bites. These usually were injuries of farmers and in some cases the patient would bring in the snake for the doctor to identify. This was incredibly useful as the correct anti-venom can be given sooner if the type of snake is identified. However, I soon learnt that anti-venom is not required for all patients as firstly, the snake may not be venomous and secondly, if they are venomous, there is a chance of a "dry bite" where venom is not injected into the patient. Further to this, I was taught basic first aid care of snake bites, where I learnt not to use a tourniquet to prevent spread of venom up the limb as the venom travels in the lymphatic system and use of a tourniquet only adds further complications of ischemia. In addition to this, I learnt of the differences between poisonous and non-venomous snakes, and which snakes are most commonly seen in Southern Vietnam.

Further to this, I saw many cases of Steven Johnson syndrome. Patients presented with varying skin lesions from taking different medications and it was evidently challenging for the doctor in charge to decipher what medication the patient had taken. A continuing theme was the use of herbal medication. Patients often turned to herbal medication as there is a strong belief in its effect spiritually and it can prove to be more cost effective. These medications sometimes have steroids and other medications

ground into them which propagates Steven Johnson syndrome and Cushingoid syndrome. In other cases, patients receive treatments in other hospitals and react to the antibiotics. As the hospital is unable to deal with the drug reaction, patients are transferred to Cho Ray hospital to receive treatment.

Compare medical practice of Vietnamese clinicians and hospitals in the UK

In Vietnam, as the resources are limited, and every care offered comes at a cost, the doctors are incredibly adaptable and able to offer a wide range of care which suits each patient.

Vietnamese Doctors will see patients independently while in medical school, ensuring that they are fully competent in diagnosis and management as soon as they graduate. As a result, many of the doctors were young and very knowledgeable.

In addition, the layout of the wards in Vietnam is completely different to the UK. The wards are separated in to male and female wards with around 9 patients to a small room. Curtains are not used to separate beds and each patient has one relative stay with them offering basic one to one care. ITU is one bay at the end of the corridor which contains a limited number of ventilator machines available.

The medications used for patients in Cho Ray is given only with indication. Prophylactic or empirical doses are not routinely given due to limited resources and balance of cost against benefit. As a result, we find the doctors are very knowledgeable and able to risk assess patients quickly and effectively.

Learn about public health role in preventing hospital admissions

In 2015, the Vietnamese government contributes 6.68% of Vietnam's Gross domestic product (GDP) into health care. This also contributes around 20% towards the cost of health care for patients at government hospitals.

Public health messages are widely seen, for example, the no smoking campaign present on packets of cigarettes. However, what we have seen is that herbal remedies and medications can be bought over the counter quite freely which can further cause problems such as multi-drug resistance or Cushingoid syndrome because of long-term steroid use.

There are now national efforts across Vietnam to reduce Malaria and Tuberculosis. Antimalarial medications, vaccination programmes and hygiene education are now in place across the country to improve public health.

Gain a better understanding of tropical medicine and what this line of work entails

I found it incredibly insightful to become part of the team in the tropical medicine department at Cho Ray Hospital. I could not only learn about the various tropical diseases seen in Vietnam but was also able to develop my understanding of how to diagnose and treat these conditions in challenging environments. Many of these conditions do not present in the UK but may occur in the odd presentation of patients who have migrated or recently travelled abroad. I feel this placement has better prepared me to identify and treat these conditions if I come across them in the UK or any other part of the world.