ELECTIVE (SSC5b) REPORT (1200 words)

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

Due to my placement change from tropical medicine to emergency medicine the objectives were changed to revolve around emergency medicine.

What was prevalent in the Emergency department in Vietnam and how does this differ from the UK?

The first thing one notices in Ho Chi Minh city is the almost literal swarm of mopeds darting in and out of traffic. With a GDP per capita of $21,000 Vietnam is a borderline developing country, there is also a high import tax on vehicles which means car ownership is extremely low (16 cars per 1000 people), whereas the far cheaper option of owning a motorbike has led to a motorbike ownership rate which is extremely high (1 motorbike per 2 people).

This in combination with the very lax and carefree attitude around road safety (it was a very common occurrence for mopeds to regularly mount the pavement and utilise two more lanes through this way!) means that there is a real concern not just from emergency medicine but also from a public health point of view, with motorbikes being the leading cause of death in those between 15-29 years of age in Vietnam. In comparison in the UK the leading cause of death in similar age ranges is suicide.

It was interesting how when I spoke to the doctors and indeed a few other local people there they acknowledged how dangerous it could be to ride a motorbike, only to admit to owning one and using it as their primary method of transport.

My time in the Emergency department saw me have access to a number of trauma cases in which there were hazardous motorbike collisions, which I had yet to really get a chance to see in London. With the trauma cases came a lot of imaging and viewing X-rays and MRIs which I found useful seeing as how my first job placement is Trauma & orthopaedics- an ideal elective experience.

Although trauma was the vast majority of patients I saw a range of conditions that one would normally expect to see in an Emergency department in the UK such as acute coronary syndrome, septic shock, GI bleed, stroke showing how vital it is to know the bread and butter conditions even if their prevalence and your diagnostic reasoning may change from area to area.

How is emergency medicine organised and delivered in Vietnam and how does this differ from the UK

There was an obvious difference not only in the emergency department but also the hospital in general and that was how overcrowded it was. Walking through in the morning there would be literal traffic of people waiting to move inside. What added to this overcrowding was the numerous Vietnamese people who wore green bibs and could be found lying or sitting down both inside the hospital and in the surrounding areas (i.e. the roads outside); we later found out that these were family members of longer term patients who did not have anywhere to stay and would be at the hospital for most of the time.

In the Emergency department the overcrowding could be seen in the use of beds which at times had to double up with patients. It also meant that the luxury of a single room or even a 6 person bay was a far thing. The beds were all lined up one beside the next in a way to save the most room possible to the point where if a patient came in early they would be surrounded by beds and have literally no way to get up. This was obviously not the case in patients who needed more immediate access such as those in ICU or patients who were borderline between ICU and A&E.

What can the UK health system learn from the emergency medicine in Vietnam

One area of the healthcare delivery that I think is utilised very efficiently in Vietnam is Human healthcare resources i.e. the doctors. Although it may not be ideal in terms of efficiency of the doctors themselves; the number of hours they seemed to put in with a 5 part rotating shift reminded me of conversations with superiors in the UK who reminisced about the outrageous hours. However in my own private reading it's easier to see that this is most likely because of the shortage of physicians in Vietnam, as such there needs to be the culture of going above and beyond in order to utilise what little human healthcare resources they have. Although this was likely not an issue at Cho Ray hospital being one of the larger hospitals in the country and being located in the most populous city in Vietnam it likely has a surplus of doctors compared to some of the more remote regions.

To try to understand some of the differences in culture between the Vietnam and the UK

Unfortunately whilst the doctors I was assigned to spoke English, this wasn't the case for nearly all the patients that I came across and as such for the most part I had to await translation after the consultation (conversation) had happened before I was really caught up to speed. From what I could grasp through the translations and the body language there is a very big difference in the culture of medicine in Vietnam versus the UK. By which I mean in Vietnam there seemed to be a more paternalistic tone to the relationship between the doctor and the patients and their families. This could be seen in the way that for the most part the doctors undertook treatment with very little input from the patient other than to let them know what they were going to do and there was a sense that the patients trusted the doctors to do right by them. This is not meant as a criticism so much as an observation of the different types of relationships with patient's dependant on the dominant culture.