

ELECTIVE (SSC5b) REPORT (1200 words)

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

In addition to my 3 week elective in Kathmandu, Nepal in Emergency Medicine where I observed some interesting cases, I self-organised a second placement in Bangkok, Thailand to focus on Radiology as a specialty. This was a 3 week elective which I undertook in a modern and prestigious hospital in the heart of Bangkok, King Chulalongkorn University Hospital. In my 3 weeks I observed a wide range of imaging modalities and was able to understand the indications and uses of each one. As well as this I was able to appreciate the differences in healthcare provision and education in Thailand compared to the UK. I also used this opportunity of being in South East Asia for the first time in my life to embrace the culture and lifestyle of this country and spent a weekend each in Chiang Mai and Phuket.

The radiology services found in Chulalongkorn Hospital were advanced and up to date, and comparable to the services offered in the UK. This is largely due to the fact that the hospital caters to local Thai, expatriate and international communities and continually upgrade and improve their services to stay at the forefront of the field. Along with the equipment, staff are also highly skilled with many of the senior professors having trained abroad and having attained numerous awards.

Like the UK, many of the straight-forward cases especially in the Emergency department have images read by the requesting physician. However more complex cases do get referred to Radiology for reporting. With regards to abdominal imaging, most referrals came from cases where endoscopy was inconclusive. Main indications for upper GI examinations were dysphagia and swallowing disorders. Indications for small bowel imaging included obstruction, inflammatory bowel disease. Large bowel imaging studies included detection of neoplasm and evaluation of surgical anastomoses. With regards to chest and cardiovascular imaging, an interesting case I saw was a patient who had been referred for chest CT due to symptoms of fever, fatigue and weight loss. Although tuberculosis was a likely differential, after evaluation of the CT scan and the blood results, it was shown to be non-tuberculous mycobacteria, caused by *Mycobacterium avium* complex. This is a condition especially common in those who are immunocompromised, so this finding led to the patient being investigated further to identify the underlying cause. During my time with Interventional Radiology, I saw fascinating procedures such as portal vein embolisation. This was performed on a patient with hepatocellular carcinoma who required a right hepatectomy. However, this patient would not have sufficient reserve for liver regeneration so a right portal vein embolisation was performed in order to cause that segment of the liver to atrophy. The liver remnant would then hypertrophy which would offer the patient sufficient reserve for a functioning liver. Other procedures done by interventional radiology included transarterial chemoembolisation, central venous line, and inferior vena cava filter to name a few. During my time spent in musculoskeletal imaging, I largely saw cases similar to that seen in the UK. I was able to use the opportunity to improve my knowledge of anatomy of the upper and lower limbs in fracture cases. I also learnt to read and report X-ray plain films of the wrist, elbow, shoulder, hip and knee.

Health services in Thailand are provided by both public and private sectors. Public sector healthcare was largely shaped by the healthcare crisis in 2000 - more than 17,000 children under five died, two-thirds of these deaths were due to preventable infectious disease. 25% of the population were uninsured and many people who did have insurance had insufficient coverage. This also meant that 20% of the poorest people fell into poverty from healthcare spending. This led to major reforms in 2001

through introduction of the Universal Coverage Scheme (UCS). This has largely been successfully implemented without breaking the bank. The UCS which was available to all according to need was introduced in all provinces of Thailand offering outpatient, inpatient and emergency care.

One of the major challenges in offering free government funded healthcare to all in developing countries is making it geographically accessible to all. In addition, the differences between urban and rural areas in these countries mean that there are very different needs in different areas. However, in 2001, the government provided funding for hospitals, staff and financial incentives for medical professionals to serve even the most unpopular rural areas.

The strong healthcare system along with its developing infrastructure has helped to improve health measured in Thailand consistently over the last decade. The life expectancy for men is 71 and women 78. Non-communicable diseases such as heart disease, diabetes, COPD form the major burden of morbidity and mortality in Thailand. Other important public health issues include infectious disease such as malaria and tuberculosis, and trauma as a result of road traffic accidents.

The training of doctors and medical students is similar to the UK. Upon completion of medical school, doctors undertake two years of training as an intern in rural parts of the country. They then apply to a residency programme for specialisation. After completion of this they can undertake fellowship programmes and further postgraduate training.

A lot of conversations during my elective were in Thai which posed a challenge for me at times. This required me to focus on non-verbal communication more in order to understand and keep pace with what was going on. However, Thai people speak very good English and students and junior doctors were always willing to help whenever possible in translating and explaining to me. I also enjoyed learning about their healthcare system from the Thai medical students and they were also curious to find out about life in the UK.