ELECTIVE SS5c Report – Cho Ray Hospital, Vietnam - Darin Murat Faik

I chose to undertake my medical elective at Cho Ray Hospital in Vietnam for 6 weeks in the emergency department. Cho Ray Hospital is based in Ho Chi Minh City which is the largest city in Vietnam. It is the biggest teaching hospital in Vietnam and it receives many patients not just from Ho Chi Minh but also from smaller hospitals in the surrounding regions. It is also the major trauma referral centre in the south of Vietnam meaning that all major trauma is directed there.

What are the most common admissions to the A&E department in Vietnam?
How does this differ from the UK?

Patients that present to the emergency department are classified as either trauma or other. The emergency ward was a large room with mostly non trauma patients however there was a smaller dedicated section for trauma patients. The most common admissions to the emergency department are motorbike related. Vietnam has an abundance of motorbikes/ scooters and these are the main method of transport that people use to get around due to the ease of driving them and also because they are so much cheaper than cars to buy and to run. The roads are very hectic and chaotic which makes road traffic incidents more likely to happen. Scooters not only carry one person but can also carry up to 3 people, often young children who don't have helmets on. The traffic laws in Vietnam are very loose which also makes road traffic incidents more likely, something I have witnessed when seeing scooters skipping red lights and also mounting pavements to avoid the traffic lights. Due to the abundance of scooters and the lax driving laws there are up to 5 major head traumas that present every day. These traumas are treated in the smaller designated trauma section. The rest of the ward contained around 60 patients, many of whom were sharing a hospital bed with another patient. Some of these patients had slight injuries from motorbike accidents however many presented with common conditions that we routinely treat in the UK. Examples of conditions I saw were atrial fibrillation, exacerbations of asthma and also liver related pathologies such as hepatomegaly. These were treated in a similar fashion to how they would be in the UK.

Are emergency admissions effectively dealt with in Vietnam and how do the resources/facilities available differ between the A&E department in Vietnam and the UK?

As Cho Ray is a major trauma referral centre it receives many admissions from other smaller hospitals in the area which means that the emergency room fills up very rapidly as the day progresses. These patients have already been partially reviewed/treated so they slot straight into the emergency department. The emergency room consists of triage, the main room containing non trauma patients and the intensive unit containing the major traumas. The emergency room is equipped to hold around 30 to 40 patients however there were at least 60 patients in the ER on a regular basis and patients had to share beds. The excessive number of patients not only put pressure on the number of beds but also the equipment available. There was a shortage of continuous heart monitors and also ventilators and I witnessed family members manually ventilating their relative due to the lack of machine ventilators. This was a very eye opening observation and really highlighted the shortage of resources and staff faced by the hospital. It was very thought provoking as well due to the fact that if the family member wasn't ventilating them they would probably not have survived. In the emergency department there were around 5 to 10 doctors per shift and around 20 nurses which was far from enough due to the sheer quantity of patients and the number of serious trauma patients present. The doctors and nurses were constantly rushing around doing things and would only sit down at the start of the shift during the handover.

What are the main differences in health care and its provision in Vietnam and the UK?

One of the big differences in health care between the UK and Vietnam is that healthcare isn't free in Vietnam. Patients have to pay for healthcare in Vietnam and for many healthcare is unaffordable. The conditions, especially in the operating theatres, were very different to the UK. There was often two operations occurring in the same theatre with only one anaesthetist looking after both operations whilst using very old and out dated looking ventilators. There was also no break between operations, one would finish and another patient would be wheeled in 5 minutes later and the surgeons would commence again. Due to the short staff in the theatre I was able to

practice many skills such as suturing and also basic things such as holding retractors and cutting. There were also no scrub nurses so the surgeons had to pick up the equipment themselves.

How will I work around the language barrier and how can I ensure that I remain a useful member of the team despite this language barrier?

As the majority of patients at Cho Ray came from other smaller hospitals they had already been clerked. Clerking patients myself would have been very difficult due to the language barrier. If the patient had relatives with them who spoke English I would speak to them and get a history. There was one occasion where an Australian man came in with a deep cut to his leg following a motorbike accident and obviously I was able to clerk him. This was not only useful for me but also useful for the other doctors, many of whom did not speak English at all. A couple of doctors spoke good English but due to the shift work they were not always present which made it harder for me to shadow doctors as the majority couldn't really speak English. The language barrier was frustrating at times however it didn't take away from the experience and really highlighted the importance of non verbal cues and just using your eyes to observe the patient.