ELECTIVE (SSC5a) REPORT (1200 words)

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

I would like to thank the Vandervell Foundation for their generous bursary, which has allowed me to complete this elective and the University of Ruhuna for hosting me during my time in Sri Lanka.

I chose to conduct my elective in Sri Lanka as I had wanted to experience a healthcare system in a country I had never visited before and that had a much lower economy than that of the UK. Sri Lanka, like the UK, offers a healthcare system that is free at the point of entry and I had been interested to see how that could be implemented in a lower-middle income country. The area in which I conducted my elective, Galle, is the largest town in the Southern Province of Sri Lanka, and whilst Galle itself is an urbanised area, many of the communities attended to by the community medicine department were in the rural outskirts.

A main aim of my elective had been to explore the pattern of disease across different demographics seen in Sri Lanka and the reality of this was very different from what I had expected. The majority of health complaints I saw during my time with the community medicine department were very similar to those seen in the UK; including joint pain, rheumatoid and osteoarthritis and gynaecological complaints. I think I had expected a larger burden of disease resulting from infection, however only respiratory infections, such as pneumonias, account for a large proportion of hospitalisations. When attending a child welfare field clinic, I realised one reason for this may be that Sri Lanka operates a very effective child immunisation schedule. I was surprised to find that many of the routine immunisations are very similar to those in the UK, including HiB, pneumococcus and MMR. There are however, others that are more region-specific, such as Japanese encephalitis.

One factor I had not considered was the role of traditional medicine in treating minor ailments in the community. I paid a visit to a government-funded Ayurvedic hospital, where massage, dietary modifications and herbal remedies are used in the treatment of common illnesses, such as skin conditions and back pain. The readiness of the western-style medical practitioners to accept the use of traditional medicine alongside their own treatments surprised me, as in the UK there is much more derision of alternative medicine by conventional medics.

A factor of my elective that most interested me had been the opportunity to explore the structure of health provision in Sri Lanka, as I had expected it to be very different to that of the UK. Whilst it is true that the systems are very different, I was surprised by the number of similarities. As mentioned, the government funds both western and traditional Ayurvedic services. Private western and Ayurvedic hospitals are also prevalent. Whilst much of the symptomatic treatment is implemented by the hospitals, the main focus of community medicine in Sri Lanka is preventative medicine, with much closer links to public health bodies than in the UK.

Community medicine in Sri Lanka is implemented by the Medical Officer of Health (MOH) offices, of which there are 20 across the district of Galle, each responsible for their own 'health unit area', such as the Bope-Poddala health unit area where I did the majority of my visits. Doctors from the MOH offices then go into communities to operate field clinics and to conduct much of the work that would be done by GP's in the UK. Each health unit area is subdivided into further smaller units called Grama Niladhari, alongside Public Health Midwife (PHM) areas and Public Health Inspector (PHI) areas. The vast majority of community medicine services in Sri Lanka are provided by these divisions.

When arriving in Sri Lanka, one of the things I had noted was numerous GP surgeries throughout the town. I had initially assumed that these would be the main providers of community healthcare in the country, however, as discussed, this is provided by the MOH offices. In Sri Lanka, GP practices are private enterprises with no government funding and can be set up by any doctor of any specialty. Most of the doctors running these surgeries do so as a side-line to work in government or private hospitals. Whilst they do have a role to play in community medicine in Sri Lanka, it is much less formalised and regulated than the services offered by the government-funded MOH offices, with whom I spent the majority of my placement.

One aspect of community health provision in Sri Lanka that also contrasts that of the UK is the role that public health officers play in community medicine. In the UK, Public Health England is a separate body from the NHS and whilst the aims of both are complimentary and often the same, they act as discrete departments. In Sri Lanka however, the work of public health inspectors is intertwined with that of the ministry of health. As well as the provision of first-line community healthcare services, the MOH offices also hold responsibility for health in other areas, which I experienced through visits to children's homes and schools. I was also surprised to find the MOH offices were responsible for food safety, health promotion initiative and the provision of sanitary water. This is a much wider remit of responsibilities than is held by primary health providers in the UK.

As mentioned, the main aim of community medicine in Sri Lanka is to provide preventative medicine, such as the antenatal clinics and child health clinics I attended. These clinics hope to identify those, in often rural communities, who would benefit from input in a secondary care setting, in the hope of lowering the burden of disease at a population level. What surprised me greatly was that the traditional Ayurvedic hospitals also operate with this ethos, attempting to establish a balance of 'pitta', 'vata' and 'kapa', known at the three 'dosha' or humours, to prevent disease. Traditional medicine is very much seen as complimentary to western medicine in Sri Lanka.

One element of my elective that I had anticipated as possibly being a challenge was communication with patients and this was definitely the case. I am aware that in other that in departments, Sri Lankan medical students assisted in translating for the elective students; unfortunately there were no local students with me on community medicine. As a result, I was entirely reliant on the doctors in the clinics to translate for me. Due to the fast pace of the clinics, I often found myself unsure of what was being said by the patient. Whilst I do feel that my elective has improved my confidence in asking for help when I require it, I do feel that these barriers to communication often prevented me from getting as much out of the doctor-patient interactions as I could have done, had I fully understood.

Overall, my elective allowed me to experience a healthcare system in a low-middle income country, that is still able to produce very good outcomes for patients. From my experiences in Sri Lanka, I now have greater levels of confidence in my abilities to work in unfamiliar surroundings and I feel this will be beneficial to my clinical practice in the UK.