

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

I had the opportunity to undertake a three-week placement in the Petcharat Hospital, located in the Petchaburi District, just south of Bangkok. The hospital is a general hospital treating a wide variety of conditions and was first established in 1996, being the first private hospital in the area. It acts as a major centre for patients being in a location that connects the capital city to other areas of Thailand, in particular the more rural districts. The lack of easy access means that for patients in rural areas it is often difficult to access good healthcare and this is one of the main reasons the Petchaburi Hospital was established acting as a door for less well-off citizens of Thailand from more rural areas to access hospital services more easily. For this reason, the most common medical condition presenting to the hospital is that of trauma mainly from road traffic accidents due to the large number of motor vehicles travelling through the district and its surrounding areas. It was evident during my placement that infectious disease made up a significant proportion of cases seen, however it was both interesting and surprising to find that the incidences of non-infectious illness such as cardiovascular disease is growing in Thailand. This again echoes many similarities with the Western World and the UK where ischaemic heart disease and cardiovascular disease encapsulating myocardial infarction and stroke contributes considerably to mortality. Yet, it was obvious that at the Mahachaipectharat hospital, infectious disease is still a major problem facing Thailand. By having the opportunity to interact and speak with some of the healthcare professionals, they informed me about the burden of diseases such as HIV and Tuberculosis. Furthermore, Thailand in some areas still suffers from malaria. One of the reasons for these diseases still being prevalent is lack of patient education. There are many patients who live with the disease and symptoms who fail to seek medical treatment and continue to live on with the disease unaware of their diagnosis nor the long term possible complications.

Prior to undertaking this placement, I was unaware of the healthcare system in Thailand and any similarities or differences it had with the UK. However, I soon learned that it mirrors with the NHS by providing free access to healthcare for all citizens. Again similar to that of the UK and other parts of South East Asia there is also a private healthcare system providing to those who can afford it a more efficient and fast healthcare system. A part of the healthcare offered in Thailand also is in part contributed by charity organisations such as the Red Cross which makes healthcare and treatment more accessible to those from less wealthy backgrounds or those who live in rural areas and villages.

Again, similar to the issues I saw during my placement in Sri Lanka and most likely in line with other countries in South East Asia there is a large demand on hospitals, particularly in relation to doctor patient ratio, long waiting times and the limited availability of beds for all the patients who are admitted to hospital. This again is largely due to the vast growing population of Thailand as well as the lack of government funding. A common issue seen within hospitals is the lack of staff to cope with patient demand meaning many patients are either turned away or have to wait many hours to be seen often in sub-standard conditions.

Malaria is a major public health issue in the region, the World Health Organisation has provided funding to help provide the facilities and equipment needed to get patients tested as well as provide money to

educate the public on what to look out for in terms of symptoms and precautions that can be taken to prevent these diseases.

I was also able to witness a variety of other presentations. Although malaria has been largely eradicated there are certain pockets within Thailand where this is still a problem. Therefore, many doctors emphasised the importance of taking precautions in high risk areas. In addition, being a popular tourist destination and with Bangkok only a few hours away there were a number of foreign travellers presenting with gastroenteritis. This is in part due to the consumption of unsafe food being stored inappropriately in hot conditions in addition to the unauthorised use of certain chemicals and pesticides. As previously mentioned, due to the location and accessibility of the hospital, there are a large number of trauma admissions from road traffic accidents. As this appears to be a growing problem, there are public health initiatives trying to be put in place to try combat the issue. Although this was still in motion, it could be seen that the hospital was well equipped to deal with its' high number of trauma cases with a large well-staffed orthopaedic department and emergency department. Furthermore, with the steady increase in incidence of cardiovascular disease there was been a drive to promote physical activity across hospitals in Thailand, with healthcare professionals encouraging a regime of roughly 30 minutes to one hour of strenuous exercise per day with the hope to prevent the long term complications of heart disease. With Thailand's large population and busy, bustling cities, pollution is another common problem leading to more cases of breathing problems including asthma and bronchitis, therefore there is a encouragement towards the use of bicycles and getting the public to take up walking to places where possible and using motorbikes as opposed to taking buses and motor vehicles which contribute to the toxic fumes playing a part in the acquirement of these disease processes.

This placement has made me realise the very real differences in healthcare between the UK and countries in the less developed world and the difficulty some people have in accessing healthcare due to for example lack of transport and also due to the fact some people live in rural villages. The main difference is the prominence of private healthcare, making certain facilities only available to those who can afford it and also the vast shortages of doctors for the immense patient demand. My placement has helped me appreciate greatly the facilities back in the UK and the healthcare system that provides free healthcare with easy access to all. Although also available here, the government hospitals are under immense strain and this adds to the pressure put on doctors and healthcare professionals to deal with patient demand. This placement has allowed me to improve my communication skills, build up on my medical knowledge and integrate into a different culture and the healthcare they provide. By observing consultations and doctors it has allowed me to witness the difference as well as the similarities between the healthcare systems in Asia and the UK. It has been an enriching experience, interesting and allowed me to broaden my horizons for which I am very grateful and the skills I have acquired here will serve me in good stead for the future.