

ELECTIVE (SSC5b) REPORT (1200 words)

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

An insight into healthcare presentations, structure and culture within Thailand:

To gain an understanding of the common medical conditions and presentations seen in a university hospital within central Bangkok

I spent 4 weeks studying and shadowing in the central Bangkok hospital of King Chulalongkorn Memorial University Hospital. This was an extremely large hospital rivalling the number of beds in the Royal London and boasted a modern and technically advanced infrastructure. The hospital was situated in the Sala Dueng part of the city and there were several other large hospitals within a few miles radius. Whilst many of these hospitals in Bangkok serve large quantities of foreign patients, King Chulalongkorn was a Red Cross hospital establishment and hence provided to healthcare to many of the poorer locals within Thailand. This meant that whilst some doctors spoke fluent English, most hospital staff were unable to converse with non-Thai students and patients. However, the doctor I was attached to had spent three years studying in the United States and hence I was fortunate to be able to converse with him about both medical and non-medical topics of conversation. Nevertheless, the Thai healthcare staff were extremely friendly and patients seemed to be much more appreciative of medical professionals compared to in the United Kingdom, despite often being denied treatment due to insurance boundaries.

I spent most of my time in the hospital in the transplant and immune-compromised departments. This was extremely interesting and informative, as I had not had much contact with these patients in the UK. Most patients on these wards were sufferers of Tuberculosis, Leukaemia and infective transplant patients. One of the most common presentations was people who had acquired CMV or BK virus following a kidney transplant. Approximately 50% of transplant-associated infections were acquired from the donor and the remaining cases from self-acquired infections. One of the most interesting things I noted was that immunology doctors in Thailand not only take specimens and biopsies, but they also use microbiology labs to study these samples themselves. Hence, there was no need to send off swabs etc. to a separate department as in the NHS. Whilst this was reassuring for doctors, who could rely solely on their own expertise to evaluate patients' samples, it seemed to me to be a very time-consuming process.

To gain an understanding of the healthcare system within Thailand and how it compares to the NHS

Having spoken to my allocated doctor about the healthcare system in Thailand, I was surprised to find out that many of the large hospitals in Bangkok were primarily privately funded. Whilst King Chulalongkorn Hospital was a Red Cross institution and thus had significant donations from them, other hospitals relied on Government incentives and more so often multinational company funds. This system meant that hospitals in Bangkok were plentiful, but had strict budgets and were strongly turnover-based establishments.

Thailand's healthcare system is a structured model of both government funded and privately insured healthcare. However, healthcare insurance had a number of different categories, which determined whether certain diagnostics, medical interventions and medications were covered. Many of the patients I saw in clinic spent a lot of time discussing the most cost-effective methods of receiving

treatments and whether their insurance actually covered said interventions. This was very odd to me as aside from private consultations, finance and costs of treatments are something that is rarely touched upon by either doctors or patients. Interestingly, despite often being told that their insurance packages did not cover relevant treatment and medications, the general Thai population were considerably more appreciative of medical professionals and had a much more optimistic outlook on healthcare and their conditions. They also used a number of different remedies in order to cure conditions and better their general health. These included certain dietary choices, meditation and exercise. It seemed almost that because of lower accessibility to medications and treatments, all be it due to a poorer population that could not afford treatment rather than it not being offered, the Thai people seemed to rely more heavily on ownership of ones health throughout daily life choices.

To gain an understanding of the local health promotion and safety initiatives in respect to current outbreaks in the region

Thailand, and South East Asia in general, is an area of rife with disease and illness. However, it is hard to say whether or not the government are doing enough to provide counter measures and control the spread of infection and promote public health. Bangkok in particular boasts scorching climates, poor sanitation, overcrowding and poverty, all of which make it a nightmare for public health initiatives. Also, health education in Thailand is generally quite poor, meaning that locals are often unaware of epidemics and the measures needed to prevent contracting them. Another significant problem in Bangkok is the pollution. Being an extremely large city with a very high person per square mile population, Bangkok's residents are exposed to a number of harmful pollutants and chemicals on a daily basis. Sewer systems are for the most part rather out-dated and toilet and garbage waste is often spread to residential areas and local environments.

Three of the biggest health issues in Thailand currently are Tuberculosis, HIV and Hepatitis. Sexually transmitted infections and blood-to-blood contact in Bangkok is very common, and the number of infected patients rises every day. Having spent time in Tuberculosis clinic, it was shocking the number of people who attend on a regular basis. Clinics are held in settings known as 'open ventilation clinics which allows for a natural draft to pass through the clinic aided by fans and air generators. This reduces the spread or rather contracting of tuberculosis organism by staff working in the hospital. Both doctors and patients also wear protective masks over their noses and mouths to reduce spread of infection. In fact, many people choose to wear the masks throughout their daily lives, both at home and outside to prevent them from getting respiratory infections and reduce the amount of pollutants inhaled during commuted in particular.

To become more aware of different cultures, languages and medical presentations in becoming a more informed individual and confident junior doctor

Thailand is a country of many different beliefs and religions. Whilst Thai is the predominant and most widely spoken language, there is also a plethora of other more specific dialects and vernaculars. During my elective I met with new doctors, nurses and students each day, which helped me to use my communications skills to converse with a number of different characters. I also had to use a range of other body language and communication tactics as many of these people couldn't speak English very well at all. Whilst in the hospitals I also met several other medical students on their electives. Whilst the majority were from England, others had travelled from Japan and Malaysia. This really helped me to form quick relationships, which I think is an important skills to have as a junior doctor. This being the case, as I will need to create working relationships with healthcare staff very quickly when starting

on new placements in order to gain the most from my time on these specialty rotations. Moreover, I was able to build on communication skills acquired throughout my medical degree that are essential in building rapport with patients in order to provide the best possible healthcare I can deliver as a newly appointed junior doctor.