ELECTIVE (SSC5c) REPORT (1200 words)

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

I divided my time between a non-governmental organisation (NGO) in Timor-Leste, Bairo Pite Clinic (BPC), that is one of the busiest health clinics in the country, and Cho Ray hospital in Vietnam, one of the busiest hospitals in South-East Asia.

From my experience at BPC, some of the most common medical conditions needing admission in the Timorese population include tuberculosis (TB), paediatric malnutrition, urinary tract infections (UTIs), and advanced presentations of carcinoma. This could be seen clearly through the set up of the wards. There was a paediatric malnutrition ward with six beds; two TB wards with fourteen beds, one for suspected TB and the other for patients with confirmed TB; a maternity wing with six beds for mothers with gestational complications or for the few hours post-partum, and three beds for labour; and lastly baxia with twenty beds for all other patients, this included two isolation beds.

UTIs are also a common condition in the UK. However in Vietnam it is unknown as to how common a condition they are, this has resulted from many patients self-medicating or being managed by a pharmacist. The World Health Organisation (WHO) estimates that half of all women worldwide will have a UTI at one point in their lifetime. Whilst malnutrition requiring admission is an uncommon occurrence back in the UK, Vietnam has a high prevalence of their inpatients being classified as malnourished and requiring treatment. Unfortunately there is imitated data to show how many paediatric admissions are due to malnutrition itself. TB is a rare disease in the UK, although there are areas where it is more prevalent, the degree of extra pulmonary TB is certainly much rarer than in Timor-Leste. Vietnam has a high rate of TB, listing as a high burden country with WHO. Advanced carcinoma is a more common presentation of cancer in Timor-Leste. In the UK there are fewer admissions in the advanced stages, however in Vietnam it similar to Timor-Leste in not being an uncommon occurrence.

The management of common medical conditions differs through what medications and resources are available in Timor-Leste. Often patients will be treated on clinical suspicion before getting any results back from the investigations performed. This happens as the results can take days to come back or the results never come back for a variety of reasons, during which time the already unwell patients would have deteriorated significantly. In BPC, the access to an x-ray machine is limited as there is not one on site. Therefore the algorithm for investigating TB had to be changed so that PCR is performed after negative sputum cultures, as opposed to after a chest x-ray. The management of TB patients is otherwise the same medically. However the treatment of a contact of a sputum positive patient is different; in the UK all the contacts are treated for one month with isoniazid and rifampicin, whereas in Timor-Leste they are only treated with isoniazid for two months. The management of infections are different as there is limited availability of not only antibiotics, but also access to testing for antibiotic levels. For example, gentamicin is available but its levels are unable to be tested, therefore if used it is done so empirically for three days. Malnutrition is managed through daily weights, encouraging increased oral intake, and with the use of high calorie formulas; which is very similar to both the UK and Vietnam.

The healthcare system at BPC operates through the founding doctor seeing patients on an outpatient basis, admitting only those who warrant inpatient treatment. These patients have their observations

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taken by a nurse, and are clerked by a doctor or a medical student (who reviews the case with a doctor). The doctor in charge of the ward reviews all patients in the afternoon; there are normally two doctors, more if there are volunteers. Every morning the founding doctor leads a ward round, which generates the jobs that need to be done. The doctors and medical students work Monday to Friday 0800-1800/1900, and Saturday 0800-1300, whilst the founding doctor remains on-call for the rest of the hours as well. There are great similarities and differences to the NHS. Similarities include: the outpatient review being alike a GP surgery; the admission of patients is akin to the process in A&E; and the running of the wards. However the healthcare staff to patient ratio is a lot lower, this is seen as there is no rota of weekends and on-calls, apart from the rare weekend off; and there are no junior doctors, this role is fulfilled by the medical students. Both of the systems in Timor-Leste and Vietnam are paper based, and all imaging is still on films; this is a sharp contrast to the predominantly computer based NHS. The healthcare system in Vietnam was similar in some respects to that of the NHS: the hierarchical structure; the rotation of shifts; and the organisation of A&E. However outpatients looking for a consultation with a doctor, had to be reviewed by a nurse to determine what speciality clinic they needed to go to, there are no GP equivalents. There were also a lot fewer nursing staff, this left relatives to care for the patients. Another shortage was beds, often there were multiple patients to a bed or trolley, and trolleys were parked anywhere where there was space, including the corridors outside. The major difference in being that the healthcare is not free; you either pay for it upfront or have healthcare insurance.

In the outreach programme, a doctor goes out to a remote clinic and sees patients. They can offer advice, or limited medications that have been brought in the car, or, if the patient is unwell enough, a trip back to the clinic for inpatient treatment.

TB is managed through the national programme that is based on the WHO guidelines, and adapted for the different access to equipment. There are several members of TB staff at the clinic including a doctor, some nurse specialists and a few others. As a team they co-ordinate the contact tracing of patients, the preventative treatment of children under five who are contacts of sputum positive patients, the daily treatment of outpatients, the management of patients in the sanatorium who are stable medically but still sputum positive, and they still manage to perform research.

In Timor-Leste the general population is very poor. They have little money to spare to afford healthcare at a hospital. They are also wary of the treatment that they might receive at the national hospital, as there were many people who were maltreated there during the recent war. They are dependent on the good-natured free clinics that have predominantly been set up by foreigners. Through the clinics hard work the locals are increasingly trusting its services, and coming to receive management.

I had plenty of opportunities to develop and improve my communications skills with interpreters. The great importance of open questions was reinforced, as many patients will answer yes to any closed symptom question in an effort to convey how ill they feel.

I had a fantastic learning opportunity at BPC, one that I would recommend to other medical students, and that has helped to prepare me for working.

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