

ELECTIVE (SSC5c) REPORT (1200 words)

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

Elective report: Orthopedic surgery, Hazel O'Mahony

What are the most common reasons for orthopedic intervention in Vietnam and how does this differ from the UK?

The most striking thing about visiting Vietnam at first is the amount of bikes and the aggressive driving style. This is reflected in the proportion of orthopedic patients at Cho Ray hospital who are receiving treatment for injuries due to scooter and motorbike accidents. The government restrictions on car ownership mean that bikes are the most common means of transport and the sheer density of the population in Ho Chi Minh makes the roads extremely hazardous.

The orthopedic case load of Cho Ray hospital is almost all trauma related and the types of fractures seen are more commonly open, comminuted and associated with extensive damage. In the UK the volume of trauma cases is much less and it is rarer for these cases to be so complicated.

Although Cho Ray treats a large number of hip fractures the demographic of these patients is completely different to the UK, with most patients being of younger age with high impact mechanisms of injury rather than the classic osteoporotic hip fracture seen in the UK.

The other striking thing about the types of surgery commonly performed here is the low proportion of elective surgery for things commonly treated in the UK such as osteoarthritis. The few cases of osteoarthritis I saw in clinic which were planned for intervention were very severe. This is due to a combination of a lack of resources in the hospital as well as a healthcare system which puts a much larger proportion of the cost onto the patient than in the UK.

How are resources allocated and surgical services organized in Vietnam and how does this differ from the UK?

Cho Ray hospital is a state run tertiary referral hospital receiving severe cases from provincial hospitals in southern Vietnam. There are currently 697 doctors working in the hospital and 1478 nurses. The number of beds in the hospital equates to space for 1800 inpatients, however the estimated number of inpatients being cared for is just over 2400. It is not hard to see from these statistics that overcrowding is a large problem in Cho Ray. Patients are often two to a bed. On walking into the orthopedic ward the problem becomes unavoidable as dodging around beds and squeezing in-between patients to get to the busy doctors office is the norm.

The lack of space spills over from the wards to the theatres, with two cases occurring at the same in every orthopedic theatre. This was quite a shock when compared to my experience in the UK of a theatre with one patient, one team and ample space.

Clinic areas are also packed tightly, with two to three doctors to one small screened off area. The clinic is much faster paced than in the UK, with doctors having even less time to spend with each patient. In addition, with less computers than doctors and only one light box with which to view the patients films, it throws the UK's access to resources into sharp relief.

Although the lack of space and physical resources is obviously a problem, the doctor to patient ratio in this hospital is very good with approximately 3.4 patients per doctor even taking into account the overcrowding.

As a tertiary centre the hospital receives more complicated cases from the smaller less equipped hospitals. This is a concept that is familiar from the UK with a similar idea behind the more expensive services and those requiring more expertise being centralized. The difference comes when you consider the transfer times not only between hospitals but also from accident site to a primary centre for the provision of first aid. Patients are often waiting over an hour for transport to a hospital from the roadside.

One particular case I saw involved a knee dislocation associated with a tibial plateau fracture and a clot in the popliteal artery. The latter condition obviously causes an urgent problem with the lack of blood supply endangering the tissue distal to the clot and with every moment passing before reperfusion increasing the likelihood of this young patient requiring amputation. I saw the patient in the operating theatre receiving treatment for this 12 hours after the initial insult, mainly due to long transfer times.

The other most obvious difference between Vietnam and the UK is the access to technological resources. Although Cho Ray has 5 CT scanners, 3 MRI machines among many other impressive resources, in orthopedic theatres there are no portable x-ray machines. Instead the application of fixation devices is performed under direct vision with much more reliance on the skill and intuition of the surgeon.

The imaging in Cho Ray is all viewed on films using light boxes and overhead projectors. They are not available in a database or on a computer screen and as such cannot be manipulated in the same way as in the UK.

Some tasks are still performed using a computer system however, including prescribing in clinics.

The system by which medical services are funded here also differs from the UK. The state takes into account the income of a patient and will pay a proportion of their medical fees of which the highest proportion being 80%. With such a poor population however, paying 20% of an operation can still be

far too expensive for some patients and it leaves patients sometimes taking the cheaper option to the detriment of their health.

Reflect on the difficulties caused by language barriers between doctor and patient and how you have dealt with this issue

In almost all cases here the language barrier between myself and the patient is absolute. This made taking histories or even asking simple questions impossible and so I have had to communicate through the doctors around me, many of whom luckily have some English.

I have managed to communicate with patients in other ways however. Body language has become very important. In clinic, I have managed to gain consent for examination non verbally using hand signs and pointing, while always observing the patients face for expressions of understanding.

In addition, while examining I have gained a new appreciation of the usefulness of observing a patients face for discomfort or pain. Patients often wont cry out or move away from the doctor who is examining them but even when trying to hide the pain, they usually wince or grimace which indicates that the test is positive or that to carry on would cause too much discomfort.

What are the differences between health beliefs and expectations in Vietnam verses the UK?

The main differences between health beliefs that I have observed between Vietnam and the UK appear to stem from the comparatively reduced level of resources here.

Firstly, most patients do not have the sense of entitlement to medical care that people from the UK tend to have, as they have not lived in a system which promised affordable healthcare to everyone. Procedures are expensive and when given the choice patients have to think about the monetary cost and the perceivable benefit in a way that at the moment UK patients do not have to.

The other striking difference I have noticed is that patients don't seem to feel the same need for privacy during consultations and examinations in the clinic. I can only speculate that this is due to the expectations that areas will be overcrowded and that to see a doctor in a state hospital here one must put up with these situations.

Patients also do not seem to be distressed by the sight of another surgery going on beside them as either they undergo a procedure under local anesthetic, or they are waiting to be anaesthetized.

My experience at Cho Ray hospital has been eye opening and very educational both medically and socially. The main differences I have observed in the delivery of healthcare all appear to stem from the comparative lack of funding here.

The doctors I have met have all been incredibly dedicated and hard working and I can only commend them for working in the confines of such a different and often difficult system.