ELECTIVE (SSC5c) REPORT (1200 words)

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

1. Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health: What are the major presentations to accident and emergency departments in Colombo and how does this differ from those in London?

A large proportion of my time in Colombo General was spent with the Cardiology team and during this time I saw a very large number of patients presenting with Ischaemic heart disease (IHD). This condition is a problem worldwide including in the UK but even more so in Sri Lanka with a huge proportion of the population having some degree of IHD. I personally saw several cases of patients in their twenties and thirties with very advanced IHD. I was assured by the consultants that this was not unusual and that as well as having earlier onset his patients tended to have more widespread disease than would be found in the UK. This was put down to a range of factors linked to lifestyle and diet as well as a significant genetic component. Valvular heart disease is also a bigger problem than in the UK with a wide range of severe valvular problems presenting on a regular basis. This is due in part to the fact that rheumatic fever has still been a major problem in the country until relatively recently. The other contributing factor was that patients would tend to present very late only when the issue was causing them to be unable to carry out their basic activities of daily living by which point the valves where severely compromised and the patients displayed very profound murmurs.

The presentations to accident and emergency at the central hospital appeared to be very similar to what would be found in a UK department. A combination of ischaemic heart disease, respiratory infections, other infections and some minor trauma. These patients seemed mostly to be less unwell and present early as might be expected of a population with access to private healthcare. In the general hospital however the patients presenting to the outpatients department while presenting with a similar range of conditions were much more likely to present late with very advanced disease. This being due mostly to the lack of easy access to primary healthcare. Patients also often presented several hours or even days after a severe incident such as a collapse or severe chest pain as due to the lack of an effective emergency ambulance service patients and their families would often have to make their own way to the hospital which if they came from outside Colombo would often be a long journey.

2. Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK: How are accident and emergency services provided in Sri Lanka? How does this provision vary between private and public hospitals and how is that different from the UK?

Overall the pattern of healthcare provision in Sri Lanka is grossly similar to that in the UK with a public health system designed to provide a degree of free healthcare to all. In a lot of ways it appears similar to the UK though there are significant differences. One of the most notable of these is that there are no general practitioners as part of the public healthcare systems. The role of GPs is covered in two ways, firstly in a lot of places there will be private doctors who will run a GP like service for the local area though of course patients will have to pay for the service. Also the quality of these private doctors especially in more rural areas can be variable as anyone who has passed medical school can set up such a practice with no further need for professional development. While some do make use of

these services the other option for most is to present to a public outpatients department at the local hospital which is staffed by doctors and carries out the job of both GP and emergency department. Overall this lack of primary care provision results in patients much more often presenting with more advanced disease than in the UK. It also means that there is no ongoing management of chronic conditions, for example a patient discharged from the cardiology clinic on a medication will not be followed up unless they present again and will likely continue taking the same medication whether it is effective, causes side effects or not with any problems only picked up if they make the patient sick enough to present at outpatients again.

As mentioned above the primary way emergency treatment is provided is through general outpatient departments. These have a wide focus and cover all kinds of medical conditions providing outpatient treatment as well as acting as allowing admission to hospital under the appropriate team. In the general hospital in Colombo the one area not covered by this system is trauma which is treated in the specialist accident department run by the orthopaedic department. One other notable way the outpatient system differs from the UK's A+E is the lack of pathways and guidelines, something which is evident in many areas of medicine in Sri Lanka. The practice therefore tends to be based off guidelines from elsewhere in the world such as UK NICE guidelines however there is more room for and reliance on the judgement and clinical decision making of the individual clinicians. The other noticeable difference is the level of attendance, these departments see a very large number of patients with no waiting time targets, meaning that waits can be very long and doctors have significantly less time to spend with patients than in the UK. The private sector hospital ran an A+E much more similar to the UK but with much reduced waiting times and fewer patients, which allowed for rapid assessment and treatment so long as the patient could afford it, it also ran largely off NICE guidelines.

3. Health related objective: How is treatment of patients suffering acute coronary syndromes handled in Sri Lanka and how does it differ from the UK?

Overallthe treatment of ACS in Sri Lanka is similar to the UK as they base their practice off UK and US guidlines. However there are some differences, for example primary PCI is not as readily available as in London where I have been studying. There are only a limited number of centres on the Island which offer this service and within those a limited number of cath labs. Therefore the use of thrombolysis in MI is much more widespread, even in centres where PCI is potentially available. The other issue with PCI is that if stenting is required this can cause an issue as stents are not available free in the public system and must be payed for at a significant cost. On other issue which affects MI managment is the lack of emergency ambulances meaning many patients present many hours or days after the onset of pain which can make managment difficult and leads to a higher incidence of significant myocardial damage and severe complications.

4. Personal/professional development goals.: To gain further exposure to emergency and genral medicine in a different and potentially challenging environment allowing me to reflect on my capability to handle such situations in the future.

The most different and difficult thing with working in the general hopsital for me was the complete different approach to patients compared to in UK. Due to the vastly increased numbers of people to be seen in any given outpatients, clinic or ward round, patient interaction was hugely limited compared to the way it is done at home. In general a fgew basic questions would be asked, perhaps a brief examination and then a decision would be made, potentially treament started and then onto the

next patient. It was clearly neccesary but something that felt very alien having been used to the patient centred care system in the UK. It felt wakward and uncaring compared to at home not having the time to establish a rapport or really talk with the patients. However it was also quite impressive from a clinical point of view as the Sri Lankan doctros would come to decisions after very few questions and limited examinations that would have taken hugely time and interrogation in your average UK department.