

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

**I completed a 6 week elective in Cho Ray Hospital, Ho Chi Minh City, Vietnam. This is a larger tertiary referral centre with a designed capacity of 1800 patients but a typical patient number of 2400. It is the largest hospital in South Vietnam and offers a full range of clinical services.**

**This report will discuss the stated objectives listed above. Orthopaedic surgery in Vietnam is markedly different from practice in the UK. The most notable difference is overwhelming predominance of traumatic injury due to motorcycle or scooter accident. In order to understand this, a wider knowledge of Vietnam is useful. Motorcycle travel is by far the most common method of transport in Vietnam (due in part to very high car import taxes) and Ho Chi Minh City alone is said to have over 8 million two wheeled vehicles. As a result of this the patient base is on average far younger than in the UK (I saw very few of the neck of femur fractures that are so common in the UK). The most common conditions presenting in orthopaedics are traumatic fractures from the above traffic accidents. During my time I saw a range of internal and external fixation methods for fractures. The most common sites were femur and tibia fractures. A large number of these fractures were open and it was common that cases were in the context of polytrauma. Aside from trauma cases the orthopaedic service performed a smaller number of elective procedures. The most common of these were ACL repairs. These were carried out arthroscopically in a very similar way to standard practice in the UK.**

**The system of state funded care provision in Vietnam is broadly divided into three tiers. There are small medical centres in local (mainly rural) communities often staffed by healthcare professionals but not doctors. These are the first port of call for minor complaints in areas where doctor led services are not available. In larger more populous areas there are small hospitals that provide a limited range of inpatient and outpatients services but do not offer many specialist services. If the needs of a patient are in excess of the capabilities of these small hospitals they are referred to the tertiary centres. These centres are arranged into large geographic regions. Cho ray hospital is one of these larger hospitals. The orthopaedic surgery service is offered only at the large tertiary hospitals. The funding for healthcare in Vietnam is predominantly provided by the government. However, for the majority of patients, a contribution of 20% of the overall cost is requested from the patient. In the circumstance where a patient cannot pay this there is access to charitable funds to make up the shortfall. These are limited, however, and as a result only available to the very poorest patients. Evidently this funding system differs to the universal system of the NHS. In addition the funding pressures are noticeable with respect to equipment and medication availability and choice. This can be seen most strikingly by the policy of double occupation of theatres - In the majority of operating rooms two separate patients are operated on simultaneously with the surgeons working in a 'back to back' configuration.**

**In addition to my placement in orthopaedic surgery I was also interested (due to my background as a medical physicist) in therapeutic uses of ionising radiation in Vietnam. Megavoltage ionising radiation via a linear accelerator is available at a number of sites in Vietnam but provision within the state sector is very small. The last five years have seen a noticeable increase in provision with a number of subsidised deals reached with equipment providers. Cho Ray hospital currently has two linear accelerators (the only state provision in South Vietnam with Hanoi having equivalent provision in the north). The accelerators available are provided by Elekta and provide 3 energy ranges for photon**

beams allowing most standard external beam treatment protocols to be carried out. In addition Cho Ray hospital took receipt of a Gamma knife in 2006 allowing them to provide non invasive neurosurgery. At the time of writing no proton therapy accelerators were currently in use in Vietnam. Brachytherapy in Vietnam is limited with only low dose rate prostate therapy in use.

During my time in Vietnam I was very interested to discuss the system of government in place there. Vietnam has an unopposed one party government officially identifying as a communist party. The particular brand of communism is described Marxist-Leninist-Ho Chi Min thought. In practice, however, the country follows something closer to a hybrid of managed capitalism and socialism. The economic reforms of the late 1980s have resulted in the emergence of market economies in consumer areas and the appearance of non Vietnamese companies. However, the country still has a very large state sector, a policy of aiming for total employment and generous and well designed safety net for the poor considering the GDP. The reverse of this positive, however, is a state that engages in broad censorship and restricts freedoms with regards to political expression. Healthcare in Vietnam is a direct product of the political history. The government is committed to healthcare being none financially selective and spends a larger percentage of GDP on health than the average in the region.

In summary my elective in Ho Chi Minh City was an informative and enjoyable experience in both a professional and personal sense. I feel it has broadened my understanding of medicine and other cultures.