

ELECTIVE (SSC5c) REPORT (1200 words)

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

Describe the common general medical presentations seen in one of the largest hospital in a city of Northeast Thailand

My two-week placement at the Srinagarind Hospital in Khon Kaen has been a fulfilling and eye opening experience. I choose to apply to this hospital due to its reputation as a renowned teaching hospitals in the region, linked with one of the top medical schools in Thailand, as well as being one of the largest centers for tropical diseases in Asia.

Tropical disease and infectious disease are common causes of many presentations in Thailand. However being in a tertiary unit I was exposed to more complex disease presentations. I have witnessed diseases I have never seen or heard of in the UK. On my first ever ward round at the hospital, I came across a patient who developed multiple papules, which failed to disappear over a 3 week period. The doctors decided to take a skin biopsy, leading to a histological diagnosis of Penicilliosis. This was the first time I have ever heard of such as an infection. I was fortunate to be with doctors who were very keen to teach, and I received some teaching on Penicilliosis learning that it is an infection of the dimorphic fungus penicillium marneffi, and a common opportunistic infection in South East Asia. Patients can develop liver failure secondary to toxins released by the fungus thus liver function tests are monitored carefully. As it is an opportunistic infection, the patient was tested for HIV, and unfortunately was found to be positive. Witnessing cases such as this, really opened my eyes into a new realm of medicine I have never experienced.

I also saw a patient with rapid progressive Glomerulonephritis, a condition I read about in book, but I have never seen. Prior to starting this patient on immunosuppressive treatment the patient had to have an infection screen. A stool sample was taken and the results showed the presence of the parasite opisthorchis viverrini eggs. This liver fluke is common in south east Asia and I learnt that people are infected due to the consumption of raw fish, which is very common in North East Thailand cuisine. I also was taught that this fluke worm infection predisposes patients to the development of Cholangiocarcinoma, which is particularly common in North East Thailand with Khon Kaen university being the centre for cholangiocarcinoma research.

Other infectious diseases, such as TB, dengue, typhoid are relatively common presentations in Thailand, however they treated more often in district general hospitals. Other common medical conditions are similar to that in the UK such as diabetes, cancers and heart disease. Of particular note

was the number of patients with poorly controlled diabetes presenting with micro and macro vascular complications such as end stage renal disease and peripheral vascular disease.

Describe and discuss the universal healthcare system in Thailand, and compare and contrast to the healthcare provided in the UK

The healthcare system in Thailand provides both government and private healthcare. Shadowing in the Srinagarind Hospital, I was exposed to one of the top teaching hospitals with excellent facilities similar to the UK. The facilities were not entirely free and patients sometimes have to pay for treatments if they don't meet certain criteria. Some drugs are also not available in Thailand due to its costs. One example is flecainide, which is not available in Thailand. In patients with Wolf-Parkinson-White syndrome and atrial fibrillation, patients in Thailand are treated with amiodarone instead of flecainide, even though the use of amiodarone is not recommended and flecainide is preferred by European guidelines. However, experienced doctors only prescribe it, and from their experience they have not had any issues with amiodarone. I was amazed how similar the treatment was for most conditions as many of the doctors refer to NICE, European and American guidelines. In the UK we have a primary health system, a secondary and tertiary system. It is similar to that in Thailand, however primary care is not as predominant as it is in the UK. The district general hospitals in the UK have better facilities compared to the equivalent provincial hospitals in Thailand, with facilities such as CT scans not readily accessible and diagnosis often based on plain film radiography and clinical examination.

The medical education system in Thailand was also slightly different with a 6-year degree instead of 5 years like in the UK. Students also finish with an MD in comparison to an MBBS. Their postgraduate training comprises of three years internship for the government, followed by residency before becoming a consultant. I found the interns extremely skilled, and able to do numerous procedures such as pleural taps, chest drain insertions, bone marrow biopsies and aspirations. Also speaking to now residents, in their internship training they were doing caesarean sections and appendectomies on their own. It was extremely eye opening and inspiring to see such skilled physicians at such early ages of the training. I was also to some extent slightly jealous that they are able to do such things, which I may not be able to do in my future training. In the UK however, as a junior, there is always more senior staff to turn to for help. Doctors also work far more hours in Thailand with 2 weekly 36 hour shifts! In two shifts they already overwork the EU work directive hours. They also have less leave with only 7 days a year provided and have to work weekends unpaid! When speaking to some doctors I asked, 'why do you work weekends unpaid', he replied; 'if I don't work, who will look after my patients'. Hearing those words really sent a message home for me; it demonstrated the huge commitment and dedication doctors have in this country.

Discuss the recent outbreaks in Thailand and explore the health promotion initiative in place to overcome such obstacles.

The main outbreak in Thailand is dengue fever, which is commonly seen in provincial hospitals. Dengue fever is a mosquito borne viral infection, which can have a fairly benign course or a severe form known as dengue haemorrhagic fever. Management for these patients are supportive and health promotion focus on bite avoidance and recognizing symptoms. As cholangiocarcinoma is common and associated with *O. viverrini* infection, people are advised to avoid eating food with raw fish, however this is part of typical northeastern (Isan) food.

Embrace a different culture. Develop confidence in responding to acute situations as a junior doctor. Be aware of different medical presentations not commonly encountered in the UK.

Undertaking my elective in Khon Kaen I have been exposed to a new culture, something I will not see and experience in typical holiday resorts in Thailand. I have experience typical Isan food and cuisines and also learnt about the history of the country and its traditions. Seeing numerous infectious diseases in my placement in Srinagarid hospital, has improved my knowledge on tropical disease and will aid me in forming a diagnosis when seeing patients from abroad or on holiday. It will also allow me to think outside the box when diagnosing complicated conditions. My elective placement in Sirignand hospital has been an amazing experience, has giving me the confidence to deal with more tropical diseases, and uncommon conditions as well as inspiring me to work harder and expand my knowledge further.