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 the largest hospital in a rural area of a developing country such as Sri Lanka.

My 4 week placement at Trincomalee District General Hospital gave me the exposure to secondary care provided in the region of Trincomalee, Srilanka. Trincomalee is a district in the north east of Srilanka, a 6-hour drive away from the capital city Colombo. The nearest tertiary hospital is found in Kandy, which is a 4 hour drive away from Trincomalee. It is a less developed area of Srilanka in comparison to other cities. The main of the source of income is in farming or fishing, however post-civil war the tourism industry has also recently developed. Being one of two government hospitals in the eastern province of Srilanka, many patients from rural areas in the East go to either Trincomalee hospital or batticaloa hospital. The sheer number of patients was evident during ward rounds and clinics, where 2-3 doctors may see up to 500 patients in one morning, with consultations limited to 2-3minutes. The most common presentations included fever and non-specific symptoms, which is many cases were in fact dengue fever, transmitted by mosquito bites. We were able to see various presentations of this condition such as, fever with a rash or headache, arthralgia, jaundice, anuria and even presenting with diarrhea and vomiting. It is one of the top differentials for many non-specific symptoms, a condition we would not consider in the UK unless a patient has a recent travel history. Diagnosis was based on clinical suspicion, monitoring platelet levels, haematocrit and dengue antigen testing. Another common condition we saw was ischaemic heart disease. The high incidence is partly due to the ethnicity of patients, diet and lack of exercise. Being in a district general hospital, the nearest cath lab for angioplasty was 4 hours away, so patients presenting with Acute coronary syndrome (ACS) in Trincomalee had no access to angioplasty. Alongside this thrombolysis was too expensive for the hospital, thus patients were either transferred to tertiary hospitals or started on aspirin and clopidogrel. Cancer was also a common presentation, particularly lung cancer. The causes are similar to that in the UK, however a common cause of lung cancer in women in Srilanka, was due to inhalation of burning fire wood, used in tradition village cooking.

One of the leading cause of mortality in Srilanka is suicide. Srilanka has one of the highest rates of suicide in Asia, which was evident by ever flowing new cases every ward round. Methods of suicide ranged from consuming rat poison, drinking kerosene to paracetomol overdose. A common method in Srilanka is digitalis toxicity secondary to consuming a plant in English known as foxglove. The seeds of this plant contains digitalis, a cardiac glycoside. Each seed contains 3-5mg of digitalis, much higher than the usual dose of digoxin. Management of these patients included monitoring, and pacing if required. The antidote, digibind was too costly thus unavailable in Srilanka.

We also saw numerous patients presenting with snake-bites, especially if they work or live near the jungle, something I have never seen before and was very interesting to see and learn. Patients would either describe or kill the snake bringing the dead snake to hospital, so staff, can identity the species and provide the appropriate anti-venom.

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

The healthcare system in Srilanka is fairly similar to the United Kingdom, however the service provided is very different. Healthcare is governed by the Ministry of Health of Srilanka, with primary care, district general hospitals providing secondary care, and tertiary care provided only in major cities. Civilians of Srilanka have access to government hospital care or private care. If patients are able to afford to pay for their care, the majority will seek private healthcare, due better and faster access to services. In Trincomalee patients lacked access to primary care services, and thus presented to open hospital clinics to seek medical attention. This explained the huge number of patients in hospital clinics, with patients queuing as early as 5am to see a doctor. The facilities in a district general hospital were extremely different to those provided in the UK. As mentioned before patients with ACS in Trincomalee were not treated with angioplasty or thrombolysis due to the lack of facilities. Even equipment such as a CT scanner were unavailable in Trincomalee hospital. The majority of diagnoses were made of clinical examination and plain radiography. If a patient required a CT scan, they would have be transferred to Kandy, which is 4 hour drive away. Thus patients with suspected strokes had to wait at least 4 hours to get a CT scan if they lived in Trincomalee. Certain blood tests were too costly to performed, such as blood lactate to diagnose sepsis and even CRP, a test we take for granted in the UK. Diagnoses are more clinical, with imaging and blood tests taking a backseat in such hospitals.

The major similarity was the guidelines used to manage patients. The doctors read the same journals such as the Lacent and BMJ, and follow NICE, American and European guidelines. They manage the patients to the best of their ability based on the resources available. The structure of healthcare was also fairly similar with primary, secondary and tertiary care. Primary care was much smaller in comparison to the UK and tertiary care was only available in major cities, such as Colombo, Kandy and Jaffna.

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

The most recent major outbreak in Srilanka was Dengue fever. Previously malaria was an issue, however there has only been 3 reported cases in the last year. Dengue fever tends to affect children and young adults, who present with fever and non specific symptoms such as headache, rash and joint pain. Management of such patients is entirely supportive, with intense monitoring to observe for signs of dengue hemorrhagic fever. The condition is caused by an RNA virus transmitted via mosquito bites. Dengue fever is extremely difficult to prevent due to the lack of vaccines or prophylaxis medications. Health promotion in Srilanka focused on recognizing symptoms and encouraging bite avoidance using mosquito repellent and mosquito nets.

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.

Doing my elective in Trincomalee, has allowed me to embrace my own culture further, learn more about the history of Srilanka and the Tamil people, as well as enjoy the Tamil cuisine particularly the seafood offered in Trincomalee. Seeing how doctors manage patients with limited resources, has really been an eye-opening experience. Witnessing such limited resources, the sheer number of complicated patients on one ward and the overflowing clinics, has really made me appreciate the NHS. My elective in Srilanka has made me more aware of tropical diseases, the various signs and symptoms these conditions can present with, and has made me more confident when dealing with these diseases. I feel my knowledge on tropical diseases has broadened and I feel I will be more confident in the future when treating patients with such conditions.