

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

**Sri Jayawardenepura Hospital served as my second placement for my elective period. The hospital is a partially government funded tertiary referral centre. The hospital employs a total of 34 specialist consultants who each own a ward and are responsible for all of the patients admitted on to it. The rest of the medical team is made up government doctors who are undergoing training and they take care of the day to day running of the ward. I was placed on general medical ward during my time in the hospital and aimed to fulfil the following objectives:**

- 1) What are the most commonly seen medical conditions seen in the adult population of Sri Lanka? how does this compare to the UK?**
- 2) How are the allocation of resources and the treatments available for the prevalent medical conditions decided and delivered in Sri Lanka?**
- 3) How do the allocation of resources differ between public and private health systems and how does this affect the quality of care received in the city environment?**
- 4) To gain a deeper understanding of prevalent medical conditions and improve history taking and clinical examination skills.**

**In the UK a large proportion of the NHS budget is put towards the care of long-term chronic conditions such as diabetes and hypertension as well as their sequelae, with £14 billion being spent on diabetes alone. It is estimated that approximately 6% of the British population suffer from diabetes (Diabetes.co.uk, 2017) and The National Survey on Self-reported Health in Sri Lanka (Department of Census and Statistics - Sri Lanka, 2014) reported that approximately 7.2 % of the adult population (>15 yrs) suffered from diabetes and 9.2% of the adult population suffering from hypertension. These conditions represent the most common chronic diseases in the country.**

**As expected, the treatments available to each patients were mainly governed by necessity and the ability to pay for them. Put more simply, the more you can pay, the better the treatment you will receive. Following discussion with other doctors it seemed that government funded public hospitals and private hospitals functioned in very different ways, with private hospitals working in a way that was more similar to how we practice in the UK. I feel that, It is important to note that I find it unlikely that the public hospitals would be able to function in such a manner and still treat as many patients as they need to on a daily basis. The public hospitals spend a larger proportion of their limited budget on patient care and so little is left for maintenance and upkeep of buildings meaning that patient comfort suffers as a result. However, comfort is an easy sacrifice when compared to receiving important management as an inpatient.**

**The general medical clinics ran in a similar way to what I witnessed in Malaysia with multiple patients seen in each clinic rooms. The house officers reviewed follow-up patients and more senior doctors clerked new patients.**

**During my time in the hospital, the opportunities for history taking were limited due to a language barrier as the majority of patients spoke Sinhala and limited English if any at all. I got around this by reading patient notes during ward rounds and clinics whenever possible.**

An important difference I noted was the significant impact of a lack of widely available primary care that, in the UK, would deal with the large burden of patients requiring simple monitoring and follow-up meaning that hospital clinics remain reserved for those requiring specialist input. From what I could gather, the clinics in Sri Jayawardenapura General Hospital were mostly for follow-up of diabetes and hypertension and patients received care much like what they would receive in a UK GP surgery.

On the wards, I was surprised by the number of young patients being admitted. After following the ward round it became clear that the majority of these patients were suffering from Dengue fever and required in-patient supportive care and careful monitoring for development of dengue haemorrhagic fever which is potentially life-threatening. It is very rare to see cases of arthropod borne viruses, such as this and so I found it very interesting to discuss with the doctors. It was a condition that was mentioned in passing during my own education, however even the junior doctors here are well versed in the required treatment and monitoring of the conditions simply because the incidence in the population requires them to do so.

Towards the end of the placement there was also significant flooding in the south of the country, causing thousands of people to be displaced from their homes and hundred to lose their lives. This highlighted the additional strains put on the developing health care system.

Overall, it has become clear that the pattern of chronic disease is similar to that of the UK, however the incidence of acute conditions such as infectious diseases and the occurrence of natural disasters such as the severe flooding place an additional burden on Sri Lanka's public health care system. These issues are by no means short term and the country has gone a long way to set out clear policies to deal with them as much as possible in a timely and efficient manner.

#### References:

Diabetes.co.uk. (2017). How Many People Have Diabetes - Diabetes Prevalence Numbers. [online] Available at: <http://www.diabetes.co.uk/diabetes-prevalence.html> [Accessed 28 May 2017].

Department of Census and Statistics. (2017). National Survey on Self-reported Health in Sri Lanka. [online] Available at: [http://www.statistics.gov.lk/social/National Survey on Self-reported Health-2014.pdf](http://www.statistics.gov.lk/social/National%20Survey%20on%20Self-reported%20Health-2014.pdf) [Accessed 28 May 2017].